
FMF
Family Medicine Forum
Forum en médecine familiale
THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
#MYFMF
#MONFMF
MAINPRO+® CERTIFIED PROGRAM
Metro Toronto Convention Centre
PROGRAMME CERTIFIÉ MAINPRO+MC
Palais des congrès du Toronto métropolitain
NOV 14–17, 2018
TORONTO, ONTARIO
fmf.cfpc.ca
familymedicineforum
@familymedforum
familymedforum
FMF 2018

The Family Medicine Forum Committee welcomes you to FMF 2018!

Le Comité du Forum en médecine familiale se réjouit de vous accueillir au FMF 2018 !



On behalf of the College of Family Physicians of Canada (CFPC)'s Family Medicine Forum (FMF) Committee, we want to take this opportunity to let you know how excited we are about the 2018 scientific program.

Each year we receive hundreds of high-quality abstracts, and we carefully review each one to find the best fit for our overall program. We try to incorporate something for everyone while also providing networking time in between sessions. We are confident that this year's robust program offers invaluable learning experiences for all FMF attendees.

We hope you will also participate in some of our social events and take time to explore the beautiful city of Toronto and all it has to offer for visitors and locals alike.

We are pleased to launch a mentoring pilot program this year as well as FMF orientation for first-time delegates. We have also added a fourth keynote on Saturday afternoon right after lunch.

So, to those of you who are FMF veterans and to those who are joining us for the first time: welcome.

Au nom du Comité du Forum en médecine familiale (FMF) du Collège des médecins de famille du Canada (CMFC), nous souhaitons profiter de cette occasion afin de vous exprimer combien nous sommes ravis de vous présenter le programme scientifique de 2018.

Chaque année, nous recevons des centaines d'excellentes propositions; nous examinons chacune pour déterminer lesquelles s'accordent le mieux avec notre programmation. Nous essayons d'intégrer une gamme variée de présentations pour plaire à tous les participants, tout en leur laissant assez de temps pour nouer des liens avec leurs collègues. Nous sommes convaincus que, cette année, notre vaste programmation permettra à tous ceux qui assisteront au FMF de vivre une expérience d'apprentissage inouïe.

Nous espérons que vous prendrez aussi part à nos activités sociales et que vous en profiterez pour visiter la magnifique ville de Toronto et toutes ses attractions, qui plaisent autant aux visiteurs qu'aux citadins.

Cette année, nous sommes ravis de lancer un nouveau programme pilote de mentorat, de même qu'une séance d'orientation pour les nouveaux participants au FMF. De plus, nous avons ajouté une quatrième plénière le samedi après-midi, juste après l'heure du dîner.

Nous souhaitons la bienvenue à tous les habitués du FMF ainsi qu'aux nouveaux participants.

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, Prince Edward Island / Île-du-Prince-Édouard

Jeanette Boyd, British Columbia / Colombie-Britannique

Alexandra Chesley, Newfoundland and Labrador / Terre-Neuve-et-Labrador

Alexandra Eaton, Ontario

Bill Eaton, Newfoundland and Labrador / Terre-Neuve-et-Labrador

Jason Hosain, Saskatchewan

Moulay Jbala, Quebec / Québec

Ainslie Mihalchuk, Manitoba

Benjamin Schiff, Quebec / Québec

Ian Scott, British Columbia / Colombie-Britannique

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Francine Lemire

Theresa Maguire-Garber

Ivy Oandasan

José Pereira

Cheryl Selig

Jeff Sisler

Deirdre Snelgrove

Aleksandra Walczak

New at FMF 2018

New Reception
Wednesday at 17:30
Hosted by the Section of Communities of Practice in Family Medicine

New Exhibit Hall hours

Thursday	09:00 – 17:00
Friday	09:00 – 16:00
Saturday	09:00 – 15:00

Mentoring Meet and Greet
Thursday at 17:30
Sign up when you register for FMF

New keynote
Saturday at 13:30

Facilitated posters
Earn credits by attending on Wednesday, Thursday, and Friday

Live-streamed sessions

Thursday	08:00 – 17:00
Friday	08:00 – 17:15
Saturday	08:30 – 13:30

Nouveautés au FMF 2018

Nouvelle réception
Mercredi, à 17 h 30
Offerte par la Section des Communautés de pratique en médecine familiale

Nouvelles heures d'ouverture du Hall d'exposition

Jeudi	9 h à 17 h
Vendredi	9 h à 16 h
Samedi	9 h à 15 h

Activité de rencontre pour le mentorat
Jeudi, à 17 h 30
Réservez votre place lors de votre inscription au FMF

Nouvelle plénière
Samedi, à 13 h 30

Séances animées de présentation d'affiche
Obtenez des crédits en y assistant le mercredi, le jeudi ou le vendredi

Séances de formation diffusées en direct

Jeudi	8 h à 17 h
Vendredi	8 h à 17 h 15
Samedi	8 h 30 à 13 h 30

Back by popular demand!

À la demande générale, ils sont de retour !



SCANNERS AND CREDIT ENTRY

Badge scanners will be used to track all sessions attended at FMF and add credits to your Mainpro+® account automatically!

Exception: two- and three-credit-per-hour certified Mainpro+ workshops

SCANNEURS ET SAISIE DES CRÉDITS

Des scanneurs d'insigne seront utilisés pour garder le compte de toutes les séances auxquelles vous assistez au FMF; les crédits seront automatiquement ajoutés à votre compte Mainpro+[MD] !

Exception : Ateliers certifiés Mainpro+ donnant droit à deux ou trois crédits par heure



FMF MOBILE APP

Our new FMF Mobile App is available in the App Store and Google Play Store—just search "FMF 2018" and download.

- Access daily schedules at a glance
- View detailed course descriptions
- Find your favourite speakers
- Find the location of all sessions and events
- Save your favourite events, speakers, and sessions
- Take notes on sessions, speakers, and exhibitors
- Review and rate your sessions
- Post photos and chat with other attendees
- Read about and locate exhibitors
- Access FMF floor plans and maps to local hotels

APPLICATION MOBILE DU FMF

Notre application mobile du FMF est offerte sur l'App Store et sur le Google Play Store : il suffit de rechercher « FMF 2018 » et de la télécharger.

- Consultez l'horaire quotidien en un coup d'œil
- Lisez les descriptions détaillées des séances
- Trouvez vos conférenciers préférés
- Trouvez l'emplacement de toutes les séances et les activités
- Enregistrez vos favoris parmi les activités, les conférenciers et les séances
- Prenez des notes sur les séances, les conférenciers et les exposants
- Commentez et évaluez les séances auxquelles vous participez
- Publiez des photos et clavardez avec d'autres participants
- Lisez des renseignements sur les exposants et localisez-les
- Consultez les plans d'étage du FMF et des cartes indiquant les hôtels à proximité

Events and programs for students and residents

DISCOUNTED CONFERENCE REGISTRATION FEES

- Residents: Pay only $500 for all four days if you register by September 15th (60% off the Physician Member rate)
- Students: Pay only $200 for all four days if you register by September 15th (85% off the Physician Member rate)

OVERALL CONFERENCE INCLUSIONS

- Students and residents are welcome to attend all sessions on a first-come, first-served basis
- Choose from more than 300 evidence-based sessions covering nearly every area of family medicine
- FMF is an all-inclusive event with a light breakfast, two breaks, coffee, and boxed lunch every day
- Attend our new Welcome Reception, hosted by the Section of Communities of Practice in Family Medicine: Wednesday at 17:15 (only $20)
- Join us for cocktails at the FMF Celebration: Thursday at 17:15 (complimentary)

SESSIONS FOR STUDENTS AND RESIDENTS

- Use the FMF Mobile App to filter sessions specific to students and residents
- Find student- and resident-specific sessions indicated on the Schedule-at-a-Glance

INCREDIBLE SOCIAL EVENTS

- Student and Resident Social: Friday at 19:00 at Steam Whistle Brewing (only $65)
- Walk With the Docs: Saturday from 07:00 to 08:00; sign up at https://fafm.cfpc.ca/about/events
- Medical Student and Family Medicine Resident Networking Luncheon: Saturday from 12:30 to 13:30 (complimentary)

NEW MENTORING MEET AND GREET

- Meet with experienced physicians in your areas of interest: Thursday from 17:30 to 18:30 at the Metro Toronto Convention Centre
- Sign up online when you register to attend FMF

NEW STUDENT AND RESIDENT NETWORKING LOUNGE

- Visit our new space in the Exhibit Hall designated for students and residents
- Meet up with friends, make new ones, and exchange ideas

NEW FMF ORIENTATION

- Attending FMF for the first time? Join one of our informative orientation sessions.

Activités et programmation pour les étudiants et les résidents

INSCRIPTION AU CONGRÈS À TARIFS RÉDUITS

- Résidents : Payez seulement 500 $ pour les quatre jours si vous vous inscrivez avant le 15 septembre (60 % de rabais du tarif pour les membres médecins)
- Étudiants : Payez seulement 200 $ pour les quatre jours si vous vous inscrivez avant le 15 septembre (85 % de rabais du tarif pour les membres médecins)

INCLUSIONS GÉNÉRALES DU CONGRÈS

- Les étudiants et les résidents peuvent assister à toutes les séances selon la disponibilité des places
- Choisissez parmi plus de 300 séances de formation fondées sur des données probantes, qui couvrent presque tous les aspects de la médecine familiale
- Le FMF est un événement tout compris ; vous avez droit au café ainsi qu'à un déjeuner léger, deux collations et une boîte-repas par jour
- Assistez à notre nouvelle réception d'accueil, tenue par la Section des Communautés de pratique en médecine familiale : mercredi, à 17 h 15 (20 $ seulement)
- Soyez des nôtres pour un cocktail lors de la Célébration du FMF : jeudi, à 17 h 15 (gratuit)

SÉANCES DE FORMATION POUR LES ÉTUDIANTS ET LES RÉSIDENTS

- Dans l'appli mobile du FMF, filtrez les séances de formation pour n'afficher que celles qui s'adressent aux étudiants et aux résidents
- Trouvez les séances de formation adressées aux étudiants et aux résidents sur l'aperçu du programme

ACTIVITÉS SOCIALES SENSATIONNELLES

- Soirée sociale des étudiants et des résidents : vendredi, à 19 h, à Steam Whistle Brewing (65 $ seulement)
- Activité En marche avec nos médecins : samedi, de 7 h à 8 h ; inscription au https://fafm.cfpc.ca/fr/a-propos-de-nous/activites
- Dîner de réseautage des étudiants en médecine et des résidents en médecine familiale : samedi, de 12 h 30 à 13 h 30 (gratuit)

NOUVEAU ACTIVITÉ DE RENCONTRE POUR LE MENTORAT

- Rencontrez des médecins chevronnés qui partagent vos domaines d'intérêts : jeudi, de 17 h 30 à 18 h 30, au Palais des congrès du Toronto métropolitain
- Réservez votre place en ligne lors de votre inscription au FMF

NOUVEAU SALON DE RÉSEAUTAGE POUR LES ÉTUDIANTS ET LES RÉSIDENTS

- Visitez le nouvel espace réservé aux étudiants et aux résidents dans le Hall d'exposition
- Retrouvez vos amis, faites de nouvelles connaissances et échangez vos idées

NOUVELLE SÉANCE D'ORIENTATION AU FMF

- C'est la première fois que vous assistez au FMF ? Inscrivez-vous à l'une de nos séances d'orientation informatives.

2018 keynote speakers

Four opportunities to walk away inspired, motivated, and prepared!

Conférenciers principaux de 2018

Quatre plénières pour vous inspirer, vous motiver et vous préparer au succès !



WEDNESDAY, NOVEMBER 14TH
MERCREDI 14 NOVEMBRE

Dr. Michael Kidd

2018 Ian McWhinney Keynote Address: "A Call to Heal"

Discours d'ouverture Ian McWhinney de 2018 : Un appel à guérir



THURSDAY, NOVEMBER 15TH
JEUDI 15 NOVEMBRE

Neil Pasricha

"The Happiness Equation"

L'équation du bonheur





FRIDAY, NOVEMBER 16TH
VENDREDI 16 NOVEMBRE

Dr. Cindy Blackstock

TD Insurance Spotlight on Achievement Award Recipient

"Equitable Health Care for First Nations Children: Realizing the goals of Jordan's Principle and the Spirit Bear Plan"

Prix Pleins feux sur les réalisations TD Assurance

Des soins de santé équitables pour les enfants des Premières Nations : Réaliser les objectifs du principe de Jordan et du programme Spirit Bear



SATURDAY, NOVEMBER 17TH
SAMEDI 17 NOVEMBRE

Karl Subban

"How Did You Do It? Team Subban's Vision for Success"

Comment réussir ? La vision de l'équipe Subban

Daily schedules
Horaires du jour

Wednesday / Mercredi
November 14 novembre

06:30 – 17:00 Registration open / Ouverture du comptoir des inscriptions
08:00 – 09:30 Ian McWhinney Keynote Address / Discours d'ouverture Ian McWhinney
09:30 – 10:00 Break and poster viewing / Pause et exposition d'affiches
10:00 – 12:15 Sessions / Séances de formation
12:15 – 13:30 Lunch / Dîner
12:30 – 13:30 Section of Researchers Lunch / Dîner et réunion de la Section des chercheurs
12:30 – 13:30 Teachers and Preceptors Knowledge Café and Lunch / Dîner des enseignants et des superviseurs au Café du savoir
12:30 – 13:30 Section of Communities of Practice in Family Medicine Networking Lunch / Dîner de réseautage de la Section des Communautés de pratique en médecine familiale
12:30 – 13:30 Besrour Lunch / Dîner du Centre Besrour
12:30 – 13:30 Ontario College of Family Physicians' Annual Meeting / Assemblée annuelle du Collège des médecins de famille de l'Ontario
13:30 – 14:30 Sessions / Séances de formation
14:30 - 15:00 FMF orientation and tour / Orientation et visite du FMF
14:30 – 15:00 Break and poster viewing / Pause et exposition d'affiches
15:00 – 17:00 Free-standing paper presentations / Présentations libres
15:00 – 17:15 Sessions / Séances de formation
16:15 – 17:15 Fireside Chat / Discussion informelle
17:15 – 18:30 FMF Welcome Reception / Réception d'accueil au FMF
19:00 – 22:30 Section of Researchers (SOR) Dinner / Souper de la Section des chercheurs (SdC)

Thursday / Jeudi
November 15 novembre

06:45 – 07:45 Ancillary sessions / Séances auxiliaires
07:00 – 17:00 Registration open / Ouverture du comptoir des inscriptions
07:00 – 08:00 Networking breakfasts / Déjeuners de réseautage
08:00 – 09:30 Keynote Address / Plénière
09:00 – 17:00 Exhibit Hall open / Ouverture du Hall d'exposition
09:30 - 10:00 FMF orientation and tour / Orientation et visite du FMF
09:30 – 10:00 Break and poster viewing / Pause et exposition d'affiches
10:00 – 12:15 Sessions / Séances de formation
12:15 – 13:30 Lunch / Dîner
12:15 – 13:30 CFPC Annual Meeting of Members / Assemblée annuelle des membres du CMFC
12:30 – 13:30 Ancillary sessions / Séances auxiliaires
13:00 - 13:30 FMF orientation and tour / Orientation et visite du FMF
13:30 – 14:30 Sessions / Séances de formation
14:30 – 15:00 Break and poster viewing / Pause et exposition d'affiches
15:00 – 17:15 Sessions / Séances de formation
17:15 – 18:30 FMF Celebration / Célébration du FMF
17:30 – 18:30 FMF Mentoring Pilot Program / Programme pilote de mentorat du FMF
19:00 – 23:30 Celebrating Family Medicine Teaching Dinner hosted by the Section of Teachers (SOT) / Souper de célébration de l'enseignement en médecine familiale et soirée dansante, tenu par la Section des enseignants (SdE)

Friday / Vendredi
November 16 novembre

06:45 – 07:45 Ancillary sessions / Séances auxiliaires
07:00 – 17:00 Registration open / Ouverture du comptoir des inscriptions
07:00 – 08:00 Networking breakfasts / Déjeuners de réseautage
08:00 – 09:30 Keynote Address and President's Installation / Plénière et installation du président
09:00 – 16:00 Exhibit Hall open / Ouverture du Hall d'exposition
09:30 – 10:00 Break and poster viewing / Pause et exposition d'affiches
10:00 – 12:15 Sessions / Séances de formation
12:15 – 13:30 Lunch / Dîner
12:30 – 13:30 Teachers and Preceptors Town Hall / Assemblée générale des enseignants et superviseurs
12:30 – 13:30 Ancillary sessions / Séances auxiliaires
12:30 – 13:30 First Five Years in Family Practice Luncheon / Dîner pour les médecins de famille dans leurs cinq premières années de pratique Registration required / Inscription requise
13:30 – 14:30 Sessions / Séances de formation
14:30 – 15:00 Break and poster viewing / Pause et exposition d'affiches
15:00 – 17:15 Sessions / Séances de formation
18:00 – 22:30 Awards Gala / Gala de remise des prix
19:00 – 23:00 Student and Resident Social / Soirée sociale des étudiants et des résidents

Saturday / Samedi
November 17 novembre

07:30 – 15:00 Registration open / Ouverture du comptoir des inscriptions
07:00 – 08:00 Canada's Walk With the Docs – Advancing Family Medicine Globally / En marche avec nos médecins – Faisons avancer la médecine familiale au Canada et ailleurs
08:30 – 09:30 Sessions / Séances de formation
09:00 – 15:00 Exhibit Hall open / Ouverture du Hall d'exposition
09:30 – 10:00 Break / Pause
10:00 – 12:15 Sessions / Séances de formation
12:15 – 13:30 Lunch / Dîner
12:30 – 13:30 Medical Student and Family Medicine Resident Networking Luncheon / Dîner de réseautage des étudiants et des résidents en médecine familiale Registration required / Inscription requise
13:30 – 14:30 Keynote Address / Plénière
14:30 – 15:00 Break / Pause
15:00 – 17:15 Sessions / Séances de formation
17:00 – 18:30 Convocation / Collation des grades

Special events at FMF 2018

WEDNESDAY, NOVEMBER 14TH
- New Welcome Reception: Metro Toronto Convention Centre (MTCC)
- Section of Researchers Dinner: Palais Royale

THURSDAY, NOVEMBER 15TH
- FMF Celebration: MTCC
- New Mentoring Meet and Greet: MTCC
- Section of Teachers 40th Anniversary Dinner: The Carlu

FRIDAY, NOVEMBER 16TH
- Awards Gala: Beanfield Centre
- Student and Resident Social Evening: Steam Whistle Brewing

SATURDAY, NOVEMBER 17TH
- Convocation: MTCC. All are welcome!

Activités spéciales au FMF 2018

MERCREDI 14 NOVEMBRE
- Nouvelle réception d'accueil : Palais des congrès du Toronto métropolitain (PCTM)
- Souper de la Section des chercheurs : Palais Royale

JEUDI 15 NOVEMBRE
- Célébration du FMF : PCTM
- Nouvelle activité de rencontre pour le mentorat : PCTM
- Souper du 40e anniversaire de la Section des enseignants : The Carlu

VENDREDI 16 NOVEMBRE
- Gala de remise des prix : Centre Beanfield
- Activité sociale des étudiants et des résidents : Steam Whistle Brewing

SAMEDI 17 NOVEMBRE
- Collation des grades : PCTM. Tous sont les bienvenus !

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

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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.

W10 **2018 Ian McWhinney Keynote Address: A call to heal**
Discours d'ouverture Ian McWhinney de 2018 : Un appel à guérir
08:00–09:30 Michael Kidd, AM FAHMS

ROOM / SALLE : Hall F/G
Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:
1. Reflect on the impact of their own daily clinical work on the global movement toward Universal Health Coverage
2. Reflect on their role in the education of the future family medicine workforce
3. Reflect on their role in the advancement of research in family medicine and its advocacy potential

Description:
Family medicine can be a force for greater health and social equity in Canada and all around the world. The major challenge facing global health is the provision of equitable quality health care to all people in all countries, which is called Universal Health Coverage. The solution to this challenge rests in strengthening primary health care systems, which includes ensuring strong family medicine. Drawing on the writings of Ian McWhinney, and on his own experiences as president of the World Organization of Family Doctors, Michael Kidd will reflect on the state of health care and family medicine in Canada and provide recommendations on ways we can learn from each other, and from colleagues around the world, to further strengthen our own contributions to quality clinical care, education and training, and research, while also making contributions to improvements in primary health care in other parts of the world.

Objectifs d'apprentissage :
1. Réfléchir à l'impact de leur travail clinique quotidien sur le mouvement mondial vers la couverture universelle en soins de santé
2. Réfléchir à leur rôle dans l'éducation de la future main d'œuvre en médecine familiale
3. Réfléchir à leur rôle dans l'avancement de la recherche en médecine familiale et de leur potentiel en matière de défense des intérêts

Description :
La médecine familiale peut être le moteur d'une meilleure santé et de l'équité sociale au Canada et partout dans le monde. La prestation de soins de santé équitables à tous et dans tous les pays — ce qu'on appelle la couverture universelle en soins de santé — demeure le plus grand défi auquel fait face la santé mondiale. La solution repose dans le renforcement des systèmes de soins primaires, ce qui comprend une médecine familiale solide. S'appuyant sur les écrits d'Ian McWhinney et sur ses propres expériences en tant que président de l'organisation mondiale des médecins de famille, Michael Kidd fera un retour sur l'état des soins de santé et de la médecine familiale au Canada. Il fournira des recommandations sur les façons dont on peut apprendre les uns des autres et des collègues de partout dans le monde, afin de concrétiser davantage nos propres contributions à la qualité des soins cliniques, à l'éducation, à la formation, et à la recherche, tout en continuant d'améliorer les soins de santé primaires dans d'autres coins de la planète.

W744 **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 : 700 Foyer
Mainpro+ Group Learning certified credits = 1

658 **Feasibility of Targeted Screening for Poverty in a Large Primary Care Team**
Kimberly Wintemute, MD, CCFP, FCFP; Michelle Greiver*, MD, CCFP, FCFP; Joyce Lo, RN MN; Suja Arackal, BEng; Aashka Bhatt

Context: In Ontario, poverty affects up to 20% of families and is considered to be a significant influence on the health of individuals. An evidence-based tool for poverty screening and intervention in primary care is available and effective, but physicians may not be able to screen all their patients due to time constraints. **Objective:** To test the feasibility of targeted screening and intervention for poverty across a large, inter-professional primary care team. **Design:** Process

evaluation, survey. **Participants:** 80 North York Family Health Team (NYFHT) Physicians and their care team in Toronto, Ontario, Canada looking after over 80,000 patients. **Intervention:** Following a successful pilot, all 80 family physicians in the NYFHT were invited to participate in the study. A search for income index and material deprivation, using postal codes and the Canada Postal Code Conversion File was done. An alert was placed in the EMR of those patients living in the lowest income and most materially deprived areas, for those physicians who agreed to participate. The alert prompted a member of the care team to screen for poverty, using two questions. Patients who screened positive were referred to the FHT Case Worker for assistance in optimizing income. This will be evaluated at six and 18 months. We will present the 6-month evaluation. **Main and secondary outcome measures:** number of patients identified, number of charts flagged with alert, number of patients screened, number of patients who saw the case worker, patient survey for acceptability of screening questions and satisfaction with case worker referral. **Results:** We expect reasonable feasibility and uptake of targeted screening. **Conclusion:** If this approach is feasible, it may provide a clinical pathway towards improved screening for poverty in routine Canadian primary care.

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623 **Preparing Children with Medical Complexity for Adult Healthcare. Quality improvement - Work in progress**

Taylor McKay*, MSc; Christopher Chung; Julia Orkin, MD, MSc, FRCPC; Sherri Adams, MSN, NP, CPNP-PC/AC.

Context: Medical advances have allowed a growing cohort of children with medical complexity (CMC) to reach adulthood. These diagnostically heterogenous children require intensive medical and community services and healthcare providers face many challenges transitioning them to adult healthcare. **Objective:** To improve transition readiness in care providers and families of CMC using standardized documentation and a transition checklist. **Design:** This study involved a cross-sectional chart review and an ongoing quality improvement component. **Setting:** The Hospital for Sick Children's Complex Care Program (400+ patients). **Participants:** All CMC in the Complex Care Program age 14-17, inclusive (N=51). **Intervention:** A standardized, age-stratified checklist, standardized charting instructions, and transition rounds were implemented for one year. **Main outcome measures:** Documentation of transition-related parameters in charts: 1) discussion of transition, 2) family physician status, 3) adult subspecialist status, 4) funding/respite application status, 5) transition readiness. **Results:** Patients of the growing CMC cohort had an average of 9 diagnoses, 6 subspecialists, and 8 medications. Only 50% had discussed transition and 76% did not have a transition lead. Over 40% did not have a family physician. At age 17: fewer than 50% had seen a family physician, fewer than 50% had been referred to adult subspecialists, and 50% had not applied for crucial disability/respite funding, which can take up to 2 years to receive. Results of the intervention are pending. **Conclusion:** CMC are not meeting transition-related milestones before entering the adult healthcare system. Family physicians who become primary care coordinators will need to manage many social and medical aspects of care. This study has identified and continues to assess areas for improvement in transition planning and execution. A standardized approach could facilitate discussions between family physicians and pediatric providers as well as empower caregivers to be better advocates for CMC in the adult healthcare system.

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586 **Participation des patients à la gouvernance des GMF-U — Travail en cours**

Emmanuelle Trépanier*, MD, CCMF ; Marie-Pascale Pomey, MD, PhD ; Paule Lebel, MD, MSc, FRCPC

Contexte : Cette recherche exploratoire porte sur l'engagement de patients au sein du comité exécutif du Groupe de médecine de famille universitaire (GMF-U) de Verdun. **Objectifs :** 1) déterminer les facteurs favorables à l'engagement de patients-ressources sur le comité exécutif d'un GMF-U ; 2) évaluer leur rôle et leur influence sur la prise de décision au sein du comité ; 3) améliorer le processus de co-construction au niveau de la gouvernance d'un GMF-U afin d'exporter ce modèle. **Type d'étude :** Il s'agit d'une étude de cas unique longitudinale à trois niveaux d'analyse imbriqués. **Participants :** La population à l'étude regroupe 1) les personnes en charge du partenariat avec les patients au niveau du CIUSSS (n=2) ; 2) le comité exécutif du GMF-U (n=14) ; 3) les professionnels du GMF-U (n=56). **Instruments :** Le cas mobilise des données qualitatives et quantitatives provenant d'entretiens individuels et en petit groupe, d'un groupe de discussion, de documents et de questionnaires. **Paramètres à l'étude :** Les verbatims sont analysés selon une dominante thématique par une technique de codification, les réponses aux questionnaires, selon le pourcentage d'accord, puis une grille guide l'analyse des documents. **Résultats :** Les principaux utilisateurs des résultats seront les membres du comité exécutif à l'étude qui pourront utiliser ceux-ci afin d'améliorer leur démarche, mais aussi les autres GMF-U et GMF intéressés par une telle initiative, ainsi que les décideurs. **Discussion :** L'engagement des patients se situe ici au niveau de la gouvernance, mais les répercussions sont attendues tant au niveau clinique, qu'en enseignement et en recherche en santé, soit les trois

missions du GMF-U. **Conclusion :** Les leçons apprises de cette initiative pourront favoriser le processus de co-construction avec des patients au sein de nos organisations de santé, afin que les décisions prises et les pratiques mises en place reflètent réellement les besoins des patients desservis.

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703 **Chronic Hepatitis C Treatment Feasibility in Primary Care Settings**

Vahan Hakobyan*, MD, MHSc; Amina Jabar, MBBS; Jo-Raul Farley; John Farley, MBBS, FRCPC

Objective: Over 200,000 Canadians are estimated to live with chronic hepatitis C infection (HCV). Many affected Canadians cannot be treated because of limited or timely access to specialists. Treating with newer Direct Acting Antivirals (DAAs) for eight to twelve weeks achieve > 95% cure rates with minimal adverse effects. HCV treatment can now be successfully delivered at a primary care level with less intervention from specialists, improving accessibility and adherence to treatment. The objective of this study is to validate the possible implementations of using DAAs in primary care settings by demonstrating their effectiveness and feasibility in community-based clinics. **Design:** Retrospective chart review of DAA-treated HCV patients between March 2012 and December 2015. **Setting:** Three community-based clinics in BC with interests in managing hepatitis. **Participants:** 362 HCV patients (246 males(68%); mean age 58.5 years). **Intervention:** Cases were evaluated for treatment eligibility based on clinic protocols determined by the infectious diseases specialist incorporating Provincial guidelines; elastography established liver fibrosis; treatment was initiated by the specialist. Monitoring included a care team (family physicians, nurses, graduate students), supervised by the specialist. **Results:** Nine(2.5%) were HIV-co-infected. Most received 12 weeks treatment and saw the specialist 2-3 times. There were 45 (12.4%) reported minor adverse effects. Of 323 available post-treatment HCV RNA determination available, 316(98%) achieved Sustained Virologic Response (cure). Average wait-time (referral to treatment-initiation) was less than twelve weeks. **Conclusion:** These results compare favourably with registration trials and specialty centres. We have demonstrated in our real-life community-based clinics, that treating most HCV cases is timely, feasible and effective. We believe that in primary care settings, with close collaboration with specialists, similar (or better) results can be replicated, and we recommend further exploration of this model as a cost effective strategy to help address the HCV epidemic and elimination in Canada.

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701 **Fostering Interspeciality Learning in Cancer Survivorship Care: Learning suite results**

Genevieve Chaput*, MD, CCFP (PC), MA; Tristan Williams; Joanne Alfieri, MD, FRCPC; Scott Owen, MD, FRCPC; Anna DePauw, MD; Blythe Fortier-McGill, PhD; Jonathan Sussman, MD, MSc, FRCPC

Objective: To assess if a cancer survivorship learning suite (LS) impacts attitudes of family medicine, radiation oncology and medical oncology trainees towards interspecialty collaboration in Montreal, Canada. **Design, setting, and intervention:** A survivorship (LS) developed by a Manitoba-based team under the sponsorship of a Canadian Partnership Against Cancer grant held by Cancer Care Ontario was delivered to 49 McGill University family medicine, radiation oncology, and medical oncology trainees. The LS comprised in-person delivery of a 3-hour case-based workshop, presented by a radiation oncologist and a family physician, both experienced in the field of survivorship. An adapted version of the Readiness for Interprofessional Learning Scale (RIPLS) was completed by participants before and after workshop delivery. Statistical analyses included non-parametric (Wilcoxon Signed rank tests) comparisons. **Participants:** Inclusion criteria consisted of any family medicine, radiation oncology, and medical oncology trainee attending the workshop. Participation was voluntary. **Outcome measures:** Changes in attitudes of family medicine, radiation oncology, and medical oncology trainees following the workshop, as measured by the RIPLS. **Results:** Response rate was 63.2%, and included family medicine (65%), radiation oncology (26%), and medical oncology (10%) trainees, respectively. Following the workshop, participants were significantly more likely to agree that interspecialty learning in residency "would help physicians become better team workers", ($Z = 2.7$, $p < 0.008$, $n = 31$), and "improves relationships between physicians of different specialties in independent practice afterwards", ($Z = 2.6$, $p < 0.009$, $n = 31$). Participants were also significantly more likely to agree that "shared interspecialty learning increase ability to understand clinical problems", ($Z = 2.8$, $p < 0.005$, $n = 31$). **Conclusion:** While much literature has focused on interprofessional collaboration at different levels of education and practice, few studies have assessed interspecialty collaboration of physicians of different specialties. This survivorship LS demonstrated favorable changes in attitudes towards interspecialty learning.

W87 **Examination of the Shoulder**
10:00–11:00 Julia Alleyne, MD, CCFP (SEM), FCFP, Dip Sport Med

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Have an approach to the examination of the shoulder
2. Describe the relevant anatomy for common shoulder pathology
3. Perform a functional joint examination, including special tests, to diagnose common shoulder pathologies

Description:
This hands-on workshop will allow participants to develop an approach to a functional examination of the shoulder, as well as review and practice a comprehensive functional examination, including special tests to establish common diagnoses. Participants will work in pairs to practice the learned concepts and skills. Participants are requested to wear tank top/shorts.

W488 **Building a Community of Practice for Teachers and Preceptors**
10:00–11:00 James Goertzen, MD, MClSc, CCFP, FCFP
All teachers welcome.

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify key initiatives taking place across Canada related to medical education
2. Discuss best practices related to educational leadership, teaching, and precepting
3. Collaborate with other family medicine teachers, preceptors and educators

Description:
In response to the Ian McWhinney Keynote Presentation by Dr. Michael Kidd, family medicine preceptors, teachers, and educators will share their perspectives and reflections. Through guided small group table discussions, participants will identify strategies to apply and integrate key concepts into their local context. Using innovative information technology, identified strategies from the small group discussions will be shared with the larger group providing further opportunities for participants to learn from each other. The overall goal of this session will be to further develop a community of practice for family medicine preceptors, teachers, and educators providing support for their important work in training the future family physicians of Canada.

W738 **Socially Accountable Family Medicine Worldwide: The critical role of deans and academic leaders**
10:00–11:00 Ahmed Maherzi, MD

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Analyze the unique rationale for, and potential role of academic family medicine in high, middle and low-income settings
2. Describe promising practices, enablers and challenges encountered in establishing family medicine as an academic discipline worldwide
3. Identify collaborative next steps to support the development of academic family medicine worldwide

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. International champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. The unique and critical role of Deans and academic leaders in fostering an academic basis for family medicine within academic institutions has been recognized as being crucial to the growth of robust and socially accountable family medicine. This session will explore how Deans and academic leaders can and should support the academic underpinnings of family medicine worldwide. Through short presentations and moderated discussion this session will engage current and past deans as well as other key stakeholders in identifying a number of key recommendations to advance the establishment of academic family medicine

worldwide. Both past Besrour Forum participants and other interested CFPC members are welcomed to attend and share their experience and expertise. We will begin by asking the same questions as in the Storybooth interview. Through group discussions, participants will learn from and inspire each other while generating ideas and themes to advance global Family Medicine. Generated themes will be examined and compared to the results of the Storybooth thematic analysis. We hope that participants will appreciate the power of narrative and storytelling in generating insightful and thought-provoking ideas.

W180 **Mifepristone Abortion in Your Office: What you need to know**
10:00–12:15 Sarah Warden, MD, CCFP, MSc; Sheila Dunn, MD, CCFP (EM), FCFP, MSc; Ellen Wiebe, MD, CCFP, FCFP

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Apply knowledge of mifepristone/misoprostol actions, risks and benefits to assess and counsel patients interested in mifepristone abortion
2. Develop a plan to implement quality mifepristone abortion care in family practice
3. Identify clinical and professional supports for implementation of mifepristone medical abortion

Description:
Approximately one third of Canadian women seek abortion in their lifetime. The availability of mifepristone in Canada presents an opportunity for primary care practitioners to extend their reproductive health services to include medical abortion. For regions without current abortion services, this will enable women to have abortions without leaving their communities and families to seek care. 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 common clinical scenarios and share practical pearls and resources for successful mifepristone abortion implementation. Participants are encouraged to bring questions about mifepristone practice for discussion.

W287 **Autism Spectrum Disorders Multidisciplinary Panel: Screening, diagnosis, physical and mental health, adult ASD**
10:00–12:15 Liz Grier, MD, CCFP

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Learn about the Autism Health Watch Table to guide anticipatory primary care
2. Learn how to anticipate and manage common genetic, gastrointestinal, neurologic and psychiatric conditions in ASD
3. Learn about screening for ASD as well as supporting transition from pediatric to adult health care

Description:
This multidisciplinary panel presentation will include developmental pediatrics, neurology, psychology, psychiatry, occupational therapy and family medicine experts in the field of developmental disabilities and autism and provide a scoping review of the latest evidence and treatment recommendations for family physicians caring for children and adults with autism spectrum disorders.

W289 **Climate Change 101 for Family Physicians: World café of practical implications for practice**
10:00–12:15 Russell Dawe, MD, CCFP; Clayton Dyck, MD, CCFP, FCFP; Lynda Redwood-Campbell, MD, FCFP, DTM&H, MPH; Videsh Kapoor, MD, CCFP, FCFP; Josette Castel, MD, CCFP, FCFP; Neil Arya, MD, CCFP, FCFP, DLitt.; Alan Abelsohn MBChB, CCFP, FCFP

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Identify how climate change will potentially impact family doctors in clinical practice and the needs of their patients and communities
2. Develop and implement a practical response to climate change, approaching the issue through clinical care and patient education

3. Develop and implement practical steps in advocacy regarding climate change, in the context of a family physician's day-to-day practice

Description:
The World Health Organization's Sustainable Development Goals identify climate change as an important factor for the health of our patients and populations, but on the front line, family doctors often feel overwhelmed and unprepared to take an efficient and practical approach to addressing this issue. This workshop will provide a family-medicine oriented review of the current and grey literature on this timely subject, focusing on the association of specific acute and chronic health outcomes with climactic elements such as air pollution and ambient temperature. We will also integrate a "world café" exercise to help participants identify their community's climate change needs and develop practical health care, patient education and advocacy responses to these needs within their already-too-busy practices.

W268 **Mitigating the Opioid Epidemic From the Emergency Room**
10:00–12:15 Yelena Chorny, MD, MSc, CCFP, DABAM; John Foote, MD, CCFP (EM); Aaron Orkin, MD, CCFP (EM), MSc, MPH, FRCPC

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Recognize the risks associated with opioid prescribing at discharge from the emergency department
2. Balance patients' acute pain management needs with safer opioid prescribing practices
3. Manage opioid withdrawal and overdose risk with appropriate patient education and pharmacotherapy

Description:
Canada is in the midst of an epidemic of opioid use, dependence, and resulting harms including an increasing rate of deaths due to overdose. Emergency physicians (EPs) regularly treat patients with opioid-related toxicity, withdrawal, or related medical/psychiatric complications. They also treat patients with acute pain who may benefit from receiving prescribed opioids on discharge. EPs, therefore, are in a good position to mitigate some of the harms of the opioid epidemic and help prevent its continuation. This talk will review key interventions that can be provided in the emergency department to meet these goals. The initiation of buprenorphine/naloxone can control symptoms of opioid withdrawal, decrease other opioid use, and facilitate entrance to longer-term addiction treatment. Conscientious management of acute pain and judicious prescription of opioids on discharge can help limit the misuse and diversion of these drugs. Dispensing of naloxone kits for home use can prevent overdose-related deaths. Evidence to support the use of these interventions, as well as practical tips toward their implementation will be reviewed in a case-based format.

W73 **TRANS-forming Your Practice: A comprehensive transgender workshop**
10:00–14:30 Ted Jablonski, MD, CCFP, FCFP; Thea Weisdorf, MD, FCFP; Amy Bourns, MD, CCFP; Sue Hranilovic, MN, NP-PHC, ACRN

ROOM / SALLE : 604
Mainpro+ Group Learning certified credits = 3

Learning objectives:
1. Manage social and medical transition in binary and non-binary transgender individuals
2. Implement protocols of medical management with hormones understanding safety and appropriate follow up
3. Integrate appropriate screening for transgender patients

Description:
You are getting increasingly comfortable with managing some transgender patients in your practice but have questions. Not all the answers are found in guidelines and you might have a few nagging concerns in regards to treatment decisions whether it be hormonal choices and targets, cancer screening, sexual health etc. If this sounds like you, this 3 hour workshop might be ideal. Expect a practical, clinically based interactive small group session on transgender related health: hormones, surgery, screening, safety etc. Coordinated by Dr. Ted Jablonski, an award winning family physician based in Calgary who has consultant work in transgender medicine for over a decade, a group of trans health experts from Toronto including Dr's Amy Bourns and Thea Weisdorf and nurse practitioner Sue Hranilovic will this lead this comprehensive session. This workshop has been developed for a national primary care audience by the non-profit group ABPHE (Alliance for Best Practices in Health Education) whose mission is to create outstanding evidence-based medical education.

Presentations by the recipients of research awards • Présentations des récipiendaires des prix de recherche

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

W534 **Presentation by the Recipient of the Research Award for Family Medicine Residents**
11:15–11:30 **Présentation par le récipiendaire du Prix du recherche pour les résidents en médecine familiale**
Long Term Treatment Outcomes in a First Nations High School Population with Opioid Use Disorder
Henry Becker, MD

Objective: To describe and evaluate outcomes for a cohort of First Nations youth with opioid use disorders who were initiated on opioid agonist treatment while in high school. **Methodology:** This was a retrospective cohort study: we administered a survey to all students with an opioid use disorder who were initiated on opioid agonist treatment while enrolled in a high school during the period from 2011-2015. The last expected, if on a traditional schedule, graduation date for the cohort was December 2016 and the survey was administered between April and October 2017. Out of a possible 44 total students, 32 students responded to a survey on questions regarding their experiences with opioid agonist treatment, current educational status, employment, mental health, substance use, and health care utilization. We analyzed health care indicators by those participants who were still who were still on opioid agonist treatment versus those who had discontinued treatment. **Results:** We were able to reach 38 out of a potential 44 students. Of those 38 student who were approached, 32 consented to participate in the survey. The mean participant age was 24 and 20/32 (62.5%) had completed high school. Nineteen students (59.4%) had at least one child and 12 (37.5%) were employed full-time. In the past thirty days, seven participants (21.9%) had used opioids at least once and 15 (46.9%) described regular alcohol use and nine (28.1%) described regular cannabis use. Nineteen participants (59.4%) stated they were still on opioid agonist therapy: there was a trend for a greater percentage of participants on treatment to be employed (42.1% versus 21.1% for those not on treatment), and to be abstinent from alcohol (63.2% versus 33.3% for those not still on treatment). **Conclusions:** Our survey of First Nations adolescents with an opioid use disorder who were initiated on opioid agonist treatment while in high school showed that over 60% had completed high school and that more than a third were employed full-time. There was a trend for those who remained on treatment after they left high school to be employed and abstinent from alcohol relative to those who discontinued treatment.

W535 **Presentation by the Recipient of the 2018 Family Medicine Researcher of the Year**
11:30–12:00 **Présentation par le récipiendaire du Prix du chercheur de l'année en médecine familiale pour 2018**
Continuity of Care: Rethinking concepts and measures in the face of multimorbidity
Jeannie Haggerty, PhD

Learning objective:

1. At the end of this presentation attendees will understand why and how we need to expand continuity of care to include the whole care team, especially for patients with multiple chronic conditions.

Description:
Continuity of care is core value in family medicine. It usually refers to a therapeutic relationship with the patients established over time and is most commonly measured by the extent to which a patient concentrates care in their family physician. However, as having two or more chronic conditions has become the norm for older adults, so is being seen by multiple clinicians and in multiple places, sometimes with multiple treatment plans. This presentation will summarise research on what patients say about the challenge of managing multiple providers and why and how we need to expand the notion of continuity of care to include the whole care team to achieve person-centered care over time.

W75 **Fire Up Your Lectures: Take 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 : 713A
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 presentations, I have frequently been asked by attendees to give a talk on "how to give a talk." This presentation has been created in response to that request. I will discuss published literature on medical presentations, best practices, my experiences giving medical lectures and the top negative and positive feedback I (and other conference speakers) have received. Finally, through a facilitated discussion, participants will have an opportunity to share the techniques they have used to increase the effectiveness of medical presentations and learn from others' techniques. My 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. As well, this presentation has been previously delivered with high ratings at FMF and OCFP Annual Scientific Assembly.

W126 **Evidence-Based Remediation Interventions for Learners in Difficulty: A new interactive tool**
11:15–12:15 Miriam Lacasse, MD, MSc, CCFP; Élisabeth Boileau, MD, MSc, CCFP (EM); Nathalie Caire Fon, MD, CCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Diagnose learning difficulties using an interactive online tool
2. Select relevant evidence-based remediation interventions to provide tailored educational prescriptions learners in difficulty
3. Share remediation resources from the various participants' settings

Description:
Factors suggestive of academic difficulties during medical training are well described in the medical education literature. One of the barriers for which clinical teachers often struggle to report unsatisfactory trainee performance is the lack of available remediation options for the trainee. Previous reviews concluded that most remediation interventions are of expert advice and are rarely assessed. Evidence is therefore lacking to guide best remediation practices in medical education. The facilitators of this workshop are part of a team that has conducted a BEME systematic review, which provides a repertoire of evidence-based interventions useful for assessment, mentoring and faculty development purposes. Participants will first review the educational principles underlying diagnosis and management of learners in difficulty through a brief didactic presentation. They will then explore an interactive online tool based on a recent BEME review, supporting educational diagnosis (proposing a thorough classification of knowledge, skills and attitudinal difficulties, as well as personal, faculty and environmental issues) and associated evidence-based remediation interventions. Participants will analyse teaching case scenarios in small groups to experiment this tool. Finally, a group discussion will provide opportunities to share remediation resources from the participants' settings.

W225 **Improving Feedback: Tips and tricks for teaching the CanMEDS Communicator Role**
11:15–12:15 Emma Glaser, MD, MSc; Perle Feldman, MD CM, CCFP, FCFP, MHPE;
Marie-Thérèse Lussier, MD, MSc, FCFPC; Genevieve Agoues
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define CanMEDS FM communicator competencies
2. Diagnose common pitfalls in learners' communication
3. Address these pitfalls by giving effective feedback using the Agenda Led Outcomes Based Analysis (ALOBA) method

Description:
Are your learners fulfilling the CanMEDS-FM communicator competencies? Are your teaching methods helping them get

there? The objective of this workshop is to help educators, such as clinical preceptors, give effective feedback to learners about their communication skills. CanMEDS-FM defines the competencies learners should embody to foster therapeutic relationships and gather and share essential information with their patients. How do we teach these competencies? This workshop will give participants practical tips and skills for helping learners develop effective communication abilities. We will review case scenarios where learners communicate with patients, akin to being in a direct-video observation context. Each participant will role-play and practice giving effective feedback to learners, as they would do during a case review. Specifically, participants will apply a learner- centred teaching method (ALOBA) and practice teaching communication techniques, such as the "teach-back" technique. Participants will leave with a newfound confidence and practical tools for teaching their students to communicate more effectively with their patients.

W276 **The Osteoarthritis Tool: Primary care comprehensive management**
11:15–12:15 Julia Alleyne, MD, CCFP (SEM), MScCH

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the components of a high yield history in the patient with joint pain
2. Demonstrate the key physical examination techniques for hip, knee and hand assessment of OA symptoms
3. List the evidence based management options for primary care office based practice

Description:
The OA tool was developed under the auspice of the College of Family Physicians of Canada and the Arthritis Alliance of Canada in conjunction with the Centre of Effective Practice. This tool is aimed at primary care providers and focused on hand, hip and knee osteoarthritis. It was designed as a collaborative effort between primary care, specialty care and scientific evidence. The tool allows the user to utilize a high yield history to ensure that pain and function are well understood while screening for red and yellow flags. The physical examination is focused on skills that provide insight to management while confirming stage of osteoarthritis as early, moderate or advanced disease. The emphasis of management is divided into non-pharmacological and pharmacological care and provides the user with evidence informed information that is important for patient compliance and collaborative interprofessional guidance. This is a practical tool for the office as well as a structured teaching tool for resident learning. Within the hour workshop, the presenter will divide the time into four sub-topics entitled; high yield history, examination, non-pharmacological management and pharmacological management. The emerging concepts that will be presented include; clinical staging of osteoarthritis for prognosis and management, assessment of pain and function in the office and the need for increased non-pharmacological management strategies in primary care.

W317 **Leadership Transitions in Family Medicine: Harness your potential to take on new things!**
11:15–12:15 Katherine Stringer, MD, FCFP, MClSc (FM); James Rourke, MD, CCFP (EM), MClinSc, FCFP, FRRMS, FCAHS, LLD; Amanda Tzenov, MD, CCFP, MSc
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify specific skills and strategies needed for successful transitions
2. Apply the transition experiences of three leaders to themselves
3. Write their own leadership preparation action plan

Description:
Family physician leaders are essential leaders in primary health care and medical education, yet formal preparation of future leaders is still relatively new. Family physicians take on numerous and varied leadership positions throughout their careers, yet are sometimes hesitant to recognize themselves as leaders. This workshop is directed at all family physicians contemplating any leadership position across the continuum of their career. It will involve the sharing of a variety of early, mid and late career leadership transition pearls in family medicine. We will draw on the principles of leadership and change management reviewing the latest literature and identifying strategies to successfully navigate leadership transitions in family medicine. This information will then be used to assist participants to write action plans in preparation for potential leadership opportunities within their own organizations. Teaching methods will include the sharing of personal reflections

from three FM leaders, small group discussion, short presentation to review the evidence, and personal reflection.

W440 **Selection Boot Camp: Brainstorming solutions to barriers and pitfalls in the selection process**
11:15–12:15 Michelle Morros, MD, CCFP; Shelley Ross, PhD
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 707
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the common barriers and pitfalls encountered by programs during the selection process
2. Identify selection process elements that have worked or have not worked for other programs
3. Apply evidence-guided approaches to their home program's selection process

Description:
Each residency program uses a selection process to identify the best possible candidates for admission. For best results the process must be (among other things) fair and transparent, reproducible, and standardized. However, the selection process must also be feasible and practical in the face of ever increasing application numbers. Finally, the selection process must account for the challenges inherent in interpreting the information provided through CaRMS. The goal of this session is to encourage programs to share with each other the approaches that have and have not worked for them, including the use of technology, and administrative resources and resident and faculty participation. In this highly interactive workshop, participants will be given a basic overview of the Best Practices for Admission & Selection (BPAS) principles and recommendations developed at the University of Toronto. This introduction will be followed by a case study of one program's efforts to revise their selection process. The case study will include a history of the program's intended goals for the selection process, the barriers that the program faced, and the process of looking at data internally and in the literature that led to changes in the selection process. This case study is the launching point for in-depth small group discussions of the barriers and pitfalls faced when working toward improving the selection process plus a sharing of possible solutions. The final part of the workshop will be a large group discussion about the need to evaluate selection processes to ensure that approaches and processes are having the intended outcomes as defined by each program.

W224 **Teaching Family Medicine Maternity Care: Lessons learned from the 2018 National Forum**
11:15–12:15 Anne Biringer, MD, CCFP, FCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Demonstrate the principles of feedback for learners, with particular emphasis on teaching peripartum care. This will also include how to debrief every birth with learners, the interprofessional team and the family
2. Review the challenges of intergenerational teaching and how attributes of each generation can be harnessed for successful learning
3. Discuss strategies for avoiding burnout in faculty and residents

Description:
This session will summarize and highlight some of the major learning points from the National Forum on Teaching Competency in Family Medicine Maternity Care held in Toronto in June 2018. It will be particularly relevant to those family physicians who practice and teach obstetrics. Time will be available for questions and discussion.

W526 **Bringing Learners Into Your Office: Reducing barriers to effective teaching in your practice**
11:15–12:15 Ruby Alvi, MD, CCFP, FCFP; Azadeh Moaveni, MD, CCFP, FCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 706
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe how to effectively integrate a learner into your family practice office

2. Describe the challenges of having a learner in your family practice office
3. Outline the individual or organizational activities or changes that can better support having a learner in your family practice office

Description:

The increased focus on having family physicians participate in medical education is a double-edged sword. As family medicine preceptors, we are keen to engage students and residents into our professional practices but we are challenged by the demands that these learners can place on our practices. In this session we will discuss how to integrate learners into our practices in an efficient and effective manner. In addition, we will discuss how to effectively engage in large group and small group settings that has the least impact on our practices. We will begin with a short review of the effective models on how to support family physicians in participating in educational activities. We will facilitate a discussion drawing on lessons learned by participants. We will then close with a discussion on strategies that can support further participation as well as advice for those who organize these educational sessions to reduce barriers to participation.

W752 **ADHD: Overcome misconceptions and treat with confidence (1)**
11:15–12:15 Joan Flood, MD, CCFP, FCFP; Doron Almagor, MD, FRCP (C)

ROOM / SALLE : 205C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the many presentations of ADHD and comorbid disorders
2. Apply 2018 Canadian ADHD Practice Guidelines to the assessment and management of ADHD in primary care
3. Implement treatment strategies that address the executive function deficits of ADHD and manage comorbid disorders

Description:

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder affecting 5 - 9% of children and 3 - 5% of adults worldwide. Despite its incidence, ADHD is given less 'attention' in primary care in comparison 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. At the end of this session, participants should have a more confident approach to treating ADHD. An interactive, instructional workshop using real case scenarios and small group discussions will also be offered to facilitate primary care management of ADHD.

W160 **You've Been Asked to Be on a Scientific Planning Committee: Now what?**
11:15–12:15 Christie Newton, MD, CCFP, FCFP; Rick Ward, MD, CCFP, FCFP; Jamie Meuser, MD, CCFP, FCFP; Janice Harvey, MD, CCFP (SEM), FCFP
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 713B

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the role of scientific planning committee members in the planning, development, delivery and evaluation of Mainpro+ certified CPD activities
2. Determine and apply the best methods for assessing perceived and unperceived learning needs of the intended target audience
3. Describe strategies to manage conflicts of interest and mitigate potential bias in the development and delivery of Mainpro+ certified CPD

Description:

When planning continuing professional development (CPD) activities, the importance of having an effective Scientific Planning Committee is paramount. With the recent changes the CFPC has made in establishing firm quality criteria for programs seeking Mainpro+ certification, the need for planning committees with superb skill and knowledge capacities is essential to a highly functional CPD system. The goal of this case-based, interactive session is to share best practices for how planning committees undertake tasks such as performing a proper needs assessment and, writing clear learning objectives, all in keeping with the ethical principles of CPD program development and delivery.

W739 **Family Medicine Innovations: Snapshots from around the globe - Part 1**
11:15–12:15 Dr. Rodney Destine; Dr. Julceus Fabrice; Dr. Getnet; Dr. Gudeta; Dr. Adelson Jantsch; Dr. Samuel Soares; Dr. Ichsan

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe promising practices, enablers and challenges encountered in establishing family medicine and primary care in different settings worldwide
2. Reflect on common challenges in their own communities surrounding the development and strengthening of family medicine and primary care
3. Identify collaborative next steps to support the development of family medicine and primary care worldwide

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. Over the past decades, international champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. As a result, the CFPC has been a meeting space for many in the global family medicine community, through the creation of the Besrour Centre. Besrour international partners represent over 20 countries and are building the capacity and networks to develop and strengthen family medicine in their settings. To empower family medicine champions around the world, Besrour partners have expressed the need to have global family medicine discussions directly led by family medicine champions from low- and middle-resourced settings. As a result, the Besrour Forum will include a session explicitly led by 4 international partners who will present a key learning moment in family medicine or primary care from their respective settings to the Canadian and global family medicine community. During this presentation, presenters will engage in quick-fire presentations in succession. Presentations will be followed by a large group discussion, exploring deliberations and feedback from participants. Past Besrour Forum participants as well as new Canadian and international colleagues interested in community engagement are welcomed to join this session.

W450 **Increasing Family Physicians' Capacity to Coach and Mentor Each Other: Who benefits? Why?**
11:15–14:30 Victor Ng, MSc, MD, CCFP (EM), FCFP, MHPE; Carrie Bernard, MD, CCFP; Sudha Kopula, MD, CCFP, FCFP; Cathy Maclean, MD, CCFP, FCFP; Christie Newton, MD, CCFP, FCFP; Arun Radhakrishnan, MD, CCFP; Ivy Oandasan, MD, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Describe current concepts about the key roles in mentorship and coaching
2. Discuss how mentorship and coaching can enhance clinical practice
3. Identify enablers and barriers and create recommendations to advance mentorship and coaching

Description:
In this symposium we explore how mentorship and coaching can be optimized to support our roles as family physicians. With more family physicians with enhanced skills or added competence working side by side with other family physicians there is an opportunity to maximize our collective strengths to provide comprehensive care. Within this interactive session, participants will consider what is known about peer mentorship and coaching and share experiences describing when and how it has been helpful to them. Participants will consider how family physicians with enhanced skills or added competence can coach generalist family physicians particularly within Patient Medical Home Models. If we did it well, what might be different for our patients and for ourselves if we had robust practice networks of care with family doctors mentoring and coaching each other? What might be different in how we learn with and from each other and how might future continuing professional development look differently

ithin our practices? How might the CFPC nurture the growth of coaching and mentorship amongst family physicians?

W256 **A Case-Based HIV Workshop for the Primary Care Practitioner: Practical knowledge and advice**
11:15–17:15 Charlie Guiang, MD, CCFP; Gord Arbess, MD, CCFP; James Owen, MD, CCFP; Caroline Jeon, MD, CCFP; Charlotte Hunter, MD, CCFP

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 4

Learning objectives:
1. Recognize patients at risk for HIV, and build confidence in managing those patients appropriate for PrEP or PEP
2. Care for the "occasional" HIV patient: from necessary investigations and interpreting test results, to preventive care
3. Explore issues related to HIV care that include, those specific to HIV+ women, substance use, and mental health

Description:
As patients infected with HIV are living longer, more and more Primary Care Practitioners (PCPs) may have an opportunity to provide care for this distinct group of patients. PCPs are in an ideal position to care for HIV+ patients as most comorbid conditions are issues 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 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. At the conclusion of this workshop aimed at PCPs including family medicine residents, nurse practitioners, and family physicians, participants will gain confidence managing their patients infected with HIV. Using a case-based method, the presenters will cover topics essential to HIV care. We will be providing many opportunities to discuss the unique issues and challenges related to HIV care. We also hope to provide a forum to discuss capacity building among those interested in providing HIV care.

W18 **Paging Dr. Scorsese: So you want to make an educational video?**
13:30–14:30 Jason Hosain, MD, CCFP
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn how to use free (or very inexpensive tools) to make an educational video
2. Understand best practices for making videos with better production value
3. Be able to make a short video during the session

Description:
This workshop will give participants an introduction to tools freely available to get starting making short videos for use by medical students and residents. Best practices for making interesting, good quality videos will be discussed.

W441 **Learning Plans: Individualized road maps to competence for residents**
13:30–14:30 Shelley Ross, PhD; Paul Humphries, MD, CCFP, FCFP; Shirley Schipper, MD, CCFP, FCFP; Mike Donoff, MD, CCFP, FCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the importance of formal learning plans for each resident
2. Explain how the learning plan can be revisited and updated throughout residency
3. Evaluate different approaches to development of learning plans with individual residents

Description:
The primary goal of competency-based medical education is to facilitate effective learning. Every resident will have their own individual trajectory to competence as they progress through training. Progress to competence is influenced by

multiple factors: the resident's own "baseline" at entry to the program, the order of rotations, the characteristics of the advisor's patient panel, and the clinical opportunities that present themselves over the course of training. In addition to the factors that influence learning, each resident will have their own preferences for their learning, determined by their own interests and their plans for future practice. All of these elements must be considered in planning for learning plans for residents in training. Good, individualized learning plans should be mutually negotiated between the resident and their advisor, and should be revisited regularly to ensure that the resident is on track to reach competence by the end of training. Optimal learning plans take advantage of clinical opportunities that will further the resident's learning and allow the resident to reach their personal goals. In this interactive session, facilitators will review some principles of effective learning plans. A large group discussion will facilitate sharing of current practices in participants' programs, with encouragement to share both what has worked and what has not worked. Participants will then work in small groups to brainstorm ways to improve use of learning plans. The session will end with a large group discussion of how to evaluate whether program approaches to learning plans are achieving intended outcomes.

W63 **Simulation-Based Teaching: A practical review**
13:30–14:30 Filip Gilic, MD, CCFP (EM)
Highlights novice concepts for teachers outside the clinical setting.

ROOM / SALLE : 713A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe cognitive psychology underlying simulation-based learning
2. Develop simulation-based curiculla
3. Prepare simulation training scenarios

Description:
Simulation is fast becoming a norm in medical teaching, especially in high-stakes topics such as acute and procedural care. This session will provide a framework for simulation-based teaching in family medicine training. We will cover topics such as simulation equipment selection, scenario development, teaching assignments, testing competencies and logistical support. We will also review the cognitive psychology underlying simulation-based learning as well as practical pearls and pitfalls common to simulation-based teaching.

W238 **Generalism: A key competency for socially accountable family physicians**
13:30–14:30 Roger Strasser, MBBS, MClSc, FRACGP, FACRRM
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define generalism for their own circumstances
2. Provide a rationale for generalism education in their own context
3. Identify key components of successful generalism education in their own setting

Description:
This workshop will engage participants in considering the nature of generalism and provide opportunities to explore the conceptual and the practical issues involved in socially accountable education for generalism in family practice. Over the last decade, there has been a growing discourse on "generalism" in health care, medicine and medical education. The Future of Medical Education in Canada (FMEC) Visions for MD Education in 2010 and Postgraduate Education in 2012 both emphasize the importance of students and residents developing generalism knowledge and skills, and learning in relevant generalist clinical settings. A brief presentation on the Northern Ontario School of Medicine (NOSM) experience will provide a context for interactive discussion of the key elements of generalism, followed by a sharing of experience with generalism in diverse community settings, including Indigenous communities. The workshop will conclude with a summary of the important enablers of success in education for generalism in family practice. Brief Agenda: welcome and introductions; brief presentations on the NOSM program; interactive discussion of the key elements of generalism; exploration of specific case scenarios as the basis for identifying the practicalities of generalism socially accountable family medicine education; conclusion including a summary of the important enablers of success in education for generalism in family practice.

W243 **Third-Year Programs: Part of the problem or part of the solution**
13:30–14:30 Jock Murray, MD, CCFP (EM); Daniel Grushka, MD, MSc, CCFP (EM)
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss the role of third years programs in comprehensive family medicine
2. Discuss the merits of CAC in the provision of comprehensive family medicine
3. Propose solutions to the conflict between special interest focused practice and comprehensive care

Description:
Enhanced Skills Program and CACs allow family doctors to acquire new skills and serve their communities. However, some people feel that third year programs are a threat to Comprehensive Family Medicine. This session will looks at this controversy and propose solutions.

W425 **#Milleducation: Facing the generational divide in medical education**
13:30–14:30 Vanessa Rambihar, MD, CCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 707
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Characterize the intergenerational learning environment, focusing on the unique aspects of millennial learners based on medical education literature
2. Describe the challenges in educating millennials in our current medical education landscape
3. Identify strategies for greater effectiveness as educators of millennial learners

Description:
Medical educators are rapidly learning to adapt their teaching methods to focus on millennial learners, who are now in the majority of students in medical school and residency training programs internationally. This session offers a novel perspective and approach toward the medical education of these trainees, reviewing evidence based strategies from the medical education literature but from the perspective of a millennial educator and administrator. All conference participants are invited and encouraged to attend, particularly those who are interested or experienced in medical education of medical students and residents and have noticed this generational divide. The presentation will review the characteristics of the learning environment that have created this divide, and highlight numerous projects conducted to evaluate educational strategies to focus on improving the environment. All levels of medical education will be included with special focus on postgraduate residency training and the CanMEDS-FM Role of professionalism. Educators and learners from all generations are encouraged to attend in order to stimulate a comprehensive discussion of this topic in a safe judgment-free space. The session will be highly interactive using an audience-response-system for live feedback, and an interactive Prezi-based lecture. The intended outcome of this lecture is to stimulate discourse amongst medical educators and learners at all stages of practice, leadership experience and teaching exposure, on the challenges we face in medical education with disparate generations represented in our population. We hope to stimulate positive discourse on how to address some of the challenges faced by this generational divide, with a focus on positive solutions to engage educators and learners from disparate generations, to bridge the gap using simple tools and strategies, and collaborate to create innovative ideas to contribute to the current literature to improve our current medical education landscape.

W428 **Promoting Health Through Planning for Life-Phase Transitions of People With**
13:30–14:30 **Developmental Disabilities**
William Sullivan, MD, CCFP (COE), FCFP, PhD; Dara Abells, MD, CCFP; Shara Ally, RN, MN

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe how the medical home model helpfully informs the primary health care of people with IDD through life-

phase transitions
2. Describe effective ways to engage an interdisciplinary team to support patients with IDD and their caregivers through life-phase transitions
3. Apply tools to develop coordinated care plans with people with IDD and their caregivers transitioning to a new life phase

Description:
Patients with IDD, which includes those with Autism Spectrum Disorder, make up 1-3% of the population and are encountered in most family medicine practices. They have specific developmental and health care issues, and experience many challenges and barriers that affect their transition to adulthood, frailty or the end of life that are different from those typically encountered. By applying the CFPC's medical home model, family physicians can play a key role in promoting continuity of health care during life-phase transitions for patients with IDD and their caregivers and preventing illness, distress and other challenges that are associated with poor transitions and gaps in health care during those transitions. Participants in this workshop will learn about recommendations of the 2018 Guidelines for the Primary Care of Adults with IDD regarding life-phase transitions. They will be introduced to and learn how to apply some tools for family physicians to enhance communication with patients, caregivers and other health care professionals, assess needs, develop and monitor coordinated care plans. Knowledge and skills learned in this workshop can be adapted and applied to the care of other groups of patients with similar complex health issues and needs during life-phase transitions.

W536 **Distinguished Papers**

ROOM / SALLE : 718B

W616 **Patient and Doctor Experiences of Medical Assistance in Dying (MAiD) Refusal (Distinguished papers continued)**

13:30–13:40 Jess Jokinen, MD; Jessica Shaw, PhD; Michaela Kelly; Ellen Wiebe*, MD, CCFP, FCFP

Mainpro+ Group Learning certified credits = .15

Objective: to describe the experiences of patients and doctors in the process of applying for and being found ineligible for medical assistance in dying (MAiD) in British Columbia. **Design:** Mixed methods with a chart survey and semi-structured interviews **Setting:** Practices of physicians providing MAiD in British Columbia. **Participants:** The chart review included patients (n=191) who were assessed for MAiD between June 17, 2016 and Dec 17, 2016, and the qualitative interviews included patients (n=7) who were assessed and refused and the doctors (n=6) who assessed 675 people and found 68 ineligible June 17, 2016 and August 2017. **Methods:** A retrospective chart review was conducted of 4 physicians' practices. Semi-structured interviews were carried out over the phone, by video, or in person by family practice resident investigators. The interviews were recorded, transcribed, and thematic analysis was applied. **Main Findings:** In the chart review of 191 assessments, 35 people were found to be ineligible, 7 were due to lack of capacity, 18 due to "death not reasonably foreseeable", and 8 due to "primarily psychiatric". The 6 doctors had assessed 675 people and found 68 to be ineligible. They all found that refusing patients was distressing and spoke about the challenges inherent in the 'reasonably foreseeable' clause, the restrictions on capacity, and the complexity of considering primarily psychiatric patients for MAiD. Several spoke about ways in which they cope with the challenges. The 7 patients talked about the impact of being rejected. Both doctors and patients discussed the distinction between suicide and MAiD and found MAiD to be different and much better. **Conclusion:** When patients are assessed for MAiD and found ineligible, it has a major impact on both the patients and providers.

W619 **The Experience of Patients with a Disability in Receiving Primary Health Care (Distinguished papers continued)**

13:40–13:50 Sakina Walji*, MD, CCFP, MPH; June Carroll, MD, CCFP, FCFP; Cleo Haber, MSW, LCSW

Mainpro+ Group Learning certified credits = .15

Objective: Studies have demonstrated that those with disabilities are less able to access care from primary care providers when they require it. The objective of this study was to gain more understanding of the perceptions and experiences of patients with disabilities regarding receiving primary care, with the goal of making suggestions for improvement. **Design:** A qualitative experience-based design using patient-guided tours. **Setting:** Multidisciplinary academic urban primary care practice **Participants:** Patients with disabilities identified by their health care providers

Method: Patients walked through the clinic as they would on a "typical visit". Using an interview guide, the researcher prompted attention to physical space, activity, actors, acts, sequencing of events and feelings. The tour was audiotaped and transcribed. Thematic content analysis was used. **Findings:** Participants included 18 patients with various disabilities (physical 37%, sensory 26%, chronic illness 17%, mental illness 6%, other 14%). Strong positive relationships, not only with the primary care provider, but with the team and administrative staff, profoundly affected access and overall experience of care. Multi-directional clear and respectful communication, while part of relationships, independently had a significant positive effect. Participants described that many access, coordination and physical barriers were mitigated by team relationships and communication. Physical space and building issues were problematic for those with physical and mental disabilities. The participant's disability itself played a role in their experience but was not described as prominently as their relationships, communication and physical challenges. Participants described the patient-guided tour method as effective in eliciting experiences and feelings. **Conclusion:** The impact of relationships and communication on every aspect of health care for individuals with disabilities is often unknown to the health care team. Highlighting these findings with providers and organizations may enable a more patient-centred model of care. Patient-guided tours were effective in assessing experience of care for those with disabilities. The objective of this study was to gain more understanding of the perceptions and experiences of patients with disabilities regarding receiving primary care, with the goal of making suggestions for improvement.

W647 **Real-World Management of Opioid Therapy for Chronic Noncancer Pain in Primary Care (Distinguished papers continued)**

13:50–14:00 Arden Barry*, PharmD, ACPR; Chantal Chris, MD, CCFP

Mainpro+ Group Learning certified credits = .15

Objective: To characterize the real-world management of chronic noncancer pain (CNCP) in patients on opioid therapy in a primary care setting. **Design:** Retrospective electronic medical record review from 2014-18. **Setting:** Primary care clinic in Chilliwack, British Columbia. **Participants:** Sixty-nine adult patients receiving opioid therapy for CNCP with ≥ 2 clinic visits were included. Patients diagnosed with cancer or under the care of a palliative team were excluded. Mean age was 54 years and 54% were male. Forty-eight patients (70%) had a concurrent mental health diagnosis. **Main outcome measures:** Opioid dose at initial and last observed visits, number and frequency of visits, proportion of patients able to reduce or discontinue opioid therapy, and use of non-opioid therapies for pain control. **Results/findings:** Median follow-up was 6 visits over 12 months. Mean initial opioid dose was 186 morphine equivalents daily (MED), which was reduced to 71 MED at the last observed visit. Sixty-one patients (88%) were able to tolerate an opioid dose reduction, 6 patients had no change, and 2 patients required a dose increase. Thirty-five patients (51%) discontinued opioid therapy. Of those, six patients were transitioned to opioid agonist therapy (OAT) and six patients were rapidly tapered due to a breach in their narcotic agreement. For patients on ≥90 MED, 87% (33 of 38 patients) were able to tolerate a dose reduction. The most frequently used non-opioid therapies included: non-steroidal anti-inflammatory drugs (65%), gabapentinoids (64%), tricyclic antidepressants (55%), nabilone (52%), and serotonin norepinephrine reuptake inhibitors (46%). Seventeen patients (25%) reported illicit marijuana use. **Conclusion:** This observational study of real-world management of CNCP in primary care demonstrated that most patients were able to tolerate an opioid dose reduction. One-third of patients were able to discontinue opioid therapy, while few patients were transitioned to OAT for opioid use disorder or broke their narcotic agreement.

W755 **Presentation by the recipient of the CFP Best Original Research Article**
Evaluation of 6 remote First Nations community-based buprenorphine programs in northwestern Ontario

14:00–14:15 Solomon Mamakwa; Meldon Kahan, MD, FCFP, FRCPC, MIHSc; Dinah Kanate; Mike Kirlew, MD, CCFP; David Folk, MD, CCFP; Sharon Cirone, MD, CCFP; Sara Rea, Pierre Parsons, CET; Craig Edwards, MPH; Janet Gordon, PND; Fiona Main, MD; Len Kelly; MD, MCIS, FCFP, FRRM

Mainpro+ Group Learning certified credits = .25

Design: Retrospective cohort study. **Setting:** First Nations communities in northwestern Ontario. **Participants:** A total of 526 First Nations participants in opioid-dependence treatment programs. **Intervention:** Buprenorphine-naloxone substitution therapy and First Nations healing programming. **Main outcome measures:** Retention rates and urine drug screening (UDS) results. **Results:** Treatment retention rates at 6, 12, and 18 months were 84%,78%, and 72% respectively. We estimate that the rate at 24% will also be more than 70%. The UDS programming varied and was implemented in only 1 community. Initially urine testing was voluntary and it then became mandatory. Screening with

either method found the proportion of urine samples with negative results for illicit opioids ranged between 84% and 95%. **Conclusion:** The program's treatment retention rates and negative UDS results were higher than those reported for most methadone and buprenorphine-naloxone programs, despite a patient population where severe posttraumatic stress disorder is endemic and despite the programs' lack of resources and addiction expertise. Community-based programs like these overcome the initial challenge of cultural competence. First Nations communities in other provinces should establish their own buprenorphine-naloxone programs, using local primary care physicians as prescribers. Sustainable core funding is needed for programming, long-term aftercare, and trauma recovery for such initiatives. Can Fam Physician 2017; 63; 137-45

W756 **Presentation by the Recipient of the CFPC Outstanding Family Medicine Research Article**
External validation study of a clinical decision aid to reduce unnecessary antibiotic prescriptions in women with acute cystitis
14:15–14:30 Warren J. McIsaac, MD, MSc, CCFP; Rahim Moineddin, PhD; Ildikó Gágyor, MD, PhD; Tonly Mazzulli, MD, FRCP, FACP

Mainpro+ Group Learning certified credits = .25

Background: Empirical prescribing of antibiotics to women with symptoms of acute cystitis prior to culture results is common, but subsequent culture results are often negative. A clinical decision aid for prescribing decisions in acute cystitis was previously developed that could reduce these unnecessary antibiotic prescriptions but has not been validated. This study sought to validate this decision aid for empirical antibiotic prescribing decisions in a new cohort of women with suspected acute cystitis. **Methods:** External validation study of a clinical decision aid in 397 women with symptoms of acute cystitis, involving 230 Canadian family practitioners across Canada between 2009 and 2011. The sensitivity and specificity of the decision aid compared to a gold standard positive urine culture (defined as ≥102 cfu/ml (≥105 CFU/L)) was determined, and compared with physician management, and the earlier development cohort study estimates. Other outcomes assessed were total antibiotic prescriptions, unnecessary antibiotics for negative urine cultures, and recommendations for urine culture testing. Chi-square tests were used for unpaired comparisons, adjusted for physician clustering. McNemar's test was used for paired comparisons. **Results:** There were 245/397 (61.7%) positive urine cultures. The cystitis aid sensitivity was 202/245 (82.5%, 95% Confidence Interval (CI)) = 77.1%, 86.8%), compared to 167/208 (80.3%) in the previous development cohort ($p = 0.54$), and 239/245 (97.6%) by family physicians in the current study ($p < 0.001$). Specificity was low for physicians (10/152, 6.6%) compared to the decision aid (54/152, 35.5%; $p < 0.001$, resulting in more antibiotic prescriptions by physicians (381/397, 96.0%) than would occur with decision aid recommendations (300/397, 75.6%, $p < 0.001$). Unnecessary antibiotic prescriptions where urine cultures were negative would be reduced an absolute 11.1% with cystitis aid recommendations (98/397, 24.7%) compared to usual physician care (142/397, 35.8%; $p = 0.001$). Urine cultures would also be reduced (97/397, 24.4% decision aid vs 351/397, 88.4% physicians; $p < 0.001$). **Conclusions:** A 3-item clinical decision aid demonstrated reproducible accuracy in two cohorts of women with acute cystitis symptoms. Clinically important reductions in total and unnecessary antibiotic use, as well as urine culture testing, could result with routine clinical use compared to current empirical physician management practices. McIsaac et al. BMC Family Practice (2017) 18:89

W257 **Bring Sim to Your Hospital**
13:30–14:30 Kyle Carter, MD, CCFP (EM); Vikram Dalal, MD, CCFP (EM)
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 714AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Become familiar with the importance simulation for teaching of critical events in community and rural hospitals
2. Become more comfortable with simulation scenarios through hands on participation
3. Have the knowledge to implement a low fidelity simulation program at their hospital after the session

Description:

Simulation training is an effective means of practicing rare or critical events. Low fidelity simulation is the use of minimal equipment to facilitate clinical scenarios that mimic real events. We have developed and implemented a simulation program in our rural community hospital to increase all hospital staff's familiarity with procedures that occur during critical in hospital

events and arrest. The program has been expanded to include training of regional family medicine residents in leading and responding to in hospital critical events. This session will demonstrate why community hospitals should be running a simulation program and how you can implement a simulation program in your hospital. During the session we will review video footage of our simulation program and participants will complete a hands-on a critical event simulation during the session using low fidelity simulation equipment. The aim of this session is that participants will be inspired to bring low fidelity simulation training to their community hospital and the confidence to set up the program after the conference.

W743 **Family Medicine Innovations: Snapshots from around the globe - Part 2**
13:30–14:30 Dr. Rodney Destine; Dr. Julceus Fabrice; Dr. Getnet; Dr. Gudeta; Dr. Adelson Jantsch; Dr. Samuel Soares; Dr. Ichsan

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe promising practices, enablers and challenges encountered in establishing family medicine and primary care in different settings worldwide
2. Reflect on common challenges in their own communities surrounding the development and strengthening of family medicine and primary care
3. Identify collaborative next steps to support the development of family medicine and primary care worldwide

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. Over the past decades, international champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. As a result, the CFPC has been a meeting space for many in the global family medicine community, through the creation of the Besrour Centre. Besrour international partners represent over 20 countries and are building the capacity and networks to develop and strengthen family medicine in their settings. To empower family medicine champions around the world, Besrour partners have expressed the need to have global family medicine discussions directly led by family medicine champions from low- and middle-resourced settings. As a result, the Besrour Forum will include a session explicitly led by 4 international partners who will present a key learning moment in family medicine or primary care from their respective settings to the Canadian and global family medicine community. During this presentation, presenters will engage in quick-fire presentations in succession. Presentations will be followed by a large group discussion, exploring deliberations and feedback from participants. Past Besrour Forum participants as well as new Canadian and international colleagues interested in community engagement are welcomed to join this session.

W215 **Use of Vulvar Biopsy in Diagnosis and Management of Common Vulvar Conditions**
13:30–16:00 Parisa Rezaiefar, MD, CFPC, FCFPC; Panteha Eshtiaghi

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Identify common non-neoplastic vulvar disorders and how to differentiate them from neoplastic condition
2. Demonstrate steps involved in punch biopsy of vulva using pelvic models
3. Interpret the result of vulvar biopsy, manage common vulvar conditions, and prioritize referral to specialists

Description:
Vulvar complaints are common concerns in primary care, causing significant morbidity including impaired sexuality, fertility and self-image as well as patient concern about malignancy. Neoplastic, precancerous and non-neoplastic vulvar diseases present with similar non-specific complaints. Inflammatory conditions such as lichen sclerosis and lichen planus can lead to vulvar neoplasia if not recognized early and managed appropriately. Thus good diagnostic skills combined with vulvar biopsy are crucial in the appropriate management of patients. Family physicians are uniquely positioned to recognize and manage these conditions. Punch biopsy of vulva is a simple office based procedure that facilitates diagnosis and allows a family physician to expedite management of patients with inflammatory and infectious causes, reserving referal for those with pre-cancerous or neoplastic conditions. During the workshop, we use clinical scenarios to identify the most common vulvar disorders and how to distinguish these from neoplastic disorders. We address diagnostic barriers caused by co-existing processes such as candidiasis, contact dermatitis, effects of low estrogen in postmenopausal women or women on

oral contraceptives that can complicate diagnosis and management. Participants learn how to perform a vulvar biopsy using common equipment available in the office and then practice this skill on pelvic models. Finally, participants aquire skills in interpreting the results of vulvar biopsy, manage common conditions, and indication for referral to specialty services. To further overcome barriers to change in practice, participants will also have access to the online module after the workshop to support them as a "Point of Care" resource in their future practice or in their role as educators.

W372 **HOOKS and TRAPs: Everything you wanted to know about clinical teaching**
13:30–16:00 Cheri Bethune, MD, MClSc, CCFP, FCFP; Paul Miron, MD, CCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 706
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Articulate and identify the common questions and concerns clinical teachers ask about teaching
2. Utilize peer feedback and peer coaching to help address those questions and concerns
3. Identify and utilize easy to access teaching resources designed to address and enhance teaching skills

Description:
With the introduction of CBME (competency based medical education) in family medicine, clinical teachers have been tasked with responsibility for the day to day teaching and assessment for learning. Many teachers express concern that they feel unprepared for this responsibility and question their skills. Common and frequent questions arise in our day to day work as teachers of the next generation of family physicians, and we seek answers to affirm and enhance our teaching skills in the context of our clinical work. As busy clinicians, time is the concern for most of us. We need time efficient strategies to engage learners, confidently assess them and contribute to improving their future performance while safely and effectively caring for our patients. Common questions from clinical teachers (HOOKS) include: How do I give constructive feedback to learners while maintaining their integrity? How do I help a learner develop and undertake a specific learning plan? How do I effectively coach a learner who struggles with clinical reasoning? There are many other questions. The TRAP (Teachers reflection action plan) is a tool to assist teachers in answering these questions and in turn, credit them with continuing education rewards. This workshop is designed to share, discuss and find answers to several of these common teaching challenges. We will 1) identify questions most compelling to the participants (HOOKS) 2) engage in peer feedback and coaching to further explore a teaching challenge 3) share 'easy to access' resources in the FTA repository around effective teaching strategies 4) complete a teacher learning plan that maximizes the impact of this process. (TRAP) This interactive workshop is designed for all clinical teachers, novice and experienced, and also for those who plan/teach faculty development.

W235 **Buprenorphine for Opiate Use Disorder: Prescribing a way out**
13:30–16:00 Melissa Holowaty, MD, PhD, CCFP, CISAM; Wiplove Lamba, MD

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Identify patients for whom buprenorphine therapy is appropriate
2. Explain the pharmacology, indications and side effects of buprenorphine with patients and colleagues
3. Implement and guide appropriate patients through a buprenorphine induction and treatment plan for opiate use disorder

Description:
Opiate use disorder and associated overdose deaths are a public health emergency. Recent American and Canadian guidelines have indicated that the beset evidence based treatment option for patients with opiate use disorder is opiate agonist therapy in the form of methadone or buprenorphine. Unlike methadone, buprenorphine is easily prescribed by family physicians and nurse practitioners, and can be thought of as very similar to prescribing insulin for diabetes. In this workshop, we will assist your practice through your own case studies in identifying patients for whom buprenorphine is appropriate, break down the conversations to get patients started on treatment, outline how to practically get them started, and how to effectively and confidently monitor patients over time. With this extra skill, patients who suffer from opiate use disorder can become one of the most rewarding parts of your practice.

W217 **Perinatal Care: What's new and important in antepartum, postpartum, and newborn care**
13:30–17:15 William Ehman, MD; Kevin Desmarais, MD, CCFP; Amanda Loewy, MD, CCFP; Kate Miller, MD, CCFP, FCFP; Amanda Pendergast, MD, CCFP, FCFP; Michelle Khalil Abou, MD; Heather Baxter, MD, CCFP, FCFP

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 3

Learning objectives:
1. Provide current recommendations on screening for aneuploidy, alcohol and substance use and management options such as brief interventions
2. Order recommended investigations (e.g.lab, US), indentify and modify risk factors (e.g. hypertension, preterm birth) and advise on optimal prenatal care
3. Provide the optimal induction stategy when needed, ideal post parum care, support for breastfeeding and the essential newborn care

Description:
This clinically based session will present cases to be discussed in smaller groups allowing effective interaction and learning. The facilitators will provide clinical scenarios that will focus discussion on specific issues but there will be ample time to discusses cases of concern brought forward by participants. Content will include: current recommendations on screening for of alcohol and substance use and options such as brief interventions; screening for aneuploidy (e.g. Down's Syndrome); identification of risk factors for gestational hypertension and preterm birth and management strategies by which they could be modified (e.g. ASA for pre-eclampsia and progesterone for preterm labour); up-to-date advice on investigations, ultrasound testing, supplements, weight gain, nausea management and frequency of visits; ideal methods of induction of labour when needed (e.g. for GDM, AMA, pre-eclampsia) at the best time and by the best method; provision of optimal post-partum care (e.g. management of bleeding, pain, mood, contraception); support for postpartum breast feeding; optimal neonatal care (e.g. the essential exam, weight loss, tongue-tie etc.). This session will provide an environment that allows participants to increase competence and confidence in maternity care at whatever level they practice.

W446 **Advance Care Planning: A primary care priority and responsibility**
13:30–17:15 Stephanie Connidis, MD, CCFP (PC) (COE), RACGP; Benjamin Schiff, MD, CCFP; Allan Grill, MD, CCFP (COE), MPH, FCFP; Carmen Johnson, MD, CCFP, FASAM, ABFP

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 3

Learning objectives:
1. Recognize the importance of Advance Care Planning in the delivery of patient care
2. Develop and integrate an approach to ACP conversations that family physicians will feel comfortable initiating in multiple practice settings
3. Appreciate nuances in provincial legislation around naming who will speak on a patient's behalf when they are incapable

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.

W745 **Facilitated Poster Session**
15:00–16:00 During this session, five posters will be presented in 10-minute segments, followed by audience Q & A and a discussion.

ROOM / SALLE : 700 Foyer
Mainpro+ Group Learning certified credits = 1

651 **Realignment of an Established Faculty Development Program for New Teachers: A systematic approach**
Viola Antao, MD, CCFP, FCFP; Jana Lazor, MScPh, EdD, FCSHP

Background: Family Medicine teachers need robust faculty development (FD) that aligns with learner, current institutional, and accrediting requirements. In 2005 at University of Toronto a 3 day annual BASICs program was implemented to support new faculty to function optimally in their roles as teachers. Over the years sessions were revised, but there was growing evidence of misalignment and faculty disengagement. **Learning objectives:** (1) To evaluate the existing BASICs faculty development program. (2) To examine alignment with our current diverse faculty needs, and organizational, education, and practice requirements. (3) To redesign a FD program to address identified gaps and stakeholder needs. **Description/approach used:** The FD committee used existing quantitative and qualitative evaluation data, information from individual participants, focus groups and a systematic 9-step instructional design process1 to redesign the BASICs program. Despite a 95% satisfaction rate, participants wanted shorter didactic sessions and more options for workplace FD. An analysis of learner characteristics, task analysis around teaching level expectations and review of content and sequencing revealed a much needed realignment, especially around Competency by Design, Quality Improvement, Wellness and Resilience, relevance for interprofessional audiences, and building a sense of belonging and an academic identity. Three theoretical models were identified to guide the teaching approach: (1) adaptive expertise; (2) self–determination theory; and (3) and a learning- centered approach. The redesigned program will incorporate the following approaches: A blended learning design of 3 core face-to-face sessions offered across 6-9 months, with developmentally sequenced modular streams of teaching and assessment. 2 pre-designed workplace FD components facilitated by local FD leads for peer coaching. 3 Development of a local Community of Practice.

565 **Understanding the Feasibility and Impact of Balint Groups for Family Medicine Residents**
Stephanie Klein*, MD; Dana Mayer, MD; Allyson Merbaum, MD, CCFP, FCFP

Background: Balint groups are facilitated peer-based small group discussions around emotionally challenging aspects of patient care. Balint groups have been shown to promote professionalism, strengthen the physician-patient relationship, improve self-efficacy, and reduce burnout in health care professionals. **Objective:** To implement Balint groups into the family medicine residency at NYGH, assess its feasibility, and explore the resident and facilitator experience. **Intervention:** Three groups of 6-8 residents with one faculty facilitator, met monthly for 1.5 hours over a six-month period. At each session, a pre-set theme was explored in areas residents identified as challenging during an initial needs assessment. **Design:** A mixed-methods program evaluation was designed whereby participants completed pre- and post-intervention surveys and focus groups at the mid- and end-point of the study. One-on-one interviews were conducted with facilitators. Qualitative data was transcribed anonymously and coded thematically using grounded theory. Quantitative data was subject to comparative statistical analysis. **Findings:** 10 residents participated in focus groups and 25 residents completed surveys. Participants described Balint groups as a safe space to share feelings and develop mechanisms for coping with challenges during residency. Balint groups enhanced peer connection through normalization and validation. Group reflection helped residents manage their emotions by hearing feedback from peers with similar experiences. Facilitators were valued as they provided guidance and insight. Overall, residents saw benefit in Balint groups as a mandatory part of the curriculum and felt it demonstrated faculty support for resident wellbeing. Quantitative analysis showed Balint groups improved residents' comfort in managing difficult patients but did not show any other statistically significant change. Suggestions for enhancement include shortening the sessions and providing structured suggestions for challenges identified in the discussion. **Conclusion:** Preliminary findings suggest that implementing a Balint group curriculum is feasible and acceptable to residents. Further research is needed to understand potential impact on resident wellness.

107 **Slow-Motion Medicine in the 21st Century: Rekindling the art of medicine**

Vivian Ewa*, MBBS, CCFP (COE), FCFP, PG DipMedEd, FRCP Edin; Dennis, Ashley, PhD; Rachel Defina, MD, CCFP (COE); Maeve O'Beirne, MD, CCFP, FCFP, PhD

Objective: The aim of this study was to explore learners' experience of learning within a structured Long-term care (LTC) environment with direct clinical supervision. It also explores the impact of this training on self perception of competence to manage older adults across other care settings. **Design:** In-depth interviews were used to explore residents' perception of learning in the LTC environment. An iterative process of data collection and analysis consistent with grounded theory was employed to understand the reported experiences of residents. **Setting:** The study occurred in LTC centres in the Calgary area. **Participants:** Purposive sampling amongst 1st year family medicine residents participating in an optional one-year longitudinal rotation in the LTC learning environment. **Results:** The study identified 26 themes in five categories that influenced learning in the LTC environment. Categories included; resident supervision, health system organization, patient context, communication, and the team. Residents reported feeling overwhelmed with the level of medical complexity and chronic multimorbidity in the LTC environment. Clinical practice in the LTC environment was characterized as "Slow-motion medicine", that facilitated competence and confidence in managing these patients. Despite acquiring competencies that could be used across care settings, residents identified the practice environment in other settings as a barrier to transfer of learning. **Conclusions:** The key theoretical construct developed through this study is the notion of "Slow-motion medicine". This construct underpinned the themes that influenced learning in the LTC environment and enabled the development of competencies in the care of older adults with complex multimorbidity. While these competencies can be used across care settings, the practice environment in other settings may influence how these competencies are transferred. Further research is needed on the impact on clinical practice following the LTC rotation.

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507 **Residents' Knowledge of and Comfort with In-Flight Emergencies**

Alexandra Mardimae*, MD, MSc; Roarke Copeland, MD; Rajani Vairavanathan, MD, CCFP (EM)

Purpose: To assess the knowledge and level of comfort of University of Toronto Family Medicine residents with respect to in-flight medical emergencies. **Methodology:** An online survey of PGY1 and PGY2 Family Medicine residents at the University of Toronto was conducted from November 2017 to February 2018. The questionnaire consisted of a total of 15 questions: eight questions assessing level of comfort/experience with in-flight medical emergencies using Likert scales and their opinion on the utility of formalized teaching regarding the topic; seven questions testing their knowledge of in-flight medicine. Ethics approval was obtained through the University of Toronto Ethics board. **Results:** The survey invitation was extended to approximately 228 residents across the program; 65 residents responded, (29% response rate). 41 respondents were PGY1s and 24 were PGY2s. Of all respondents, 15% had been called upon to help in an in-flight medical issue. 86% of all respondents had no experience with any education on the subject. The majority of residents (48%) reported being minimally confident in managing an in-flight medical emergency, with only 11% being somewhat confident or confident. 80% of residents surveyed thought that further training in this field would be somewhat or absolutely helpful in their training. **Conclusions:** Residents have some knowledge of in-flight medicine, but still lack confidence in the area of in-flight medical emergencies. Implementing simulation sessions or other teaching tools into the Family Medicine residency curriculum would increase the residents' overall level of confidence about in-flight medical emergencies, while also building that knowledge base.

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692 **Oncology Education for Family Medicine Residents and Family Physicians: A needs assessment survey**

Steven Yip, MD; Daniel E. Meyers*; Jeff Sisler, MD, CCFP, FCFP; Keith Wycliffe-Jones, MD, CCFP; Edward Kucharski, MD, CCFP; Christine Elser, MD; Claire Temple-Oberle, MD; Silvana Spadafora, MD; Paris-Ann Ingledew, MD; Meredith Giuliani, MD; Sara Kuruvilla, MD; Nureen Sumar, MD, CCFP

Objective: Cancer care demands in family medicine (FM) continue to grow. This study aimed to determine the current state of oncology education in FM and examine opinions regarding optimal FM oncology education. **Design:** Survey. **Setting/participants:** The survey was pilot-tested and sent to FM residents and FM program directors (PDs) across Canada and family physician (FP) Cancer Care Committee members of the College of Family Physicians of Canada. **Main outcome measures:** The survey was designed to evaluate ideal and current oncology teaching, topics and objectives in FM post graduate medical education (PGME) and continuing medical education (CME). **Results:** From May 1 - August 31, 2017, 131 FM residents and 15 FM PDs affiliated with 16 of 17 Canadian medical schools, and 42 FPs completed the survey.

Only 8% of residents, and 20% of PDs believe the oncology education provided is adequate. 13% of residents reported having oncology learning objectives, but 73% felt they would be useful. Residents reported the best way to lean oncology is through clinical experience alone. PDs stated that case-based and didactic teaching are also important. Residents and PDs agreed that the most important topics are cancer prevention, cancer screening, breaking bad news and palliative care. These topics were reported to be taught to 89-100% of FM residents. Yet, other important topics including cancer patient referrals, managing cancer complications and post-treatment surveillance were only taught to 52%, 40% and 36% of residents, respectively. According to 40% of FPs, the amount of oncology CME completed was inadequate; 21% reported that CME inadequately updates their knowledge in cancer patient management. **Conclusion:** Current FM PGME oncology education is seen to be sub-optimal by both FM residents and PDs. Sub-optimal oncology teaching is also likely for FM CME. FM oncology education can be improved using suggestions generated from this survey.

W244 **Teaching Decision Making to Medical Students and Residents**
15:00–16:00 Constance LeBlanc, MD, CCFP (EM), FCFP, MAEd, CCPE; Jock Murray, MD, CCFP (EM); Samuel Campbell, MD, CCFP (EM)
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 707

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Gain knowledge about the evidence and of how physicians make decisions
2. Learn what factors influence decision making and can lead to error low yield actions
3. Participants will be instructed on how the evidence around decision making should influence the teaching of medical students and residents

Description:

There is increasing evidence addressing how decisions are made. One model suggests that people use a quick pattern recognition system or a longer more methodical approach. These systems each have benefits and pitfalls. There are many factors which can influence decision making and lead to error or suboptimal decisions. The principles of choosing wisely are complimented by an understanding of decision making and sources of error. Participants in this session will become familiar with the evidence around decision making and factors related to error. This information will then be applied to the education of learners including residents and medical students.

W339 **The Older Patient in the Emergency Department: What you need to know**
15:00–16:00 Don Melady, MD, MSc (Ed), CCFP (EM); Neil Dattani, MD, CCFP (EM); Courtney Spelliscy, MD, CCFP (EM)

ROOM / SALLE : 714AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Name the eight competencies of Geriatric Emergency Medicine
2. Describe age-appropriate modifications to ED process of care
3. List three enhancements to ED care of each of falls, delirium, and transitions of care

Description:

This interactive presentation will be of interest to family physicians who are sending their older patient to an ED; and who work in the ED; and who have a focussed practice in Care of the Elderly. It will introduce clinical competencies, processes of care, and opportunities for quality improvement that recognize that older adults are a specific sub-set of the general ED population. It will encourage participants to develop enhancements for care of older patients with three common ED presentations – falls, delirium, and transitions of care. It will suggest strategies for transforming even a small community hospital into a geriatric-friendly ED. Participants will leave with practical skills and knowledge to make change in their own home ED.

W518 **Peer Consultation and Mentorship**
15:00–16:00 James Goertzen, MD, MClSc, CCFP, FCFP
All teachers welcome.

ROOM / SALLE : 718A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Demonstrate peer consultation framework as a guide for exploring an educational challenge and developing potential strategies to address the problem
2. Examine the benefits of a group peer consultation in comparison to a consultation with an individual colleague
3. Assess the relevancy of peer consultation framework for assisting colleague with an educational challenge

Description:

As teachers, preceptors, or educational leaders; we sometimes encounter educational, preceptoring, or teaching 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 consultation framework provides a collegial approach to explore a teaching challenge and brainstorm new approaches. In groups of 8-10 participants, a peer is given three minutes to present their problem or challenge along with a clear question for the group to consider. Over the next five minutes, group members take turns asking one question to further clarify the challenge. These questions should help to clarify facts and not suggest possible solutions. Answers from the peer should be brief. After two rounds of questions, the peer turns his/her chair with their back to the group. One group member takes the role of a scribe and captures key points from the discussion. The group talks with each other about the educational challenge along with the specific question posed by the peer. Sometimes the group suggests actions to consider but more often they work to more clearly define the problem. The peer listens intently and remains silent. Following 10 minutes of discussion, the peer faces the group, reflects on what he/she has heard and thanks the group for their efforts. Join us with a problem from undergrad, postgrad, faculty development or leadership. Don't have a problem, try out the peer consultation process and asses its relevancy to your educational setting.

W334 **Implementing Comprehensive Health Assessments ("Health Checks") for Adults With Intellectual and Developmental Disabilities**

15:00–17:15 Ian Casson, MD, CCFP, FCFP. MSc; Laurie Green, MD, CCFP

ROOM / SALLE : 605

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Be able to implement Health Checks in their practices
2. Be able to use a medical record template and other practice tools to organize Health Checks
3. Apply recommendations of the Canadian Consensus Guidelines for Primary Care of Adults with Intellectual and Developmental Disabilities (2018)

Description:

Health Checks (periodic comprehensive health assessments, including preventive care, physical exam, mental health assessment and review of financial and community supports) are a key, evidence-based recommendation of the Canadian Consensus Guidelines for the Primary Care of Adults with Intellectual and Developmental Disabilities (Canadian Family Physician, April 2018). Family practice facilitates the implementation of Health Checks because of continuity, comprehensiveness, focus on the patient/doctor relationship and the capacity to identify, and then provide systematic approaches to, vulnerable members of the practice population. A key learning from research recently completed in family practices in Ontario is how the participation of self-advocates, caregivers, family practice administrative staff and nurses aids family physicians in implementing Health Checks. Those perspectives will be represented among the speakers. This session will offer solutions to the practical issues of an encounter with an adult with an intellectual and developmental disability (adjusting history-taking and physical exam, obtaining interdisciplinary/specialist input and addressing system issues). A proposed tool designed to help family doctors implement Health Checks - an annotated medical record template, adaptable for electronic records – will be demonstrated. A facilitated discussion will encourage participants to provide input into the content and format of the tool.

Free-standing paper presentations | Présentations libres

Researchers will provide free-standing (oral) presentations of new research; the 2018 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 2018 des prix pour la recherche figurent au programme.

W663 **The Successful Integration of an eConsult Service into a Family Health Team's Workflow**
15:00–15:15 Clare Liddy*, MD, CCFP, FCFP, MSc; Gwen deMan, MD; Isabella Moroz, PhD; Amir Afkham, BEng(H); Jay Mercer, MD, CCFP, FCFP

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = .25

Objective: To examine the effectiveness of integrating the Champlain BASE™ eConsult service into an Academic Family Health Team (FHT). **Design:** A cross-sectional study of eConsult cases. **Setting:** Bruyère Academic FHT, Ottawa, Ontario. **Participants:** All primary care providers (PCP) in the Bruyère FHT who submitted eConsult cases between May 1, 2013 and December 31, 2017. **Intervention:** The eConsult service is a secure online application allowing PCPs and specialists to communicate electronically regarding a patient's care. The eConsult service was integrated into the Bruyère Academic FHT's existing referral -consultation system. PCPs fill in a template in their electronic medical record and forward to a referral clerk, who upload the data into the eConsult web application. **Main outcome measures:** System utilization, including monthly volume of submitted eConsults, requested specialties, and impact on PCP referral behavior. **Results:** The Bruyère Academic FHT processed 3,233 eConsult cases, accounting for 10% of all cases during that period. There was a 3.5-fold increase in the volume of eConsults, from 285 in the first year to 1,016 in the last year. The most frequently accessed specialties were dermatology (23%), Orthopaedics (7%), Neurology (5%), Cardiology (5%) and Obstetrics/Gynecology (5%). In 36% of cases, a referral was originally contemplated but avoided based on specialist advice. In 5% of cases, the referral was not originally contemplated but recommended by the specialist. **Conclusion:** Our findings show a very high level of eConsult use, which persisted throughout the study period. The integration of eConsult capability into existing clinic operations was successful in that it allowed the PCPs to request eConsult using a familiar process, avoiding the challenges associated with adopting a new and unfamiliar technology.

W664 **How Long are Canadians Waiting to Access Specialty Care? A retrospective study**
15:15–15:30 Clare Liddy*, MD, CCFP, FCFP, MSc; Isabella Moroz, PhD; Amir Afkham, BEng(H); Pamela Jarrett, MD; Nico Miraftab, MA; Alex Singer, MB BAO BCh, CCFP; Derek McLellan, MD, CCFP; Ariana Mihan; Neil Drimer, MHSc; Emma Boulay, MA; Lois Crowe; Erin Keely, MD

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = .25

Context: When examining wait times for specialist care, the duration of time a patient waits from when a referral is made by a primary care provider (PCP) to the specialist visit is poorly understood. **Objective:** To calculated the length of wait for specialist visits using data from primary care clinics across Canada. **Design:** A retrospective chart audit of primary care clinics across Canada. **Setting:** 22 Primary care clinics across seven provinces and one territory. **Participants:** We assessed 100 charts per participating clinic. Interventions: A chart audit of clinics' electronic medical records. Data included the date the referral was created, the characteristics of the referral, and the date of the specialist appointment. **Main outcome measures:** Wait time one, defined as the period between when a PCP initiates a referral to a specialist and when the patient sees that specialist. **Results:** A total of 2,060 referrals were included in the analysis. The median national wait from the time of referral by a family doctor to the time of appointment with the specialist was 78 days (IQR: 34-175). The shortest waits were observed in Saskatchewan and British Columbia (51 days, IQR: 23-101 and 59 days, IQR: 29-131 respectively), whereas the longest in New Brunswick (105 days, IQR: 43-241.5) and Quebec (104 days, IQR: 36-239). Median wait time one varied substantially among different specialty groups; the longest was for plastic surgery (158.5 days, IQR: 59-365) and the shortest was for infectious diseases (14 days, IQR: 5.5-271). **Conclusion:** This is the first national examination of wait times from the primary care perspective. It provides a comprehensive picture of patient access to specialists across provinces and specialty groups. This research provides decision-makers with important context for developing programs and policies aimed at addressing this issue.

W719 **Defining Pediatric Diabetes Using EMR Records and Validation from Linkable Manitoba Cohort Data**
15:30–15:45 Alexander Singer*, MB BAO, BCh, CCFP; Leanne Kosowan, MSc; John Queenan, PhD; Roseanne Yeung, MD, FRCPC; Shazhan Amed, MD, FRCPC; Brandy Wicklow, MD, FRCPC

ROOM / SALLE : 709

Mainpro+ Group Learning certified credits = .25

Objective: The prevalence of pediatric Diabetes Mellitus (DM) is increasing. Determining a valid definition for the detection of pediatric DM through Electronic Medical Records (EMR) can inform health surveillance. **Methods:** This study utilized data from the EMRs of 221 primary care providers participating in the Manitoba Primary Care Research Network (MaPCReN) between April 1, 1998 and March 31, 2015. We assessed the agreement between three possible EMR-based case definitions for pediatric DM with a clinical database from the pediatric endocrinology service that was expected to include all pediatric diabetes patients in the province - the Manitoba Diabetes Education Resource for Children and Adolescents (DERCA). **Results/findings:** Among 41,594 pediatric patients, we identified 352 children (0.8%) as having DM. The optimal case definition of pediatric DM includes billing records, EMR-based health conditions list, medication records and laboratory diagnostics. This definition captured the majority of patients in the DERCA clinical database in Manitoba with a sensitivity of 95.83%, specificity of 99.37% and NPV of 99.99%. The addition of two HbA1c results ≥ 6.5% within 2 years, improved sensitivity without reducing specificity of the case definition compared to other possible definitions. Our study suggests a higher prevalence of pediatric DM in Manitoba than previously reported as we identified an additional 260 children with presumed DM based on laboratory findings (HgA1c ≥ 6.5%) who were not receiving care by a pediatric endocrinologist and therefore captured in the DERCA clinical database. **Conclusions:** This study describes a novel method to calculate the prevalence of pediatric DM in a primary care population. Our case definition will improve pediatric DM surveillance, and enhance service planning and development of strategies to support prevention and management.

W523 **Protocol for a Large QI-PBRN Collaborative Study on Improving Care for Complex Elders**

15:45–16:00 Michelle Greiver*, MD, MSc, CCFP, FCFP; Simone Dahrouge, PhD, MSc; Patricia O'Brien, RN, MScCH; Donna Manca, MD, MClSc, CCFP, FCFP; Marie-Therese Lussier, MD, MSc, FCFP

ROOM / SALLE : 709

Mainpro+ Group Learning certified credits = .25

Objective: To present the protocol for a large QI- Practice Based Research Network (PBRN) collaboration that tests an approach to improving care for complex elders in primary care (PC). Effectiveness is determined by a reduction in polypharmacy. **Design:** Two phases: a prospective single-arm mixed methods feasibility study followed by a pragmatic cluster RCT. **Settings:** Feasibility: PC practices in three PBRNs (Toronto, Edmonton, Montreal), and RCT: PC practices in five PBRNs (Calgary, Winnipeg, Ottawa, Montreal and Halifax). **Participants:** Practices: at least one physician participating; Physicians: must provide comprehensive PC and contribute EMR data to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), which cleans and standardizes data allowable for inter-practice comparisons; Patients: aged 65 years or more and prescribed ten or more unique medications in the past year. **Intervention:** A Structured Process Informed by Data, Evidence and Research (SPIDER). Participating practices will form interprofessional Learning Collaboratives and work with QI Coaches to: review validated EMR data returned by CPCSSN; identify common areas of improvement; develop strategies to address these; and implement and evaluate their impact. Main outcome measure: number of potentially inappropriate prescriptions. **Results:** SPIDER received $1Million CIHR funding in February 2018 and secured over $1.6 million from partners. QI program, PBRNs, policy makers and patient partners in seven regions in five provinces are participating. **Conclusion:** This is the protocol of a funded large QI-PBRN collaboration using EMR data to identify target populations based on gap selected, and track outcome measurements. The approach is consistent with the CFPC's Practice Improvement Initiative aiming to embed the use EMR data for better care as part of routine PC practice. Should results be positive, the study will provide evidence that SPIDER could improve care, patient experience, system costs and provider satisfaction, and support system-based funding for QI-research collaboration and meaningful use of EMR data.

W722 **Characterizing High System use Across the Primary-Tertiary Care Continuum: Manitoba high system users**

16:00–16:15 Alexander Singer*, MB BAO, BCh, CCFP; Leanne Kosowan, MSc; Tyler Williamson, PhD; Alan Katz, MBChB, CCFP, FCFP, MSc

ROOM / SALLE : 709

Mainpro+ Group Learning certified credits = .25

Background: Small numbers of patients disproportionately consume a majority of health system resources. **Objective:**

To understand similarities and differences in clinical, social, and demographic characteristics of high system users in primary and tertiary care settings, with a specific focus on medical and social complexity of high system users (HSU). **Methods:** We conducted a retrospective cohort study using administrative data from the Manitoba Centre for Health Policy and primary care electronic medical records from the Manitoba Primary Care Research Network (MaPCReN). MaPCReN patients with an encounter between 2011 and 2015 were included in the study. HSU of primary care had ≥10 primary care encounters within a year. We defined HSU within administrative data as the top 10% of patients based on length of hospital stay, hospitalizations and emergency department use. Descriptive statistics and Venn Diagrams were used to describe similarities and differences between the high use cohorts. **Results:** There were 193,760 patients with an encounter at a MaPCReN participating clinic between April 1, 2011 and December 31, 2015. 36% of the patients in our cohort were a HSU in at least one of the five years under study. The majority of HSU (62%) were high primary care users exclusively. Approximately 1% were HSU within all four high use cohorts. HSU were more medically and social complex than patients not considered a high user. HSU from the length of stay and hospital discharge cohorts were more likely to be medically complex (73% and 72%, respectively), whereas those within the length of stay and emergency department use cohorts were more likely to be socially complex (65% and 73%, respectively). **Conclusions:** Better understanding of HSU can guide interventions and health care delivery policy to improve patient care by measuring strategies or interventions targeted at addressing the complexities driving large amounts of health care utilization.

W671 **Optimal Primary Care Team Processes for Complex Patients with Multimorbidity**
16:15–16:30 Sonja M. Reichert*, MD, MSc, CCFP; Judith B. Brown, PhD; Pauline Boeckxstaens, MD, PhD; Moira Stewart, PhD; Martin Fortin, MD, MSc, CMFC, FCFP

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = .25

Objective: Interdisciplinary primary health care (PHC) for patients with multimorbidity (MM) is an established concept. Unfortunately, the optimal fashion in which these teams should operate is less clear. The objective of this research study, which is part of the larger PACE MM project, was to explore the composition of, and the processes employed by an innovative PHC team. **Design:** A descriptive qualitative study. A purposive sample was used to recruit participants for semi-structured interviews. An iterative and interpretive process was conducted with both individual and team analysis to identify overarching themes and sub-themes. **Setting:** Primary care settings in Ontario, Canada. **Participants:** A total of 48 interviews were conducted including 20 allied healthcare professionals; 10 physician specialists; nine (9) decision makers; and nine (9) family physicians (FP). **Results:** Analysis of the teams (which deliver care in a one-hour consultation, outside of usual care), was the emergence of three main themes; a) the value of optimal team composition b) having a shared philosophy of practice i.e. patient centered/collaborative and c) the process of how the encounter was conducted. All three elements were crucial to effective team function. Typically, the team would consist of the same members despite patients presenting with a variety of issues; the constant was the presence of the patient's FP when available. This consistency allowed team members to develop collaborative bonds that translated into mutual trust and respect for each other's expertise. Logistically, it was determined that some pre and post consultation work was of benefit, but most tasks were effectively completed in real-time. **Conclusion:** Despite restrictions of time, it was discovered that care could be effectively delivered to patients with multimorbidity, if the team composition, philosophy and processes are carefully constructed. This novel approach to team function may serve to inform other primary healthcare teams.

W674 **Hypoglcyemia Vigilance From the Perspective of Patients' Significant Other: The InHypo-DM Study**
16:30–16:45 Sonja M. Reichert*, MD, MSc, CCFP; Judith B. Brown, PhD; Susan Webster-Bogaert, MA; Alexandria Ratzki-Leewing, MSc; Bridget L. Ryan, PhD; Stewart B. Harris, CM, MD, MPH, CCFP, FCFP

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = .25

Objective: The role of family members in alleviating or aggravating outcomes for patients with chronic illnesses has been documented. For persons with diabetes, who face the risk of experiencing a hypoglycemic event, the role of their significant other is often critical. This study explored significant others' perspectives and experiences when they are involved in the hypoglycemia management of their adult family members with either type 1 or type 2 diabetes mellitus. **Design:** A descriptive qualitative study in which 40-minute semi-structured interviews were conducted. Interviews were

transcribed verbatim and analyzed by an iterative process in which both individual and team analysis ascertained the major themes. NVivo 10 software was used for coding of themes. **Setting:** Southwestern Ontario, Canada. **Participants:** Ten significant others were purposively recruited including spouses (7), parents (2) and one adult child (1). There were seven women and three men. **Findings:** The analysis revealed two overarching themes. The first theme captured how significant others were experiencing a state of constant vigilance and the corresponding tasks and responsibilities that this state entails: "the trick is to be vigilant and to get on it right away – like put out the fire before it spreads". The second theme revealed that this constant state of being vigilant has a significant emotional toll on significant others. **Conclusions:** For persons with diabetes at risk of hypoglycemia, having a significant other involved in their hypoglycemia care may impart significant benefit. However, this study highlighted that the benefit can come at the expense of the significant others' emotional well-being. Attention should be directed by healthcare practitioners during clinical encounters to determine if significant others are exercising excessive vigilance and if so, determine how the emotional stress this causes can be lessened.

W588 **The Effect of Urban Density on Mental Health: A systematic review**
15:00–15:15 Kyle Lee, BM BS, CCFP; Pamela Kaufman, PhD

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = .25

Background: Anxiety, depression, and schizophrenia appear to be more prevalent in urban environments. Suicide rates also appear to be higher in dense urban areas. The built environment has been proposed to influence mental health. As an increasing proportion of the world becomes urbanized, more research needs to be done to determine what environmental factors lead to poor mental health outcomes. **Objective:** A systematic review was conducted to determine the impact of the urban environment and its effect on various mental health outcomes in adults aged 18 or older living in Westernized societies. **Methods:** A systematic review of the literature was conducted in January 2018 for articles published within the last 10 years. Peer-reviewed articles written in English from Pubmed and Google/Google Scholar databases were included. The search strategy was based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) template. Only those studies based in Westernized societies were included. **Results:** A total of 389 studies were identified, and 349 studies were excluded based on our exclusion criteria. 8 final studies were included in our systematic review from 2008 onwards. The Newcastle-Ottawa Quality Assessment Scale was used to assess studies from our literature search. 5 of the 8 studies found a significantly positive association between urban density and poor mental health outcomes. Poor mental health outcomes were described as either antenatal and postnatal depression, symptoms of anxiety and depression, or rates of prescribed medications for mood disorders. Density was defined by variable methods. **Conclusion:** Overall, denser urban areas were associated with poor mental health outcomes. Future studies would benefit from using unified and standard validated tools to measure urban density and mental health outcomes.

W684 **Is There an Association Between Screen Time and Depression in Patients Ages 13-25?**
15:15–15:30 Ji Hyeon Choi*, MD, MSc; Megan Tan, MD*; Amanda West, MD, CCFP; Donatus Mutasingwa, MD, MPhil, PhD, CCFP; Muhammad Shuvra, MBBS, MPH, MSc (ECD); Loanna Heidinger, PhD; Zhanying Shi

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = .25

Objective: To determine if there is an association between increased screen time and depression in patients ages 13-25 at a family health team. **Design/setting:** This cross-sectional study was initiated at the Health for All (HFA) Family Health Team in Markham, Ontario. **Participants:** From November 6, 2017-March 11, 2018, patients ages 13-25 who were booked to see a physician at HFA were offered the choice to participate in this study. 31 patients agreed to participate, and completed questionnaires to ascertain depressive symptoms, quantify screen time, and assess for confounding factors. **Main outcome measures:** 'Screen time' encompass screen time for school/work or leisure. The latter includes, but is not limited to: scrolling through social media, viewing television programming, and playing video games regardless of the type of device. Total screen time and time spent on each screen-based activity was calculated based on the time spent engaging on each during a typical weekday and weekend day. The Patient Health Questionnaire (PHQ-9) was used to ascertain depressive symptoms. It is a brief, self-administered instrument that is

commonly to screen and diagnose depression. A score of 10 on the PHQ-9 was used as to define 'depression' as it is widely used as an acceptable cut-off in adults and adolescents. **Results:** Multiple linear regression showed that duration of screen time was significantly associated with severity of depressive symptoms ($p<0.05$) after controlling for age, sex, BMI, family history of depression, personal history of depression, personal antidepressant use, and physical activity. In particular, time spent playing video games was significantly associated with more severe depressive symptoms ($p<0.05$). **Conclusion:** Screen time—specifically, time spent playing video games—may represent a risk factor for or a marker of depression among youth. These findings highlight the importance of inquiring about screen time during preventative health visits for adolescents and young adults.

W553 **Implementing Personalized Cancer Medicine into Primary Care: Challenges and solutions**
15:30–15:45 June Carroll*, MD, CCFP, FCFP; Tutsirai Makuwaza, MA; Donna Manca, MD, CCFP, MCLSC, FCFP; Nicolette Sopcak, MA, PhD; Mary Ann O'Brien, PhD; Joanne Permaul, MA, CCRP; Ruth Heisey, MD, CCFP, FCFP; Robin Urquhart, MSc, PhD; Carol Sawka, MD, FRCPC; Sandhya Pruthi, MD

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = .25

Objective: To realize benefits, personalized medicine (PM) must be integrated into primary care (PC). Previous work identified increased knowledge, connection to genetics specialists and point-of-care (POC) resources as important for successful implementation. Our objective was to explore an implementation strategy using a PM cancer toolkit. **Design:** A mixed methods implementation study including focus groups (FG) and pre-post questionnaires. **Setting and participants:** PC providers in team practices (Ontario 2, Alberta 1) **Intervention:** Incorporating PC feedback, we developed a toolkit including POC risk assessment and management tools for hereditary breast and colorectal cancers, introduced at FG1. Using the Consolidated Framework for Implementation Research, we explored implementation strategies with practices at FGs at 2 and 4 months, with evaluation at 6 months. **Methods:** We used semi-structured, framework-informed interview guides and descriptive thematic analysis of transcripts by site and across time. Pre/post questionnaires assessed confidence in PM competencies using Fisher's Exact test. **Findings:** 19 PC providers participated. Implementation strategies included integrating POC tools into the EMR, modifying workflow to collect family history (FH), and bookmarking the GECKO genetics education website. Participants described how having few patients with significant cancer FH made it challenging to keep PM top of mind and see need for practice change. They recognized FH as key to PM and wanted electronic tools for collection and interpretation; additional PM POC EMR tools with routinized reminders; and seamless fit to clinic flow. Local champions were valued for advocating use of PM tools. At 6 months, there was a significant increase in confidence regarding hereditary cancer (pre 12%, post 54%, p=0.02), deciding who to offer genetics referral (pre 29%, post 75% p=0.025), and knowing where to obtain PM information (pre 0%, post 50%, p= 0.005). **Conclusions:** PM continues to be an implementation challenge. Successful strategies must address both knowledge gaps and practice issues.

W591 **The Barriers to Breastfeeding on Prince Edward Island in 2017**
15:45–16:00 Melanie Johnston*; Norah Duggan, MD, CCFP

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = .25

Objective: To provide an updated overview of the barriers to breastfeeding for mothers on Prince Edward Island to see what, if anything, has changed since the last large-scale study was completed in 2004. **Design:** Convenience sampling at 2, 4, 6, 12, and 24 month immunization appointments at Public Health Nursing offices on PEI. **Setting:** Study was completed over a six week period (Oct 15th - Nov 23rd, 2017) in conjunction with Public Health Nursing offices on PEI at scheduled immunization appointments. **Participants:** All women bringing their baby for their 2, 4, 6, 12, or 24 month immunization appointment who had attempted breastfeeding at least once were eligible for inclusion in the study. Based on birth rate of 1400/year, over a six-week period we expect approximately 583 mothers/babies to attend appointments, with response rate of 10%, we hope to receive approximately 58 completed surveys. **Intervention:** Nine question survey, option to complete all, part, or none. Time commitment of 5-10 minutes. **Results:** Over the six-week period, 81 surveys completed. Compared to the 2004 study, the mean duration of breastfeeding increased from 4.5 to 5.6 months. In 2017, 90% of women felt very supported in their decision to breastfeed versus 70% in 2004. The top three barriers to breastfeeding in 2004 were lack of private areas to breastfeed (12%), public discomfort with breastfeeding (11%), and

lack of support (5%). In 2017, physical limitations including trouble with latch (30.9%), supply issues (27.2%), and sore nipples (29.6%) were the top barriers identified. **Conclusions:** Breastfeeding mothers in 2017 feel more supported and breastfeed for longer than in 2004. Perceived barriers to breastfeeding have changed over time, and women feel more can be done to encourage breastfeeding including follow-up after discharge from hospital.

W551 **Use of Conscious Sedation To Facilitate Intrauterine Device Insertion**
16:00–16:15 Frances Berard*, MD, CCFP, FCFP; Diana Houle, MD; Kheira Jolin-Dahel, MD, CCFP, MSc

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = .25

Purpose: Access to adequate and reliable contraception is an important indicator of health status. Higher rates of teenage pregnancies are observed in rural settings. The SOGC recommends the use of IUDs (intrauterine devices) as a first line option in adolescents. Fear of a difficult or painful insertion has been reported as a barrier by both health care providers and patients. This is of particular importance in rural populations where we strive to remove barriers to access reliable contraception. **Objectives:** Determine safety and efficacy of conscious sedation to facilitate and decrease pain associated with IUD insertion. **Methods:** Retrospective chart audit of patients receiving an IUD insertion at our clinic from January 2015 to December 2017. Charts were reviewed for age, parity, type of IUD, method of pain control and adverse events immediately after and during the month following insertion. **Results:** 54 patient charts were identified with 50% of women being nulliparous (n=27). 44% used conscious sedation (n=24) with 87.5% of these being nulliparous (n=21), 37% used no analgesia (n=20) and 19% used other methods (n=10). The most common type of IUD inserted was Mirena (n=49). Rates of adverse events related to IUD insertions was 29.6% (n=16). In the conscious sedation group, there were less failed insertions (sedation n=2, no sedation n =4), and no significant pain reported (sedation n=0, no sedation n=1). These results are not statistically significant. Reports of mild pain were similar for both groups (sedation n=3, no sedation n =4). Mild adverse events secondary to conscious sedation were reported in 41.6% of patients. These included dizziness, nausea/vomiting, and delays in awakening. There were no reported severe complications. **Conclusion:** The use of conscious sedation to facilitate and decrease pain associated with IUD insertion in nulliparous women appears safe and effective. Further larger studies are needed to reach statistical significance.

W675 **Wellness Wheel Clinic Evaluation: Community-partnered care model improving access to care on reserve**
15:00–15:15 Erin Beresh*, MD; Solveig Nilson, MD; Valerie Desjarlais; Mamata Pandey, PhD; Michelle McCarron, PhD; Megan Clark, MD, CCFP; Stuart Skinner, MD, FRCPC, DTMH

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Background: Consultations with Indigenous communities in Saskatchewan revealed residents on reserve have limited access to adequate healthcare services. Residents travel considerable distances to access care either in urban tertiary care centres or in small towns, both of which are already functioning beyond their capacity. A team of providers from the nearest urban tertiary care centre, in collaboration with four Indigenous communities developed a care model to address this gap in healthcare delivery. Outreach clinics referred to as Wellness Wheel (WW) clinics are being offered once a month at each of these four communities. **Objective:** To explore the perspectives of the WW team one year after implementation. **Methods:** Individual interviews were carried out with 14 service providers associated with WW clinics and four healthcare workers from these communities. **Results:** Thematic data analysis indicated that approval from community leadership, support from elders and community members, and collaboration with existing community healthcare staff were crucial for the initial establishment of the WW clinics. Logistical issues such as allocation of space, equipment, medical supplies, funding, staffing, medical records and appointment scheduling were observed during the early clinic implementation stage. These were resolved through community consultation and by adopting creative strategies. A nurse coordinator, who manages appointment schedules, medical records, and follow-ups and who ensures continuity of care, was integral to ensuring patients received seamless care in a timely manner. The commitment of the WW team and collective goal of providing supportive patient-centred care were instrumental in the clinic's success. Since implementation, access to family physicians, dermatologists, internal medicine specialists, nephrologists, phlebotomy, and HIV and Hepatitis C screening and treatment have increased considerably in these four communities. **Conclusion:** Access to healthcare in Indigenous communities can be enhanced significantly by coordinating outreach clinics through existing community healthcare facilities and community partnerships.

W699 **Ambulatory Care Sensitive Condition Hopital Admissions in Manitoba First Nations**
15:15–15:30 Alan Katz*, MBChB, CCFP, FCFP, MSc; Josee Lavioe, PhD; Kathi Avery Kinew, PhD; Naser Ibrahim, PhD; Matt Dahl, MSc

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Objective: To develop an enhanced understanding of Ambulatory Care Sensitive Conditions (ACSC) hospital admissions as a measure of quality in family practice in rural First Nations (FN). **Design:** Retrospective longitudinal observational study comparing ACSC hospital admission rates for acute, chronic, mental health and vaccine preventable ACSC conditions over 30 years. **Setting:** Administrative health data for 63 Manitoba First Nations communities housed at the Manitoba Centre for Health Policy. **Participants:** Residents of FN communities readmitted after a hospitalization for an ACSC. **Outcome:** Deaths following readmissions after hospitalization for an ACSC. **Results:** Ninety four percent of admissions were for chronic ACSC conditions, 3.6% for acute conditions, 1.8% for mental health conditions and less than 1% for vaccine preventable conditions (mainly due to Tuberculosis). The rate of ACSC admissions decreased during the study period in all categories except mental health. The increased rate of admissions for mental health conditions raised questions about the length of stay (LOS). Episode LOS of readmission ending in death tended to be short but varied from 0-3000+ days. Episode LOS of Original ACSC stay which ended up having a readmission ending in death varied from 0-400+ days. There was no relationship between the initial episode LOS and readmission or the initial LOS and readmission leading to death. **Conclusions:** The vast majority of ACSC hospital admissions in on- reserve FN communities are due to a few chronic conditions. The epidemic of suicide rates in these communities is mirrored by increasing rates of hospitalization for mental diagnoses, but not explained by lower LOS or higher readmission rates. The results of this study do not add to our understanding of the validity of ACSC as a measure of quality in primary care in FN communities.

W638 **Patient Experiences of a Lifestyle Program for Metabolic Syndrome in Family Medicine Clinics**
15:30–15:45 Jennifer Klein, PhD; Paula Brauer, PhD, RD, FDC; Dawna Royall, MSc, RD, FDC; Maya Israeloff-Smith, MSc; Doug Klein, MD, CCFP, MSc*; Angelo Tremblay, PhD; Rupinder Dhaliwal, RD, FDC; Caroline Rheaume, MD, CCFP, PhD; David M. Mutch, PhD; Khursheed Jeejeebhoy, MD, PhD

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Objective: Patient perspectives on new programs to manage metabolic syndrome (MetS) are critical to evaluate for possible implementation in the primary healthcare system. Participants' perspectives were sought for the Canadian Health Advanced by Nutrition and Graded Exercise (CHANGE) feasibility study, which enrolled 293 participants, and demonstrated 19% reversion of MetS after one year. **Design:** A convergent parallel mixed methods study. **Setting:** Family medicine clinics in Alberta, Ontario and Quebec. **Participants:** Adult family medicine patients with metabolic syndrome **Intervention:** The CHANGE program, a year long diet and exercise intervention delivered by a primary care team. **Main outcome measures:** This study combined patients' perspectives collected by a self-administered survey (n=164), with insights from focus groups (n=41) from three geographical locations across Canada. Qualitative data were thematically analyzed using interpretative description. Insights were organized within a socio-ecologic framework. **Results:** Key aspects identified by participants included intra-individual factors (personal agency, increased time availability), inter-individual factors (trust, social aspects) and organizational factors (increased mental health support, tailored programs). **Conclusion:** The results confirmed participants' overall strong support for the CHANGE program, especially the importance of an extended program under the guidance of the family physician with a skilled and competent team. Team delivery of a lifestyle program in primary care or family medicine clinics is a complex intervention and use of a mixed methods design was helpful for exploring patient experiences and confirming key issues on facilitators and barriers to health behavior change.

W566 **Addressing Malnutrition in Hospitalized and Discharged Patients: Identifying opportunities in the community**
15:45–16:00 Heather Keller*, PhD, RD, FDC; Johane Allard, MD, FRCPC; Kursheed Jeejeebhoy, MB, PhD, MRCP, FRCPC; Donald Duerksen, MD, FRCPC; Leah Gramlich, MD, FRCPC

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Objective: To demonstrate the importance for malnutrition prevention, detection, and treatment in primary care. **Design:** cross-sectional, multi-site study **Setting:** 18 acute care hospitals in eight provinces. **Participants:** quasi-randomly selected adult patients admitted to medical or surgical units (n=1015); post discharge n=747. **Main measures:** baseline survey describing participants; Subjective Global Assessment (SGA) to determine nutrition status at admission; 30-day post-discharge telephone survey. **Results:** On admission to hospital, 54.9% of patients were well nourished, while 33.6% were mild or moderately malnourished and 11.4% were severely malnourished. Resident characteristics associated ($p<0.05$) with malnutrition included: older age; lower education level; adult child provides support for groceries; used oral nutritional supplements prior to hospitalization; 2+ hospital admissions in the past 5 years; being a medical admission; having two or more diagnoses on admission; current cancer; low body mass index; and lower handgrip strength. Malnourished patients stayed in hospital longer than well nourished patients (mild/moderate +1; severely malnourished +3 days). Post discharge, 26% reported weight loss and only 11% of all patients saw a dietitian in the community. Those who lost weight were on a special diet at discharge from hospital (OR 1.45 95% CI 1.07, 1.96) or reported fair/poor appetite (OR 2.67 95% CI 1.76, 4.07). To address these challenges, the Integrated Nutrition Pathway for Acute Care (INPAC), an evidence-based algorithm, was developed and has been successfully implemented in five Canadian hospitals. Identification of malnutrition as a medical problem and discharge planning to ensure continuity of care is a key activity of this algorithm. **Conclusion:** Malnutrition is common, starting and continuing in the community. Patients and families need to be aware of the importance of nutrition to their health empowered to improve food intake. Primary care physicians and dietitians need to be involved in the identification and treatment of malnutrition, especially after discharge from hospital.

W711 **Food is Medicine: Nutrition algorithm improves patient care on an Accountable Care Unit**
16:00–16:15 Roseann Nasser*, MSc, RD, CNSC FDC; Heather Keller, PhD, RD, FDC; Stephanie Cook, MSc, RD; Shannon Cowan, RD; Ron Taylor, MD, FCFP, CCFP (EM); Sheri Bray, RN, MHA; Scott Bishop, MSc, David McCutcheon, MD, MBA, CHE, FRCPI; Lori Garchinski, RN, MHS; Taryn Lorencz, RD, MN; Celia Laur, MSc, FHEA, Renata Valaitis, PhD

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Context: Family physicians/hospitalists with other health care professionals play an important role in preventing, diagnosing and treating hospital malnutrition. Recently, the Integrated Nutrition Pathway for Acute Care (INPAC), an evidence-based algorithm, was implemented on Canada's first Accountable Care Unit (ACU) new care model, a 35-bed medicine unit at the Pasqua Hospital. INPAC was implemented by establishing new process/standards for nutrition care and through education/training. **Objective:** The purpose of this study was to evaluate the implementation of INPAC on patient outcomes. **Design, setting and intervention:** A quality improvement project was conducted in 3 phases to determine INPAC improvements over time. Participants: Chart reviews were conducted of patients on the Accountable Care Unit: 1) baseline (Fall 2015), 2) implementation (January-December 2016) and, 3) sustainability (January-March 2017). **Main outcome measures:** Changes were measured in diagnosis of malnutrition, and daily food intake monitoring. Admission and discharge dates of a subset of patients were also assessed during the 3 phases. **Results:** A total of 1341 charts were reviewed at this hospital: baseline (n=151), implementation (n=879) and sustainability (n=311). From baseline to March 2017, patients diagnosed as malnourished increased from 0% to 75%, and daily food intake monitoring increased from 0% to 99%. Food intake monitoring occurred daily and was reported at ACU daily bedside rounds the next day as >50% or ≤50%. If patients consumed 50% or less, this triggered an action such as a consult to a dietitian, oral nutrition supplement with medication, or nutrient dense diet. From baseline to March 2017, the patient length of stay decreased from 9 to 6 days. **Conclusion:** Embedding INPAC with ACU processes into daily work of staff resulted in improvements over time in processes that directly impact patient care and length of stay. This study has changed nutrition care practice for physicians/hospitalists at the Pasqua Hospital.

W548 **Obesity Prevention Education During Infancy: What do parents think about our messages?**
16:15–16:30 Ilona Hale*, MD, CCFP; Megan Purcell, MA; Shelley Keidar, MSc; Shazhan Amed, MD, MPH, FRCPC, RCPSC

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Background: There is growing evidence to suggest that infancy is a critical period for prevention of lifelong obesity. It

remains unclear which specific interventions during infancy are most effective in preventing later obesity and which of these are most acceptable to parents. Traditionally, obesity prevention has focused on reduction of caloric intake and increased activity. "Responsive" parent feeding style has been recently identified as another potentially important factor in early obesity prevention. **Objective:** To conduct a qualitative assessment of parents' attitudes towards and preferences for different infant obesity prevention education messages, comparing traditional (sugar-sweetened beverages and screen time) to novel (feeding jobs) messages. **Design:** Qualitative descriptive study **Setting:** Two communities in Southeastern British Columbia (Kimberley and Cranbrook) **Participants:** Thirty-three parents of children under age two, recruited using purposive sampling **Intervention:** One-on-one, semi-structured interviews guided by existing behaviour change theory, followed by a focus group. Interviews were coded and analyzed using thematic analysis. **Main outcome measures:** Parents perspectives and preferences for different obesity prevention messages during infancy. **Findings:** Five major themes were identified: 1) Parenting is challenging and most parents are less likely to adopt recommendations that make their lives more difficult. 2) Current health messages can be confusing and inconsistent. Parents prefer messages to be simple but realistic. 3) There are many benefits to starting obesity prevention education early. 4) The social context and community environment are important in influencing parents' behaviour. 5) Parents responded most positively to the Division of Responsibility message. **Conclusions/results:** This study provides valuable insights into parents' perceptions of obesity prevention education to help guide the development of interventions for future studies and other health education for this new generation of parents.

W137 **Systematic Review and Meta-analysis of Exposure to Child Abuse Amongst Canadian Prisoners**
16:30–16:45 Claire Bodkin*; Lucie Pivnick, MSc, MD; Susan J. Bondy, PhD; Carolyn Ziegler, MA, MIS; Ruth Elwood Martin, MD, CCFP, FCFP, MPH; Carey Jernigan; Fiona G. Kouyoumdjian, MD, CCFP, MPH, PhD

ROOM / SALLE : 712
Mainpro+ Group Learning certified credits = .25

Objective: To systematically review and summarize data on the prevalence of child abuse in people who experience imprisonment in Canada. **Design:** We searched for studies published since 1987 in 12 bibliographic indexes, reference lists and grey literature. We included original studies that reported the prevalence of having experienced child abuse in people in prisons in Canada. Two authors independently reviewed titles and abstracts, and reviewed full texts to extract data and assess risk of bias. We generated pooled estimates using random effects for each type of abuse and by sex when appropriate. **Setting:** Federal, provincial, and territorial prisons in Canada. **Population:** Youth and adults in prisons in Canada. **Main outcome measure(s):** Prevalence of exposure to child abuse, physical abuse, sexual abuse, emotional abuse, and neglect prior to age 18. **Results:** We included 39 reports representing 34 unique studies in the review and 29 non-overlapping studies in the meta-analysis. We found high heterogeneity across studies for each abuse type. The prevalence of sexual abuse was 50.4% (95% CI 33.5-67.2%) in women and 21.9% (95% CI 15.7-28.8%) in men. The prevalence of neglect was 51.5% (95% CI 43.1%-59.7%) in women and 42.0% (95% CI 12.7-74.6%) in men. There was no difference by sex for physical abuse, with a pooled prevalence of 47.7% (95% CI 41.3-54.0%), or emotional abuse, at 51.5% (95% CI 34.8-67.9%). **Conclusion:** More than half of people in prisons in Canada have experienced abuse in childhood. This study suggests the importance of trauma-informed approaches in primary care in correctional facilities, and further research to identify opportunities to prevent child abuse.

W547 **Implementation and Barriers to Identification and Treatment of Perinatal Alcohol and Tobacco Use**
15:00–15:15 Alice Ordean*, MD, CCFP, MHSc, DABAM; Milena Forte, MD, CCFP; Peter Selby, MBBS, CCFP, FCFP, DABAM; Erin Grennell

ROOM / SALLE : 713A
Mainpro+ Group Learning certified credits = .25

Objective: To evaluate practices and barriers to screening, brief intervention and referral to treatment (SBIRT) for perinatal alcohol and smoking among maternity care providers. **Design:** Cross-sectional mail survey **Setting:** Two teaching hospitals affiliated with the University of Toronto were included. St. Joseph's Health Centre (SJHC) is a community-based teaching hospital and Mount Sinai Hospital (MSH) which is a fully affiliated tertiary care centre. **Participants:** All 114 family physicians (providing antenatal and intrapartum care), midwives and obstetricians affiliated with the two hospital were eligible for this study. **Main outcome measures:** Screening, brief intervention and referral to treatment for alcohol and smoking during pregnancy, barriers to each component of care and continuing

education needs relating to perinatal alcohol and smoking were included in the questionnaire. **Results:** A total of 89 responses were received for a response rate of 78%. The population was equally divided between family physicians, obstetricians and midwives. Almost all providers reported asking every pregnant woman about alcohol use and smoking status during the first trimester. About 80% provided some form of brief intervention in terms of general or case specific advice and a small minority handed out written information with higher counselling rates for smoking than for alcohol. Furthermore, only 40-50% referred women to treatment. Significantly more providers at SJHC referred women to addiction treatment including smoking cessation counselling. Cited barriers included a lack of appropriate resources and lack of training consistent with self-reported interest in continuing education about SBIRT. **Conclusion:** Maternity care providers report universal screening for perinatal alcohol and smoking; however, brief intervention and referral to treatment are not as frequently offered. Education of all maternity care providers should emphasize effective counselling strategies and referral to appropriate treatment resources. Clinical care pathways should be developed to facilitate universal SBIRT from preconception to postpartum.

W541 **Factors Influencing Rural Career Choice of Urban-Origin Family Medicine Graduates: A qualitative analysis**
15:15–15:30 Olga Szafran*, MHSA; Doug Myhre, MD, CCFP; Jacqueline Torti, PhD; Shirley Schipper, MD, CCFP

ROOM / SALLE : 713A
Mainpro+ Group Learning certified credits = .25

Objective: To describe the factors that influence overall rural career choice and specific practice location of urban-origin family medicine graduates, and to ascertain when the decision for rural practice is made. **Design:** Qualitative, descriptive study employing interviews. **Setting:** University of Alberta or University of Calgary family medicine residency program. **Participants:** Family medicine graduates who completed residency training during 2006-2011 and practiced in a rural location, but who lived in an urban area prior to their 18th birthday. **Outcome measures:** Interview questions addressed: when the decision to practice in a rural area was made; factors that influenced rural career choice; and factors that influenced the choice of a particular rural practice location. Emerging themes were identified through content analysis of interview data. **Findings:** Nine urban-origin family medicine graduates took part in the study. Most participants indicated that the decision for rural practice was made either in medical school or during residency training. Four themes emerged as factors that influenced rural career choice: (1) variety/broad scope of rural practice; (2) rural lifestyle; (3) personal relationships; and (4) positive rural experience/physician role models. Four theme areas also emerged as factors that influenced the choice of a particular rural practice location: (1) having lived in the rural community; (2) spousal influence; (3) personal lifestyle; and (4) comfort with practice expectations. **Conclusion:** Decisions for rural career choice and rural practice location by urban-origin family medicine graduates are based on clinical practice considerations, training experience, as well as personal and lifestyle factors.

W525 **Practical Apps: Assessing the quality of mobile health apps for chronic disease management**
15:30–15:45 Payal Agarwal*, MD, CCFP; Janessa Griffith; Cindy Yin; Jay Shaw, PhD;
Onil Bhattacharyya, MD, CCFP, PhD; Trevor Jamieson, MD; R. Sacha Bhatia, MD, MBA

ROOM / SALLE : 713A
Mainpro+ Group Learning certified credits = .25

There has been great excitement and growth in the mobile health field; however, due to a lack of oversight, it is likely that many of these apps are of poor quality posing potential risks to patients. Practical Apps is a project developed to address this gap, in partnership with the Ontario Telemedicine Network (OTN) and the Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV). This project involved the development of an evaluation framework for patient facing mobile health apps. The research team reviewed relevant academic literature and regulatory guidelines. A new framework was created incorporating previously identified quality criteria from multiple resources. The resulting framework was used to review patient-facing health apps available for public download in Canada over one year. A group of ten primary care physicians with a special interest in digital health were trained in using the framework and each physician reviewed 4-5 apps related to a common chronic disease. The resulting framework, which will be reviewed in depth, integrates quality heuristics related to both clinical and regulatory needs to support the rapid evaluation of app quality. The framework was utilized to review 54 apps relating to 12 different health topics. Of the apps that were evaluated, the average overall rating was 2.9/5 with 40% receiving a rating of 3.5 or higher. However there was significant variation on key indicators and between topics. Overall, the apps rated well

for accessibility and usability but poorly for privacy/security and clinical effectiveness. Certain topics had better quality apps such as insomnia and hypertension. Reviews can be accessed at practicalapps.ca.

W404 **Feeling Overwhelmed? Examining perceptions of CBME graduates three years into practice**
15:45–16:00 Ivy Oandasan, MD, CCFP, FCFP; Lorelei Nardi, MSc; Dragan Kljujic, MA

ROOM / SALLE : 713A
Mainpro+ Group Learning certified credits = .25

Background: The College of Family Physicians of Canada (CFPC) implemented the use of competency based medical education (CBME) across all family medicine (FM) residency programs in 2010. One key outcome was to produce self-reflective life-long learners who identify and address areas of improvement. A resident survey was given at entry, at exit and 3 years into practice. Research Question: Do FM resident perceptions related to FM problem solving and identification of learning needs change after a residency CBME intervention? **Methods:** Inferential statistical analysis with Chi-squared test and confidence interval to test the null hypothesis were used on de-identified, aggregate data of participating residents from 7 FM residency programs at the end of residency: T2–2013 FM Longitudinal Survey (FMLS) (n=273) and those who responded 3-years post-graduation: T3-2016 FMLS (n=104) **Results:** 3 years post-residency respondents reported a significant increase in their abilities to identify their learning needs (T2 90%, T3 98% $p<0.01$) and to problem solve effectively when faced with complex patient presentations (T2 77%, T3 92% $p<0.01$). However, respondents also reported increased feelings of being overwhelmed when dealing with these type of patients three years into practice. (T2 50%, T3 71% $p<0.01$). **Conclusions:** The first cohort of graduates from FM's CBME Pan-Canadian residency intervention reported increased perceptions of their abilities to problem-solve and to identify their learning needs. This is reassuring with the introduction of CBME although long-term studies are needed. However, 3-years into practice respondents highlighted increased feelings of being overwhelmed when dealing with complex patients. In the context of CBME learning, it is interesting to note these feelings of being overwhelmed despite increased problem-solving skills and abilities to identify learning needs. More research is needed.

W592 **Evaluation of the Factors Related To Focused Practices in Family Medicine**
16:00–16:15 Melad Marbeen*, MBChB, CCFP; Tom Freeman, MD, MClinSci, CCFP, FCFP; Amanda Terry, PhD

ROOM / SALLE : 713A
Mainpro+ Group Learning certified credits = .25

Objectives: To identify the factors associated with having a focused practice and determine the range of services offered by family physicians who defined themselves as focused practitioners among a sample of family medicine graduates in Canada. **Design:** Secondary analyses of cross-sectional data from the 2014 Western University Family Medicine Graduates Follow-Up Survey. **Setting:** Family medicine program in London Ontario **Participants:** Western University Family Medicine program graduates between 1985 and 2012. N= 420. **Main outcome measures:** The factors associated with having focused practices and the range of services provided by focused family practitioners. **Results:** 149 (35.5%) of the participants identified themselves as focused family practitioners as defined by the College of Family Physicians of Canada (a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.). Of these 46 (30.8%) were graduates of a PGY3 program. PGY3 training and physicians' primary payment model, among other variants, were significantly associated with being in a focused practice. The strongest predictor was PGY3 training. Focused practice physicians were more likely to be in a fee-for-service remuneration model compared with a group payment model. Physician gender, training site (urban/rural), years since graduation, and the size of community of practice were not significantly associated with being in a focused practice. Focused family practitioners provided more emergency medicine and sport medicine services but fewer after hours care, house calls, palliative care, nursing home, in-hospital patient care, intrapartum obstetrics, walk-in clinic, and minor surgery services comparing to those who did not identify themselves as focused practitioners. **Conclusion:** In the context of the growing trend toward focused practices in family medicine it is important to understand the factors that are associated with physicians having a focused practice and whether the fewer overall services provided by focused family practitioners meet population needs.

W603 **Co-design of a Naloxone Kit for Family Practice, Emergency Departments, and Addictions Medicine**
15:00–15:15 Aaron M. Orkin, MD, CCFP (EM), MSc, MPH, FRCPC; Kate Sellen, PhD, MDes; Richard Hunt, MDes; Nick Goso, MDes; Curtis Handford, MD, MHSc, CCFP; Suzanne Turner, MD, MBs, CCFP;

Michelle Klaiman, MD, FRCPC; Douglas Campbell, MD, MSc, FRCPC;
Pamela Leece, MD, CCFP, FRCPC, MSc

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = .25

Background: Take-home naloxone can prevent opioid-related deaths, but naloxone kits have not been designed for distribution in family medicine or other clinical settings. We aimed to create an open-access kit suited for point-of-care naloxone distribution in a variety of healthcare settings, and ready for evaluation in a randomized trial. **Methods:** We launched a collaboration of healthcare providers, researchers, educators, and designers to develop a novel naloxone training kit. We engaged a national panel of community representatives, frontline workers, first responders, and policy makers to understand naloxone distribution practices, contexts in which opioid overdose occurs, people and communities affected, and opportunities to improve naloxone kits. We worked people with lived experience of opioid overdose, as well as providers in family practice, emergency medicine, addictions medicine and public health to prototype and refine a naloxone kit and training tool. We tested if our final prototype equipped student volunteers to respond in a simulated opioid overdose. **Results:** In a series of iterative workshops our co-design process engaged 30 community representatives, 11 harm reduction workers and first responders, 58 healthcare providers and clinic staff, and 2 policymakers over a period of 14 months. Participants emphasized the need for improved physical design of naloxone kits, ultra-brief and self-explanatory video training, and destigmatizing verbal and visual language. Our final prototype delivers on these goals. Out of 15 students, 14 were able to teach themselves to use the kit and deliver an effective response to a simulated opioid overdose (93%, 95%CI 68.1-99.8). **Discussion/conclusion:** Co-design methods can bring family physicians and other community-based providers together with patients and other stakeholders to create contextually appropriate solutions to pressing health concerns. Our final prototype offers a naloxone kit suited for family practice, emergency departments, addictions clinics and other community settings, and ready for further evaluation in a randomized trial.

W572 **Opioid Agonist Treatment During Residential Treatment for Opioid Use Disorder: Access and outcomes**
15:15–15:30 Sheryl Spithoff*, MD, CCFP; Christopher Meaney, MSc; Karen Urbanoski, PhD;
Katy Harrington, MBBS, MPH; Bill Que, Meldon Kahan, MD, CCFP, FCFP, MSc;
Pamela Leece, MD, CCFP, MSc; Vivian Shehadeh, MPH; Frank Sullivan, MB, ChB, PhD

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = .25

Objectives: Opioid agonist therapy (OAT) is the first-line treatment for opioid use disorder. Our objective was to use secondary data analysis to examine access to OAT and treatment outcomes for those admitted to residential treatment in Ontario, Canada, for opioid use disorder. **Design:** Retrospective cohort study. **Setting:** Publicly-funded residential addiction treatment programs in the province of Ontario. **Participants:** Patients with opioid use disorder admitted to treatment between January 1st 2013 and December 31st 2016. **Main outcome measures:** 1) A descriptive analysis of the cohort including access to OAT, 2) A report on treatment outcomes for those taking OAT and not taking OAT, 3) An adjusted analysis looking at the association between OAT use and treatment completion. **Results:** We identified a cohort of 1910 patients with opioid use disorder of which 52.8% entered programs that permitted OAT. Overall 56.8% of patients completed treatment, 23.3% were voluntarily discharged early (e.g. no show or drop out), 17.0 % of patients were involuntarily discharged and 2.9% were discharged early for other reasons. The probability of treatment completion for those taking OAT was not statistically significantly different than the probability of treatment completion for those not taking OAT (54.0% versus 57.5%; adjusted Odds Ratio (aOR) 1.07, 95% confidence interval (CI) 0.80 to 1.42). **Conclusion:** Almost half of patients who enter publicly-funded residential programs for opioid use disorder are not permitted to access opioid agonist therapy, the first-line treatment. Overall, more than 40% of patients do not complete treatment, many because they are involuntarily discharged. Patients taking opioid agonist therapy are as likely to complete residential treatment as those not taking opioid agonist therapy.

W606 **New Integrated Balanced Methadone Maintenance Treatment Program Embedded in a Family Practice Clinic**
15:30–15:45 Donald Fay*, MD, DPhil; Patricia MacNeil, DBA

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = .25

Study objective: I will describe the first year of a new integrated and balanced Methadone Maintenance Treatment (MMT) program conducted in a family practice clinic. **Design:** This study is qualitative multi-case study approach designed to explore the issues and challenges around methadone maintenance and how best to offer patients comprehensive treatment that leads to sustainable lifestyle improvement. **Setting:** The setting is a solo family practice in an urban residential setting, close to major tertiary care facilities. The practice includes 1,500 patients from varying walks of life, age groups, and socio-economic status. **Participants:** A purposive sample of 146 methadone patients ranging in age from 18 to 56, with co-morbidities: ADHD, anxiety, chronic pain, depression, and Hepatitis C. **Interventions:** Interventions include randomised UDS, standardised questionnaires, referrals for co-morbidities, and a case manager. **Main outcome measures:** I will provide a preliminary retention rate for one year which will be tracked throughout the multi-year study. Further measures to be tracked and reported will include: health status, quality of life, and benzodiazepine prescribing patterns. **Findings to date:** So far in the treatment process I have several areas that warrant. **Discussion:** the extent of the co-morbidities, the challenges of randomised UDS and retention figures. Other areas to pursue in the future are: treatment and appropriate prescribing for comobidities, including benzodiazepines; mental health issues and inadequate resources; stigma and judgemental issues and the role of patient dignity. **Conclusion:** At this stage, the emphasis is on integrating MMT with the treatment of comorbidities and balancing the individual patient's characteristics with program guidelines. I am reaching out to others and seeking collaboration with those who share similar interests and goals.

W626 **Effects Of Training Laypeople to Deliver Emergency Care in Underserviced Populations: Systematic review**
15:45–16:00 Aaron M. Orkin, MD, CCFP (EM), MSc, MPH; Jeffrey Curran, MSc; Stephen Ritchie, MBA, PhD; Stijn van de Velde, PT MPH, PhD; David VanderBurgh, MD

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = .25

Introduction: The WHO recommends emergency care training for laypeople in low-resource settings, but effects on patient and community health have not been reviewed. We aimed to identify the health effects of educating laypeople to deliver emergency care or first aid in low-resource settings. **Method:** We conducted a systematic review to address this question: in low-resource populations (P), does lay emergency care education (I) confer any quantitative effect on patient morbidity and mortality, or community capacity and resilience (O), in comparison with no or other training(C)? We searched 12 electronic databases. We conducted duplicate and independent screening, data extraction, and study quality assessment. We summarized findings with a narrative approach. (PROSPERO CRD42014009685) **Results:** We reviewed 16,017 abstracts and 372 full-text papers. 38 papers met inclusion criteria. Cardiopulmonary resuscitation training improved cardiac arrest survival by 5.4% (95%CI 2-12) in remote Denmark and enhanced community care capacity in rural Norway and commercial aircraft (6 papers). Lay trauma training reduced absolute injury mortality by 25% (95%CI 17.2-33) in Iraq and Cambodia and have improved community capacity in Iran and indigenous New Zealand (12 papers). Public education campaigns concerning paediatric fevers in Ethiopia reduced under-5 mortality by 40% (95%CI 29.2-50.6) and improved access to care for paediatric malnutrition and communicable disease in Africa and southeast Asia (13 papers). Take-home naloxone was associated with 28% reductions in opioid-related deaths among people who use drugs in the United States (95% CI 0.60-1.01, 3 papers). Community education improves access to emergency care for remote populations in Canada, Alaska and Nepal (3 studies) and mental health capacity in Australia (1 paper). All studies were of low or medium quality. **Conclusion:** In addition to interventions for injury and cardiac arrest, emergency care training improves community capacity in underserviced populations, and saves lives in opioid overdose, paediatric infectious disease and malnutrition.

W653 **Assessments and Provisions of Medical Assistance in Dying in Canada in 2017**
16:00–16:15 Ellen Wiebe*, MD, CCFP, FCFP; Stefanie Green, MD, CCFP; Michaela Kelly

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = .25

Objectives: To describe various aspects of assessments and provisions of MAiD in Canada, especially ones not captured by official reporting forms. In the first two years after the law changed, there has been no national reporting of MAiD data, so we have had to rely on non-standardized reporting from the different provinces. **Design:** On-line survey **Participants:** The Canadian Association of MAiD Assessors and Providers (CAMAP) Listserve members. We chose these

because they include the most active medical assistance in dying (MAiD) providers in Canada. **Methods:** An on-line survey link was sent to all CAMAP listserve members and they were asked to report on their cases. Approval was granted by the research ethics board at UBC. **Results:** There is data on 742 assessments of which 107 (14.4%) were found not eligible: 42 (39.3%) for lack of capacity, 39 (36.4%) for natural death not in the foreseeable future and 11 (10.3%) for primarily psychiatric conditions. There were 41 cases in which telehealth was used. There were 397 who had MAiD. Most important reasons for requesting MAiD were loss of ability (30.5%), illness-related suffering (28.5%), loss of autonomy (17.9%). There were rituals at the death in 51 cases, varying from religious services to champagne toasts. There was location information on 384 cases: 198 (51.2%) were at home, 117 (30.2%) in hospital, 24 (6.2%) in hospices, 25 (6.5%) in care homes, two in hotels and one on a beach. There were pets present in 17 cases. A limitation of this data is that we are missing many of the assessments done in 2017 in Canada. **Conclusions:** The most important value of this study is to point out where more research is needed. We will be able to use this data to combine with qualitative data to help us understand various aspects of MAiD.

W611 **End of Life Care and Medical Assistance in Dying Knowledge Within Marginalized Populations**
16:15–16:30 Laura Harper, MD; Emma Preston, MD, PhD; Jessica Shaw, PhD; Alysia Wright; Michaela Kelly; Ellen Wiebe, MD, CCFP, FCFP

ROOM / SALLE : 713B
Mainpro+ Group Learning certified credits = .25

Objectives: To explore the knowledge, attitudes and beliefs about end of life care including medical assistance in dying (MAiD) among marginalized people living with poverty, addictions, homelessness and high rates of crime in downtown Vancouver and Calgary. **Design:** A qualitative design using semi-structured interviews **Setting:** Vancouver and Calgary **Participants:** 39 people from the Vancouver Area Network of Drug Users (VANDU), the Western Aboriginal Harm Reduction Society (WAHRS), PACE Society, The Alex Community Health Centre, and the Calgary Homeless Foundation. All participants were service users of the community organizations, and most were also peer leaders. **Methods:** Semi-structured interviews were audio-recorded and transcribed. Thematic analysis was performed in an iterative manner to identify major themes. The research group met repeatedly until they reached consensus on coding. Two investigators did the coding and then the group reached consensus on the themes. **Main findings:** Participants described the large impact of the opioid crisis on experiences of death in the community, where "accidental deaths" outnumber "progressive or slow deaths." This trauma strengthened their desire to support their peers and their desire for a good death. They had a low level of knowledge about end of life options such as palliative care, hospice and MAiD. They identified stigma and lack of autonomy as barriers to accessing end of life supports. They talked about the importance of family, friends and their community at the end of life. Most of the participants supported MAiD, but only when limited to those suffering at the end of life. None said that marginalization resulted in pressure to accept MAiD. **Conclusion:** Despite tremendous trauma as a result of the opioid crisis and accidental deaths in the two cities, peer-community leaders are engaged and keen to learn more about how to support their peers at the end of life, including access to MAiD.

W694 **A Shared Definition of Feedback is Essential in Faculty Development for Improving Teaching**
15:00–15:15 Delaney Wiebe, MPH; Rosslynn Zulla, MEd; Shelley Ross*, PhD

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = .25

Objective: To examine preceptor perceptions of the feedback that they share with learners in a clinical workplace teaching session. **Background:** Improving feedback shared with medical learners in the clinical workplace is a laudable goal. Consistently, strong attendance is seen at conference workshops and sessions geared at improving feedback practices. Yet learners in training continue to report that they receive little feedback, especially in the workplace. **Design:** Mixed methods prospective observational study. **Setting:** Clinical workplace teaching sessions (outpatient clinics, family medicine clinics, inpatient wards). **Participants:** Physician preceptors conducting teaching sessions with learners (N=23). **Intervention:** Participants were observed across a series of observation sessions (n = 3-4). **Main outcome measures:** Observational data (tally of feedback statements within specific categories, capture of examples of feedback comments); brief interviews with preceptors at the end of the session; brief questionnaires completed by learners in the session. The interviews were transcribed verbatim and the transcripts were used for content analysis. Themes were coded individually by two different researchers, and themes were identified. **Results:** A key theme of

"what is feedback" emerged across most preceptor interviews: 1) preceptors do not have a consistent or clear idea of what feedback is despite having attended training sessions, 2) preceptors have a hard time determining how much feedback they gave and how much their learners perceived, 3) and consequently these doubts may relate to their inability to consistently and clearly define feedback. **Conclusion:** While there are guidelines and tools discussing how to give feedback in the workplace setting, the utility of these tools may be impeded or hindered by preceptors' lack of a common and clear definition of feedback. The preceptors involved in this study were invested in training their learners, yet found it difficult to define feedback and quantify the feedback they gave or that their students perceived.

W634 **Family Medicine Journal Club: To tweet or not to tweet?**
15:15–15:30 Lina Al-Imari*, MD, CCFP; Linda Rozmovits, MA, DPhil; Ruby Alvi, MD, CCFP, FCFP; Risa Freeman, MD, CCFP, FCFP, MEd; Melissa Nutik, MD, MEd, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = .25

Objective: Educational technology is increasingly utilized in distributed medical education. Online journal clubs have recently become popular, but their effectiveness in promoting meaningful discussion of the evidence is unknown. We aimed to understand the learner experience of a hybrid online-traditional Family Medicine Journal Club. **Design:** A qualitative descriptive study to understand the experience of learners participating in a hybrid traditional-online family medicine journal club which comprised five sessions over a six-month period. Program design was informed by literature review and needs assessment. Learners led the discussion between the distributed sites via video-conferencing and Twitter. Four focus groups were conducted and thematic data analysis was performed using the constant comparison method. **Setting:** Three Department of Family and Community Medicine – affiliated teaching Sites, and medical students affiliated with the Interest Group in Family Medicine at the University of Toronto. **Participants:** Six of 12 medical students and 33 of 57 residents participated in focus groups. **Main outcome measures:** The learner experience with the hybrid online-traditional journal club was explored, including perceived useful and challenging aspects related to participant engagement and fostering discussion. **Findings:** While participants could appreciate the potential of an online component to journal club to connect distributed learners, overall, they preferred the small group, face-to-face format which they felt produced richer and more meaningful discussion, higher levels of engagement, and consequently a better learning opportunity. Video-conferencing and Twitter were seen as diminishing rather than enhancing their learning experience and they challenged the common assumption that millennials would favor the use of social media for learning. **Conclusion:** While there is contemporary belief that millennials favor social media, this study demonstrates that they prefer small group, face-to-face format for teaching activities that are discussion-based such as journal club. Our findings have implications for the design of curricular programs for distributed medical learners.

W645 **If You Build It, They Will Stay: Resident training in an under-served community**
15:30–15:45 Stuart Murdoch*, MD, CCFP (PC), FCFP; Mary-Kay Whittaker; Caroline Abrahams, MPA; Linda Rozmovits, DPhil; Risa Freeman, MD, MEd, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = .25

A systematic evaluation of a new University of Toronto postgraduate training program (PTP) at the Royal Victoria Regional Health Centre (RVH) in Barrie was undertaken to understand perceived and measurable impacts on an under-served community. A mixed method design was employed including review of government and licensing documents, survey and qualitative descriptive techniques. All RVH graduates from 2011-2016 (N=45) were invited to participate. The current practice location of participants was determined. Semi-structured 1:1 telephone interviews were conducted to gain insight into graduates' experience in the program. Interviews were recorded, transcribed and coded for anticipated and emergent themes using constant comparative methods to produce a descriptive, thematic analysis. Consistency of findings was suggestive of thematic saturation. The outcomes determined were correlation between PTP setting and future practice locations, and the strengths, unique features and opportunities for improvement of this new under-served community PTP. Tracking practice patterns of graduates demonstrated that 2/3 of participants continued to work in the RVH region after graduation and 3/4 work in the RVH/northern regions of the province. Survey results (N=31) revealed that 93% were either very satisfied or satisfied with their work and only 17% indicated they would very likely change job setting in the next five years. Qualitative interview data (N=19) provided insights into an overwhelmingly positive educational experience. Strengths of the program included enhanced hands-on training in a wide range of

clinical specialties and opportunities to manage their own roster of patients over two years. Graduates felt the program added value to the local community by increasing capacity to provide care to an under-served patient population. The successful establishment of a new PTP in an under-served community provides a strong mechanism to recruit physicians. Training in this setting provides excellent educational experiences and residents feel prepared for independent practice.

W65 **"Nightmares" Course is an Effective Acute Care Teaching Tool for Family Medicine Residents**
15:45–16:00 Filip Gilic, MD, CCFP (EM); Ian Sempowski, MD, CCFP (EM); Ana Blagojevic, MD, CCFP, MSc; Karen Schultz, MD, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = .25

Objective: To assess the effectiveness of a comprehensive simulation-based approach for teaching acute care skills to FM residents. **Design:** Prospective historical controls study. **Setting:** Queen's University in Kingston, Ontario. **Participants:** FM residents in their PGY-1 year between July 2012 to June 2015 (N=77) **Main outcome measures:** To assess the effectiveness of a comprehensive simulation-based acute care program, Nightmares-FM (NM) as compared to our teaching-as-usual (Acute Care Rounds-ACR), using self-reported comfort scale as well as video-captured performance on an acute care Objective Structured Clinical Examination (OSCE) in PGY-2 year. Wilcoxon matched pairs and two-tailed t-tests analysis was used for analyzing the comfort scale, Whitney Mann and Chi square for the OSCE performance. **Results:** NM initial 2-day session significantly improved the resident's self-assessment scores on all 20 items of the questionnaire ($p<0.05$). Time matched ACR improved 11 out of 20 items ($p<0.05$) level. Follow-up NM sessions improved 5-8 out of 20 items, ($p<0.05$). Follow-up ACR sessions improved 1-5 out of 20 items, ($p<0.05$). End of the year means were higher for 13/20 items in the NM group ($p<0.05$) as compared to ACR group. The NM group scored significantly higher on both the mean scores of OSCE individual categories ($p<0.01$) and the Global Assessment Score ($p<0.05$). Significantly less NM residents failed the OSCE (n =1/30, 3.3% vs n =8/37, 21.6%, $p<0.05$) **Conclusion:** "Nightmares-FM" course is very effective at teaching acute care skills to FM residents, and more so then our previous curriculum.

W248 **Chest Pain in the Emergency Department**
16:15–17:15 Jock Murray, MD, CCFP (EM)

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Develop an approach to the differential diagnosis of chest pain
2. Learn an algorithmic approach to low risk chest pain
3. Become aware of the unintended consequences of over investigation

Description:
Chest pain is a common and important presentation to emergency settings. This session will review the differential diagnosis of chest pain. An algorithmic approach to low risk chest pain using the HEART Score and The Vancouver Chest Pain Rule will be reviewed. The implications of over investigating chest pain will be assessed.

W299 **Talk to Me! An approach to enhancing empathy and advance care planning communication**
16:15–17:15 Warren Lewin, MD, CCFP; Katie Marchington, MD, CCFP

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize and explore the data supporting early advance care planning for patients with advanced serious illness
2. Recognize and apply 2 techniques that will enhance empathic communication when having difficult conversations with patients and families
3. Learn and practice an evidence-based approach to having successful conversations about serious illness including an approach to advance care planning

Description:

Patients and families living with advanced serious illness want to engage in advance care planning (ACP) conversations with their family doctors in the non-urgent ambulatory setting. ACP has many benefits including supporting patient autonomy and ensuring care plans match patient values and goals. ACP leads to better caregiver outcomes during the bereavement period and beyond. Unfortunately, ACP is typically not done in the outpatient setting and when done, it oftentimes occurs late in one's illness trajectory during a hospitalization focusing on goals of care and close to time of death. Two recognized programs, 'Vital Talk', and 'Serious Illness Care,' use evidence-based tools to assist non-palliative care clinicians in learning skills to have effective conversations with seriously ill patients and their families. This seminar will first introduce the concept of ACP and explore the evidence supporting its use early in chronic complex illness trajectories including heart failure, COPD, dementia and cancer. Next, we will introduce 2 'Vital Talk' techniques that offer a communication 'road map' to both the early and late goals of care conversations. Working in small groups with handouts, we will use case-scenarios and role-play to practice these communication techniques. Finally, we will introduce the 'Serious Illness Communication Guide', which is an evidence-based ACP guide created for the ambulatory setting. Preliminary findings regarding implementation of this guide in a cancer clinic found that it led to earlier and better goals of care conversations for patients with cancer. The guide is currently being tested in the primary care setting. We will introduce the guide and, working in small groups, will use the guide with a case-scenario to have participants engage in an early ACP conversation. Participants will leave this workshop with 3 tools that they can use in their home setting to lead successful ACP conversations.

W460 **Care of the Older Patient: Evidence to change practice**
16:15–17:15 Jed Shimizu, MD, CCFP (COE); Nancy Dixon, MD, CCFP, FCFP; Sidney Feldman, MD, CCFP, FCFP; Chris Frank, MD, CCFP, FCFP; Matthieu Lafontaine-Godbout, MD, CCFP (COE); Robert Lam, MD, CCFP, FCFP; Susan Lane, MD, CCFP (COE); Fred Mather, MD, CCFP; Huy Nguyen, MD, CCFP (COE)

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Assess recent research in care of older adults
2. Identify practical changes based on this new literature
3. Adapt care of older patients based on new 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 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 primary care, LTC, emergency department and hospital. "Short snapper" presentations of each article 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.

W504 **Fireside Chat**
16:15–17:15 James Goertzen, MD, MClSc, 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 : 718A
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 free flowing audience directed discussion of how the College of Family Physicians of Canada can best serve teachers, preceptors and educational leaders in their important role training Canada's future family physicians. At present, the vast majority of College members are involved in educational activities with undergraduate, postgraduate, and/or practicing family physician learners. The Fireside Chat will be hosted by CFPC's Section of Teachers Council Chair, Dr.

James Goertzen; Past Chair, Dr. Ian Scott; Executive Director, Academic Family Medicine, Dr. Nancy Fowler; and Director of Education, Dr. Ivy Oandasan.

W740 **Reflections of the Global Family Medicine Community**
16:15–17:15

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Reflect upon the impact of family medicine innovations and the common challenges facing family medicine around the globe
2. Discuss the future state of the Besrour global community
3. Identify the tools and strategies required to advance family medicine and primary care worldwide

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. Over the past decades, international champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. To overcome the various challenges in the growth and support of robust primary care in various settings, a collective of Canadian and global of family medicine champions have come together to form a hub of international collaboration under the CFPC called the Besrour Centre, to advance health equity through global family medicine. Through the voices of deans, educators, and researchers from around the globe, the Besrour community will reflect upon how to effectively engage key players in their settings to plan, deliver and evaluate primary care services in settings locally and abroad. This session will include a reflective large group exercise where participants will translate the knowledge gained from the Besrour Forum day into actionable activities for the Besrour community to engage in over the next 3 years. Past Besrour Forum participants as well as new Canadian and international colleagues interested in community engagement are welcomed to join this session.

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

W120 **Emergency Medicine Review Act IV (EMR IV)**
07:30–18:00 Mark Mensour, MD, CCFP (EM), FPA, FCFP
(2) credits per hour

ROOM / SALLE : 206AB
This Group Learning program has been certified by the College of Family Physicians of Canada for up to 36 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:
1. Incorporate up-to-date literature in the practice of Emergency Medicine
2. Discuss controversies in Emergency Medicine
3. Modify practice using evidence to update patient management strategies

Description:
Emergency Medicine Review (EMR) is a robust program made up of concise, focused chapters with key concepts and core information served up in small bites so they are easy to digest! It provides a modern approach to CPD using the flipped classroom technique. You receive 10 hours of EMR video to watch at your leisure, prior to attending the course. While attending the two-day course you have an opportunity to discuss your clinical experiences in a small group. You get your questions addressed by the presenters and your peers.

W32 **CASTED: Primary Care—The MSK course for family doctors**

07:30–18:30 Arun Sayal, MD, CCFP (EM)
③ credits per hour

ROOM / SALLE : 206CD

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. Discuss orthopedic principles as they apply to family medicine/primary care
2. Describe joint injection techniques as they pertain to family medicine
3. Discuss and demonstrate the key clinical points in the assessment and diagnosis of various office MSK complaints

Description:

CASTED: Primary Care is the 'hands-on' orthopedics course designed specifically for family physicians. During this full day course, you will learn (a) keys to an efficient orthopedic history, (b) high-yield physical exam tips with hands-on practice, (c) clinical pearls on X-ray ordering and interpreting, (d) MSK management principles, (e) tips to identify the 'red flag' patients, (f) who needs an MRI, who needs physio and who needs to see a surgeon, (g) how to perform various joint injections, including hands-on practice, (h) practical, office based immobilization options. CASTED: Primary Care combines practical case-based lectures, with various 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.

W318 **Connecting Learning Practices to Digital Health Solutions in Pursuit of Patient-Centred Medical Homes**
10:00–11:00 Mohamed Alarakhia, MD, CCFP; Lori-Anne Huebner, MEd; Lirije Hyseni, MSc; Ted Alexander, MA
② credits per hour

ROOM / SALLE : 203A

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 2 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Differentiate elements of learning practices, which the literature recommends as part of becoming an effective patient-centred medical home
2. Evaluate what type of practice environment they currently work within
3. Determine the type of digital tool that best aligns with their practice's readiness for individual, collective or organizational learning

Description:

Patient-Centred Medical Home (PCMH) approaches continue to gain prominence in several Canadian jurisdictions. Broadly, this model of care is defined by five core functions: comprehensive care, patient-centred focus, coordinated care, accessible services, quality and safety. Previous evaluations of PCMH demonstration projects highlighted the importance of setting realistic expectations for time and effort; development of a flexible practice technology plan; monitoring change fatigue; and becoming a learning organization, as part of achieving PCMH core functions. As more primary care organizations are asked to take action, our presentation revisits recommendations from other jurisdictions that adopted PCMH, demonstrating options to apply technology efforts that meet with clinic appetites for individual, collective or organizational learning. For those ready for individual learning, we will demonstrate an electronic referral solution. The EMR-integrated solution improves patient-centredness of primary care to specialist referrals by offering direct messages to patients and referring clinicians through email or the patient portal. We will also demonstrate a pain management tool created in collaboration with primary care providers and deployed within EMRs to improve prescribing practice and care options. Collective learning involves a greater number of clinicians within a team. To support practices organized to deploy team-based care, we will demonstrate how data quality work in EMRs enables consistent identification of complex patients.

Further, we will show how primary care clinicians have made informed decisions to provide more proactive, appropriate care for these vulnerable groups. Examples include medication reconciliation and evaluating decisions to provide certain specialist sessions within primary care practices. Finally, we will explore organizational learning, which is collective learning that is dispersed beyond the community of practitioners that normally work together. We will demonstrate EMR heart failure tools and how they are being considered as important elements of the implementation of a provincial spoke-hub-node model for heart failure.

W463 **Diagnosis and Management of Eating Disorders in Family Practice**
10:00–12:00 Karen Trollope, MD, PhD, CCFP; Blake Woodside, MD, FRCP; Debbie Wilkes-Whitehall, MD, CCFP

ROOM / SALLE : 205B

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 4 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Participants will be able to identify and diagnose eating disorders in a family practice
2. Participants will be able to optimize referral strategies to multi-disciplinary teams
3. Participants will be able to follow guidelines for management of patients with eating disorders

Description:

Eating disorders are serious mental illnesses, with anorexia having an overall mortality rate of between 10-20%. A needs assessment conducted with family physicians in 2007 revealed that family physicians feel inadequately trained to recognize, diagnose and manage people with eating disorders in their practice. Other studies with family practice residents have shown similar gaps in training. Research evidence supports training for family physicians through in-person practical sessions rather than through the provision of printed material. In this interactive workshop, we will use patient stories to illustrate how to recognize, diagnose and manage eating disorders in a family practice. We will share insights about treatment options, referral patterns and the benefit of multi-disciplinary teams. We'll also address barriers to accessing treatment for patients with eating disorders. Using evidence-based resources, we will present a basic approach to the initial assessment of a patient with an eating disorder. Participants will leave the workshop with an enhanced ability to identify and diagnose eating disorders as well as a set of tools to assist in management of these illnesses.

W310 **ADHD Through the Lifespan: Practical diagnosis and management in primary care**
13:30–16:00 Joan Flood, MD, CCFP, FCFP; Doron Almagor, MD, FRCP (C)
③ credits per hour

ROOM / SALLE : 205C

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 to support assessment and ongoing management
3. Continue learning through ongoing case management conference calls in the 6 months post-attendance

Description:

NOTE: Individuals registered for this workshop, are invited to attend an introductory session W752 - ADHD: Overcome misconceptions and treat with confidence (1 credit per hour). This session is also open to all other interested FMF delegates.

This interactive, instructional workshop will follow-up on the one hour session, "ADHD: Overcome Misconceptions and Treat with Confidence". ADHD is a common neurodevelopmental disorder and is well within the scope of primary care management. 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 comorbid 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. In the 6 months following the workshop, interested participants are invited to engage in biweekly conference calls where they may bring their own cases to the group for further discussion and application of the skills acquired in this workshop.

W175 **Assessment of Decision-Making Capacity**
13:30–17:00 Lesley Charles, MBChB, CCFP (COE); Jasneet Parmar, MBBS, MCFP (COE)
(2) credits per hour

ROOM / SALLE : 203A
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 continues 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 under the Adult Guardianship and Trusteeship Act as well as the Personal Directives Act and the Power of Attorney Act. 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 in Edmonton which identified this as an area that required interdisciplinary staff training in 2006. There were increased costs of poorly conducted capacity assessments. The study identified a lack of knowledge, skill set, standardised 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 standardised 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 3 acute care sites in Edmonton confirmed that this process addressed the issues of lack of knowledge, skill set etc. This 3 hour workshop is now being offered to physicians given their pivotal role in capacity assessment.

W132 **IUD Update: Insertion, troubleshooting, and endometrial biopsies (Session 1)**
13:30–16:30 Darlana Mulzet, MD, CCFP; Ellen Wiebe, MD, CCFP, FCFP
(3) credits per hour

ROOM / SALLE : 205B
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. Be able to screen women for IUD insertions and help them choose the best IUD (of the 13 available)
2. Troubleshoot difficult insertions and prevent insertion failures
3. Perform endometrial biopsies and provide cervical anesthesia

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 cervices 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 doctor 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.

W162 **Spirometry Interpretation: Diagnosing your patients with chronic respiratory conditions**
13:30–16:30 Anthony D'Urzo, MSc, BHPE, CCFP, FCFP; Itamar E. Tamari, MD, CCFP, FCFP; Lana Biro, RRT, CRE
(2) credits per hour

ROOM / SALLE : 203C
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

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.

W351 **Partnered Supports for Pain Management: A closer look at prescribing Buprenorphine/Naloxone for the management of opiod use disorder in primary care**
13:30–16:30 David Kaplan, MD, MSc, CCFP; Arun Radhakrishnan, MSc, MD, CM, CCFP; Jennifer Wyman, MD, CCFP, FCFP; Meldon Kahan, MD, CCFP, FRCPC

ROOM / SALLE : 203D
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. Learn about programs to assist opioid management in your practice
2. Develop skills in using buprenorphine/naloxone
3. Develop strategies to address challenging clinical cases around opioid use and opioid use disorders

Description:

Through the use of didactic and case-based small group discussions learn about available programs to support managing complex clinical cases around opioids and develop skills around when and how to use buprenorphine in your practice.

T20 **The Happiness Equation**
L'équation du bonheur
08:00–09:30 Neil Pasricha

ROOM / SALLE : Hall F/G

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

Learning objectives:

1. Reduce stress and prevent burnout by implementing 1 of 5 evidence-based happiness exercises in order to improve physician health and wellbeing and ultimately improve patient care as well
2. Improve time management through implementation of a time management tool to automate, regulate, and effectuate decisions and help physicians strive for and achieve clinical excellence
3. Enable stronger work relationships in diverse settings by implementing a team-based exercise to leverage social signals and increase productivity and creativity in order to improve patients' overall experiences

Description:

According to Harvard Business Review, happy people are 37% more productive, have 31% higher sales, and are three times more creative than their peers. But the ultimate question is: Does great work lead to happiness? Or… does happiness lead to great work? Neil Pasricha shares counterintuitive research-based answers in this fun, fast-paced, research-grounded tour of the emerging neuroscience and positive psychology landscape.. Healthcare practitioners will leave this talk feeling like they can not only recognize and respond to societal needs in healthcare more readily, but better understand the role their own needs play in delivering optimal patient care as well.

In Neil Pasricha's ground-breaking and flagship talk he reveals their secrets to audiences leaving them with models to build diverse support networks, manage energy and stress, and leverage time management to create lasting happiness. Through researching top leaders at Harvard for his #1 International Bestseller The Happiness Equation, working as director of Leadership Development at Walmart, the world's largest company, and consulting with clients like Audi, Microsoft and GE, Pasricha developed unique frameworks to create happiness in individuals and drive engagement and high-performance results inside organizations.

Objectifs d'apprentissage :

1. Réduire le stress et prévenir l'épuisement professionnel en appliquant l'un des cinq exercices du bonheur fondés sur des données probantes, afin d'améliorer la santé et le bien-être des médecins, et, de ce fait améliorer les soins aux patients
2. Améliorer la gestion du temps grâce à la mise en œuvre d'un outil de gestion du temps pour automatiser, réguler et prendre des décisions, et aider les médecins à viser et à atteindre l'excellence clinique
3. Favoriser des relations de travail plus solides dans divers milieux en mettant en place un exercice de groupe pour tirer profit des signaux sociaux et rehausser la productivité et la créativité, afin d'améliorer l'expérience globale des patients

Description :

Selon le Harvard Business Review, les personnes heureuses sont plus productives (de 37 %), ont des ventes plus élevées (de 31 %) et sont trois fois plus créatives que leurs pairs. Toutefois, une question demeure : Est-ce que du bon travail rend heureux ? Ou… est-ce que le bonheur permet d'accomplir du bon travail ? Neil Pasricha donne des réponses paradoxales basées sur la recherche dans un portrait amusant, dynamique et fondé sur la recherche du monde émergent de la neuroscience et de la psychologie positive. Les professionnels de la santé quitteront cette conférence non seulement en étant mieux outillés pour reconnaître et répondre plus facilement aux besoins de la société en matière de soins de santé, mais comprendront mieux le rôle que jouent leurs propres besoins dans la prestation de soins optimaux aux patients.

Dans sa conférence phare révolutionnaire, Neil Pasricha révèle des secrets aux membres de l'auditoire, laissant aux participants des modèles pour bâtir divers réseaux de soutien, gérer leur énergie et leur stress, et tirer profit de la gestion du temps afin de créer un bonheur durable. Grâce à ses recherches auprès de grands dirigeants à Harvard pour son premier grand succès littéraire international intitulé The Happiness Equation, son travail en tant que directeur du développement du leadership chez Walmart, la plus grande société au monde ; et en tant que consultant auprès de clients comme Audi, Microsoft et GE, M. Pasricha a élaboré des cadres particuliers pour générer le bonheur chez des personnes et stimuler l'engagement et des résultats de haute performance au sein des organisations.

T85 **Somatizing: What every family physician needs to know**

10:00–11:00 Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : 714AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Demonstrate an appropriate manner to make a mind-body link up in the medical interview
2. Identify the range of conscious and unconscious mechanisms involved in somatoform disorders
3. Use psychotherapeutic and psychopharmacological treatments for patients who tend to somatize

Description:

Somatizing and somatoform disorders commonly occur in all branches of medicine. Some studies have shown that 10-30% of patients with somatic complaints who present to the doctor have no adequate physical cause to account for them. In this session, we define somatizing, and discuss an overview of somatoform illness using DSM-5 criteria. We distinguish between conscious and unconscious processes involved in these categories. We discuss effective ways to make the mind-body link for these patients in ways that are seen as collaborative and that engender alliance and co-operation on the part of these patients. We discuss the different presentations of somatizing which include medically unexplained symptoms (MUS), distorted belief systems about the body and its functioning, and comorbidity between somatizing and other primary psychiatric illnesses. We focus on treatment modalities, both psychopharmacologic and psychotherapeutic that are felt to be useful in the clinical situation. There will initially be a needs assessment involving the participants. There will then be a didactic presentation. We plan to take questions throughout the presentation, which should increase interactivity. The last part of the workshop will be opened up to the participants to discuss relevant cases and to ask any further questions.

T90 **Dangerous Ideas Soapbox**
Tribune aux idées dangereuses

10:00–11:00 Douglas Archibald, PhD

ROOM / SALLE : 718A

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. This session offers a platform for four finalist family physician innovators to share an important idea that isn't being heard but needs to be heard in the family medicine community. A dangerous idea could be controversial, completely novel thinking or something that challenges current thinking. But it must also demonstrate a commitment to moving the idea forward to make a difference. Each speaker will have three minutes to explain the idea, then audience members have eight minutes to challenge and critique the presenters. The audience will vote to decide the most potent dangerous idea. All finalist ideas will be published in Canadian Family Physician.

Objectifs d'apprentissage :

1. Acquérir de nouvelles façons de percevoir la portée et l'approche de la pratique en soins primaires, de l'innovation et de la recherche
2. Comprendre les nouveaux enjeux de pointe et inhabituels en médecine familiale
3. Entretenir des discussions pour générer des idées entre collègues au Canada et dans le monde sur la portée de la pratique de la médecine familiale et des soins primaires

Description :

Depuis ses débuts au FMF 2013, la Tribune aux idées dangereuses a été la scène de débats passionnés avec l'auditoire quant à la meilleure façon d'améliorer les soins/le système de santé. Cette séance offre à quatre finalistes la possibilité de partager une idée importante qui passe inaperçue, mais qui devrait être répandue dans la communauté de médecine familiale. Une idée dangereuse peut prêter à controverse, être très créative et nouvelle, ou encore aller à l'encontre de

la façon actuelle de penser. Il faut cependant qu'il y ait un engagement à aller de l'avant, à vouloir changer les choses. Chaque conférencier disposera de 3 minutes pour présenter son idée, puis l'auditoire aura 8 minutes pour débattre et pour critiquer les présentations. L'auditoire votera ensuite pour déterminer l'idée dangereuse la plus puissante. Toutes les idées finalistes seront publiées dans *Le Médecin de famille canadien*.

T178 **Managing the 2017 Canadian Opioid Guideline: Friend or foe?**
10:00–11:00 Lydia Hatcher, MD, CCFP, FCFP, D-CAPM

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss the 2017 Canadian Opioid Guidelines to ensure safe interpretation of recommendations in prescribing opioids to adult pain patients
2. Develop skills and confidence in deciding when to taper, rotate or possibly keep some patients on long term opioid therapy
3. Utilize tools and expert guidance to safely manage opioid use disorder and and monitor at risk patients

Description:
The 2017 Canadian Guideline has been contentious in a variety of ways. Regulatory bodies scare us into practices that can have detrimental and unintended consequences for us and our patients. The contentious recommendations will be dissected into practical tips and information to better help manage your chronic pain patients. Published College reviews and CMPA commentary and advice will be discussed. You will leave this session feeling you have a better understanding of the real issues, the management of your patients and not worry about the results of a college audit because you know you did the right thing!

T198 **Childhood Anxiety Disorders: Identification and management**
Anxiété durant l'enfance : Dépistage et prise en charge
10:00–11:00 William Watson, MD, FCFP; Alice Charach, MD, MSc, FRCPC; Suneeta Monga, MD, FRCPC

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify key presenting symptoms of anxiety disorders in preschool and early school-age children
2. Recognize the functional impact of common comorbidities in this age group including oppositional defiant disorder and attention deficit hyperactivity disorder
3. Utilize a developmental framework for assessment and management of anxiety disorders and their common comorbidities

Description:
Childhood anxiety disorders are common, affecting 15-20% of children. The causes of anxiety disorders are multifactorial and include genetics, temperament as well parenting styles and psychosocial stressors, and warrant a comprehensive assessment. Rates appear to have increased in recent years, with a parallel increase in health service use and presentation of children and youth in crisis, often seeking help in emergency departments. It is critical to recognize the early signs and symptoms of anxiety disorders in preschool and early school-age children as effective educational, parenting and individual interventions exist. Somatic presentations are common and often the family practitioner is the first to assess children presenting with an anxiety disorder thus highlighting the importance of the role of the family practitioner plays in early identification, prevention and treatment of these disorders. This workshop will utilize an interactive case-based approach to discuss and highlight the key presentations of childhood anxiety disorders, as well as evaluation of functional impairment. Clinical tools such as standardized symptom checklists, as well as management strategies and patient educational resources, will provide the participant with a practical approach to the management of childhood anxiety disorders.

Objectifs d'apprentissage :
1. Nommer les symptômes de trouble d'anxiété qui se manifestent chez les enfants d'âge préscolaire et les jeunes enfants d'âge scolaire
2. Reconnaître l'impact fonctionnel des comorbidités courantes dans ce groupe d'âge, y compris le trouble oppositionnel

avec provocation et le trouble déficitaire de l'attention avec hyperactivité
3. Utiliser un cadre de développement pour évaluer et prendre en charge les troubles d'anxiété et leurs comorbidités courantes

Description :
Les troubles d'anxiété durant l'enfance sont courants, ils touchent en effet 15-20 % de tous les enfants. Les causes sont multifactorielles et sont l'hérédité, le tempérament, le style parental et les facteurs de stress psychosociaux, et elles justifient une évaluation exhaustive. L'incidence semble augmenter depuis quelques années, avec une hausse parallèle de l'utilisation des services de santé et d'enfants et de jeunes en crise qui recherchent souvent de l'aide dans les services d'urgence. Il est crucial de reconnaître les signes et symptômes précoces chez les enfants d'âge préscolaire et les très jeunes enfants d'âge scolaire puisqu'il existe des interventions éducationnelles, parentales et individuelles efficaces. Les présentations somatiques sont courantes et le médecin de famille est souvent le premier à évaluer les enfants qui présentent un trouble d'anxiété, ce qui souligne l'importance du rôle joué par les médecins de famille dans le dépistage précoce, la prévention et le traitement de ces troubles. Cet atelier a recours à une approche interactive basée sur des cas pour discuter et souligner les principaux tableaux cliniques des troubles d'anxiété durant l'enfance, de même que l'évaluation de la déficience fonctionnelle. Les outils cliniques tels que la liste de vérification standardisée des symptômes, de même que les stratégies de prise en charge et les ressources éducatives à l'intention des patients fournissent aux participants une approche pratique de prise en charge des troubles d'anxiété durant l'enfance.

T221 **Mucky Meds: A practical approach to the nightmare medication list**
10:00–11:00 Michelle Gibson, MD, MEd, CCFP (COE); Erin Beattie, MD, MSc, CCFP

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Implement an approach to reviewing a complex medication list
2. List practical resources to aid in deprescribing
3. Plan a strategy to implement deprescribing in their practice

Description:
In this workshop, participants will learn an approach to reviewing a complicated medication list, to help develop a plan to discuss medication changes with patients & substitute decision makers, and to prioritize changes based on patients' goals of care. Participants will then have the opportunity to practice this approach with a particularly challenging list, while learning from their peers working in pairs or small groups. Through this process, we will review different strategies for deprescribing, and will focus on certain particularly challenging classes of medications, including opioids and benzodiazepines. Participants will also have the option of sharing challenging medication problems they have experienced in their practices to see what solutions the group can discover.

T293 **Mental Health Disparities in Trans Populations, Minority Stress, Discrimination, and Intersectional Oppression**
10:00–11:00 Pierre-Paul Tellier, MD, CCFP, FCFP; Cherie Moody, MA

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define minority stress, transphobia, racism, misogyny, and intersectional oppression and their effects on mental health in gender minority patients
2. List rates of mental health problems, including depression, anxiety, self-harm, and suicidal ideation and attempts
3. Explain the relationship between suicidality and transition-related care from the perspective of the patient and health care provider

Description:
Trans individuals experience high levels of discrimination and oppression, with trans people of colour facing even higher levels of discrimination due to racism and intersectional oppression. Thus, trans people experience short- and long-term stress due to their gender minority identities in a generally transphobic society. This unique stress due to minority status is known as minority stress. Given the experiences of discrimination, oppression, and the resulting minority stress, it follows that sexual and gender minorities experience higher rates of depression, anxiety, suicidal ideation and behaviour, and other mental health difficulties

when compared to heterosexual and/or cis (non-trans) peers. The link between discrimination, minority stress, and mental health difficulties has been well documented over the past two decades and recent reports and guidelines now urge providers to take these constructs and frameworks into account when working with trans populations. Several studies and a meta-analysis have found that hormone treatment and surgery (for those who seek it) are linked to lower rates of depression, social anxiety, general anxiety, and suicidality in trans individuals, and significantly improved ratings of one's quality of life. Yet, these same problems may be perceived as barriers to accessing or delivering transition-related care. The presenters will define these different terms, and using cases, will demonstrate how these factors affect the delivery of care. Questions will be encouraged.

T294 **Stories of Family Physicians' Experiences With Adults With Intellectual and Developmental Disabilities**
10:00–11:00 Meg Gemmill, MD, CCFP

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Apply the 2018 Primary Care of Adults with Intellectual and Developmental Disabilities: Canadian Consensus Guidelines through a narrative medicine lens
2. Integrate learning pearls in their care of adults with intellectual and developmental disabilities from the experiences of expert colleagues
3. Reflect on their own experiences with patients with intellectual and developmental disabilities to help develop their narrative competence

Description:
Narrative medicine is the medical practice of narrative competence: the ability to learn, understand and respond to a patients' illness experiences through listening, reflection and empathy. It allows physicians to move beyond the diagnoses and treatments of medical conditions to find meaning in their patients' health, disease, and suffering. Narrative medicine can be a rich opportunity for learning about unique and complex medical situations through focusing on patients' lived experiences. Adults living with intellectual and developmental disabilities can experience complex physical and mental health issues and communication issues, which require family physicians to adapt their usual strategies for care. Family physicians learn their patients' stories; they are therefore well positioned to meet their special needs. A narrative medicine approach can be a helpful learning and reflection tool for physicians in their work with such patients, for whom guidelines and recommendations appropriate for the general population may be difficult to apply. Furthermore, the methodology of the 2018 revision of Primary Care of Adults with Intellectual and Developmental Disabilities: Canadian Consensus Guidelines includes the experience of patients, caregivers and clinicians as valid and important sources of evidence for recommendations. Through review of the principles of narrative medicine and facilitated case-based discussions, this session will explore care for adults with intellectual and developmental disabilities. It will incorporate highlights of the 2018 Guidelines and draw on the experience of expert colleagues, as well as providing an opportunity for participants to reflect on their care of their own patients with intellectual and developmental disabilities.

T300 **How to Make a Self-management Asthma Action Plan for Your Patient with Asthma**
10:00–11:00 Samir Gupta, MD, MSc, FRCPC

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize the important role that asthma action plans and self-management play in reducing health care utilization and improving quality of life
2. Apply best evidence to generate appropriate guidance for how patients should manage an episode of acute loss of asthma control
3. Use a practical, evidence-based bedside tool to determine the recommended therapy in the yellow zone of an asthma action plan

Description:
An asthma action plan (AAP) is a simple single-page set of instructions provided by a health care practitioner to a patient, outlining steps to take when they experience a worsening in asthma symptoms. This simple self-management tool reduces health care utilization, improves quality of life and has been recommended for each patient with asthma in Canadian and

international guidelines for over 25 years. However, fewer than 2% of patients receive an action plan in practice. This is due in part to lack of training and practical challenges in determining recommendations for intensification of therapy in the "yellow zone" (acute loss of control zone) of the asthma action plan. This one hour workshop will outline the evidence supporting the importance of asthma action plans in primary care management of asthma. Next, it will review latest evidence and recommendations of the Canadian Thoracic Society and other international asthma guideline bodies regarding the best format and content for asthma action plans. This will include an introduction to two evidence-based action plans (one for adults and one for children), that were developed iteratively, with contributions from primary care physicians, asthma educators, respiratory experts, and patients. Finally, it will introduce a new bedside tool that enables clinicians to easily populate asthma action plan yellow zone recommendations based on each individual patient's baseline medications. Case-based scenarios will be used to explicate practical challenges posed by certain dosing situations and evidence-based approaches to overcome these. Overall, a patient- centred approach to managing acute worsening of asthma will be encouraged and will include taking into account the comfort level of the clinician, patient, and caregivers, and the cost and availability of medications.

T325 **Forward Feeding in Family Medicine Residency Training Programs**
10:00–11:00 Jamie Wickett, MD, CCFP, FCFP; Bridget Ryan, PhD; Daniel Grushka, MD, CCFP (EM)
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the current practice of forward feeding in Canadian Family Medicine residency training programs
2. Examine the benefits of forward feeding in the context of competency-based medical education
3. Review the challenges in implementing the practice of forward feeding

Description:
The practice of sharing assessment data between medical learners' current and future preceptors is referred to as "forward feeding". The ultimate goal of forward feeding is to ensure that learners acquire the knowledge, skills and attitudes that are essential for providing high quality patient care. Forward feeding is also intended to help learners, preceptors and the training program. For the learners, forward feeding 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, forward feeding can help them focus on key performance areas to optimize the learners' skill acquisition and progression. Forward feeding 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 forward feeding in Canadian Family Medicine residency training programs and share their experiences. The session will also review the benefits of forward feeding in the context of competency-based medical education. In addition, the challenges in implementing the practice of forward feeding will also be reviewed. Participants will have the opportunity to discuss these challenges as well as best practices for forward feeding in small groups.

T366 **Follow-up Care of Breast Cancer Survivors: Evidence-based recommendations for primary care**
10:00–11:00 Genevieve Chaput, MD, MA, CCFP (PC); Jonathan Sussman, MD, MSc

ROOM / SALLE : 717AB
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 were 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.

T371 **Preparing for Practice: The CFPC's self-guided learning approach from residency into practice**
10:00–11:00 Sarah Kinzie, MD, CCFP, FCFP; Stephen Hawrylyshyn, MD, MSc, CCFP

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify key practice management topics and knowledge gaps throughout residency, and into the first five years of practice
2. Implement a staged approach to learning practice management as an individual learner, including self-assessment tools and resources
3. Integrate this practice management approach with existing programming being delivered under the CanMEDS-FM Leader role

Description:
A supported, self-guided approach to practice management learning has been developed by the College of Family Physicians of Canada, based on the Practice Management Curriculum proposed by the Future of Medical Education in Canada – Post Graduate Project (FMEC-PG) in 2015. This session will introduce educators and learners to the core components of the approach including: a self-assessment reflection tool, guidelines for engaging a coach or mentor in practice management learning, identified resources and learning opportunities for each key topic area, strategies for implementation for residents and residency programs, and planning for future learning needs throughout early-career. The CanMEDS-FM Leader role encompasses competencies in practice management to equip new family physicians to manage the business elements of running a medical practice. However, many physicians report feeling unprepared to run a practice in their first five years of practice. This session will provide an overview to the self-directed approach that will allow residents and early career physicians to structure their own practice management learning, to complement their existing knowledge, and in response to their individual needs assessment.

T384 **Practical Patient Education Pointers for Your Practice**
10:00–11:00 Cathy MacLean, MD, FCFP, MClSc, MBA; Setorme Tsikata, MD, CCFP, FCFP; Derek Jorgenson, (Pharm); Gayle Halas, PhD; Jean Chen, MD; Sapna Naik, MD, CCFP; Rupashi Goswami, MD, CCFP; Sarina Scaffidi Argentina, MD

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Apply health literacy approaches to day to day practice based on the CFPC Best Advice Guide on Health Literacy
2. Use patient education approaches such as teach back with patients to enhance their engagement in their own health care
3. Critically appraise resource materials (printed, online and apps) that can be useful in patient care and practical to apply

Description:
This interactive workshop is presented by the CFPC's Patient Education Committee and is based on practicing and applying concepts and approaches described in the CFPC's Health Literacy Best Advice Guide. Participants will receive tools used by the committee to acquire ideal resources for their patients and know how to quickly determine which resources are appropriate and effective in patient care including point of care tools such as patient decisions aids, apps, website prescriptions and other practical resources. There will be hands on practice sessions for some basic approaches to shared

decision making with patients and techniques to enhance patient engagement in their care will be demonstrated. This is expected to be a highly interactive workshop with lots of practical resources you can apply to your day to day practice focusing on evidence based strategies that are easy to apply and helpful to your patients and their families. Some of the projects sponsored by the CFPC Patient Education committee will be highlighted including using the Prevention in Hand site, resources for promoting Choosing Wisely and work done by residents across Canada who have completed projects related to patient education. We are excited to share these tips and resources based on our passion for effective patient education!

T411 **Chronic Hepatitis C Eradication in British Columbia: The important role of primary care**
10:00–11:00 John Farley, MBBS, FRCPC; Vahan Hakobyan, MD, MHSc; Jo-Raul Farley

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Assess the HCV treatment model in federal prison settings in BC
2. Evaluate the HCV treatment results in prison settings in BC
3. Discuss the feasibility of HCV treatment model adoption in primary care

Description:
Objective: Chronic hepatitis C (HCV) treatment is mainly delivered by specialty services: infectious disease, or gastroenterology. Direct Acting Antivirals (DAAs) are more effective, and simple to administer; as such, they can be readily administered at a primary care level. This study describes a successful HCV treatment model used in BC correctional institutions by a primary health care team and proposes the feasibility of this model in BC community primary care settings. Design: Retrospective chart review of DAA-treated HCV patients. Setting: Eight Federal BC Prisons; March 2015 to December 2017. Participants: HCV-infected patients treated in 8 BC Federal Prisons. Intervention: Cases were screened by trained nurses; liver fibrosis was determined via elastography. Treatment was initiated by an infectious diseases specialist. Cases were followed-up by HCV-Treatment protocol-trained nurses, then seen over the course of treatment by a specialist; also available for consultation by telephone. Results: Of 107 cases treated, 103 (96%) were male, 5 (5%) were co-infected with HIV, and the mean age was 48.8. Most were treated for 12 weeks; seen by the nurses on average 4-5 times and by the specialist 2-3 times during treatment. There were 10 (~10%) reported adverse effects. Post-treatment HCV RNA determination was available for 77 cases; All (100%) achieved Sustained Virologic Response (cure). Conclusion: Our HCV care model demonstrated treatment in multiple centers can be successfully achieved with a team led by trained primary health care professionals with input from specialists; available as needed. This model of primary care HCV treatment can be adopted in diverse community-based settings and can address most cases (~90%). This will significantly reduce wait times for HCV treatment and reduce specialist service strain. It will contribute to the elimination of HCV while helping address the epidemic.

T431 **What's New in Breastfeeding Medicine?**
10:00–11:00 Anjana Srinivasan, MD CM, CCFP, IBCLC; Meira Stern, MD CM, CCFP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Diagnose common breastfeeding problems encountered by the breastfeeding dyad
2. Manage common breastfeeding problems encountered by the breastfeeding dyad
3. Discuss the research on certain breastfeeding topics with parents/colleagues

Description:
If you work with breastfeeding mother-infants dyads as part of your practice, and want to learn more about the diagnosis and management of various problems they may face, this session is for you. What to do faced with a mother in severe pain when she breastfeeds? How about an infant who "refuses" to feed? How can you diagnose clinically relevant tongue-ties in breastfeeding infants, and when would frenotomy be indicated? These and other clinical topics will be discussed. The current body of evidence surrounding lactation will be reviewed. Clinical cases seen at a hospital-based referral center for complex breastfeeding issues will be discussed with participants.

T753 **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 : 700 Foyer
Mainpro+ Group Learning certified credits = 1

T181 **Deprescribing Bisphosphonates in Primary Care**
Ruben Hummelen*, MD, PhD, CCFP; Charnelle Carlos, MD, CCFP; Olivier Saleh, MD, CCFP

Objective: To identify and deprescribe bisphosphonates among patients who are at low or moderate risk for fragility fractures. **Design:** Chart review and individual risk assessments. **Setting:** This study took place in the practices of 3 academic family physicians at McMaster Family Practice in Hamilton totalling 942 patients of age ≥50 years. **Participants:** Chart review was done on 47 patients who were identified having been given a prescription for a bisphosphonate between Nov 2014 and Nov 2015. After a thorough chart review of these 47 patients, 21 were excluded as they were followed by a rheumatologist (n=5), had stopped taking their bisphosphonate (n=6), were high risk or had a prior fragility fracture (n=5) or had for other reasons (n=5). **Intervention:** Assessment of patients' risk factors with a FRAX score calculation and counselling on their bisphosphonate use. **Results:** A total of 26 participants were assessed of whom, 9 were low risk, 14 moderate risk, and 3 high risk according to FRAX. Duration of use was significantly longer among the low risk group (median 10 years) than the intermediate and high risk group (median 7.5 years, p = 0.05). Among those in the low risk group, 7 (78%) chose to discontinue the use of their bisphosphonate after counselling. Among those in the moderate risk group, 10 (71%) chose to discontinue the use of their bisphosphonate, while one patient in the high-risk group discontinued the use of their bisphosphonate. **Conclusion:** This study shows that a majority of patients in primary care may be eligible for a drug holiday or for discontinuing their bisphosphonate based on an absolute risk estimation. Periodic reassessment of bisphosphonate use using the FRAX can lead to better prescribing of these medications.

T678 **A Retrospective Analysis of Feedback From Group Facilitation of Advance Care Planning Discussions**
Daphna Grossman*, MD, CCFP (PC), FCFP; Valerie Caraiscos, PhD, MD, CCFP (PC);
Karen Lock, RN (EC), MN, CON (C), CHPCN (C); John Balacom, RN, BHA;
Wendy Cheung, MAEd, CHE; Susan Woollard, RN, MAEd, ENC(c), CHE

Objective: To determine whether group facilitation for teaching and discussing advance care planning (ACP) enhances participants understanding of ACP and allows them to feel comfortable and supported when discussing these sensitive issues. **Methods:** Patients who were registered in North York General Hospital's (NYGH) pulmonary rehabilitation program from June 2016 until August 2017, were provided with two one hour sessions related to ACP. The first session was dedicated to educating patients on ACP, explaining the hierarchy of the substitute decision maker and the role of the power of attorney for personal care. The second session, provided one week later, was devoted to discussions of values, wishes, fears and trade-offs for future medical and end of life care. These discussions, led by the supportive care nurse practitioner and a physician who are members of the NYGH Freeman Palliative Care Team were provided in a group facilitated format. Anonymous feedback forms, including both qualitative and quantitative feedback were completed by the participants and analyzed. **Participants:** 30 participants registered in the pulmonary rehabilitation attended the sessions of which 21 identified as female and 9 identified as male. The average age of the participants was 76 years. **Findings:** Participants felt the content was relevant to their needs and were comfortable asking questions with all feedback rated as good or very good. Participants shared that they appreciated the opportunity to share their thoughts in an open and interactive format. **Conclusion:** Discussing issues relevant to ACP including providing information about ACP, sharing fears, wishes and tradeoffs were well received in a group support environment. This format provides an opportunity for sharing ideas, thoughts, and approaches. Future studies should assess the impact of ACP group discussion on the individual, such as identifying a POA and having discussions regarding wishes and values with the SDM/POA.

T537 **The Development of a Patient-Based Feedback Tool to Assess the CanMEDS-FM Communicator Role**
Diana Toubassi*, MD, CCFP; Amita Singwi, MD, CCFP; Ian Waters, MSW

Introduction: It has proven challenging for some family medicine programs to provide meaningful feedback relevant to the CanMEDS Communicator Role, and feedback about residents' Communicator competencies has often neglected to

include patients' perspectives. This 5-year study sought to develop a patient-based tool to provide residents with immediate feedback centred on their Communicator Role competencies. **Method:** The patient-centred survey was based on a tool jointly developed by the College of Family Physicians of Canada, Royal College and the Medical Council of Canada. A Continuous Quality Improvement ("Plan, Do, Study, Act") model was utilized each year to modify the process and tool based on consultation with faculty physicians and residents. In its first iteration, 10 PGY-1s distributed the survey to their patients. At the end of each clinic, the residents immediately reviewed the patient surveys with their preceptors. In subsequent years, the survey was revised from a likert scale format to a yes/no survey with the option of written commentary. In the first and fourth years of the study, the residents distributed the surveys; in the remaining years, patient feedback remained anonymous to the residents as they were blinded to the process. **Conclusion:** As part of our assessment of Communicator Role competencies, a patient-based feedback tool was developed, refined and successfully integrated into the family medicine residency program at our site. Feedback has been positive. Future plans to include digital distribution of patient surveys will dramatically increase numbers and average the returned data over more prolonged periods.

T564 **Facing Fear: Improving the identification of paediatric anxiety disorders in primary care**

Elizabeth Lovell*, MD; Seamus P. Norton, MD, FRCPC, MPH

Rationale: Children and adolescents experiencing anxious symptomatology typically make first contact with the health care system by way of their primary care physician (PCP); however, screening for paediatric anxiety disorders is not typically performed as part of routine primary care. Presently, there are no clear guidelines and/or recommendations available to assist PCPs in the identification of paediatric anxiety disorders. **Purpose:** To review current, evidence-based literature examining the screening and identification of anxiety disorders among school-aged children and adolescents in primary care. **Methods:** A thorough review of major health databases was conducted using a fixed pool of MeSH terms. All abstracts were screened for relevancy by a two-member academic panel using a predetermined set of inclusion and exclusion criteria. Due to the heterogeneity of the available studies, data could not be pooled using meta-analytic methods; instead, the findings of the included studies were synthesized using a descriptive approach. **Results:** The literature search identified 824 unique abstracts. Initially, 29 abstracts were assessed to meet study cutoffs; of these abstracts, 6 non-experimental studies with a cumulative population of 1114 paediatric outpatients were included in the final review. All studies supported the use of a multimodal, multi-informant approach when screening for paediatric anxiety disorders; however, results from three studies suggested that parental reports may provide a more accurate characterization of anxious symptomatology among certain patient sub-groups, particularly younger children. There was a small amount of level three evidence suggesting that patient age, gender, stage of ego development, medical co-morbidities, and level of familial conflict may affect the expression of different anxious symptoms and overall clinical presentation. **Conclusion:** There is a paucity of rigorous evidence-based data to guide PCPs in the screening of paediatric anxiety disorders. This limitation has implications for timely referral for diagnostic assessment and subsequent management.

T655 **People of Dementia**

Jeff Jamieson, MD, CCFP; Bonnie Dobbs, PhD; Lesley Charles*, MBChB, CCFP (COE); Karenn Chan, MD, MSc, CCFP (COE); Peter George Tian, MD, MPH

Objective: To engage the public in a greater appreciation of those affected by dementia, raising awareness and reducing stigma, through a website. **Design:** This was a mixed methods study involving the creation of a website, People of Dementia (www.peopleofdementia.com), featuring human-interest stories (interviews) of persons with dementia (PWD) and their caregivers and an online survey on the impact of the People of Dementia stories. **Setting:** The project was based at the University of Alberta. **Participants:** The persons with dementia and their caregivers were from Edmonton and surrounding areas. The website visitors were from the general public from May to October 2017. **Main outcome measures:** We collected website usage statistics and proportions of answers to survey questions. **Results:** The website was released in May 2017. It featured 12 individuals with dementia, highlighting who they were before the disease and how things have changed. The common thread was the enduring "person" behind the exterior that was obscured by dementia. Caregivers highlighted the challenges of caring for a family member with dementia. By allowing the audience to form a connection with who the individual was prior to the disease, and understanding the changes that have come as a result of dementia to both the individual and their support network, readers had a greater appreciation of those affected by dementia. Regarding the survey, out of 57 respondents, 39 (68%) indicated having a family member with dementia or mild cognitive impairment. 34 (60%) indicated that, after visiting the website, they

had a better understanding of the changes that occur in dementia. Regarding the website usage, from May to October 2017, there were 2463 new users, with an average session duration of 2:05 minutes. **Conclusion:** The People of Dementia website was a useful tool to engage the public on understanding the dementia journey.

T99 **Preparing For Retirement: The challenges for family physicians and their patients**
10:00–12:15 Louise Nasmith, MD CM, FCFP; Cal Gutkin, MD, FCFP

ROOM / SALLE : 501A
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.

T329 **Mentorship: The hidden essential throughout your teaching trajectory**
10:00–12:15 Viola Antao, MD, CCFP, MHSc, FCFP; Allyn Walsh, MD, CCFP, FCFP; Sudha Koppula, MD, MClSc, CCFP, FCFP; Cheri Bethune, MD, CFPC, FCFP; Marie-Claude Vanier, PhD; Vina Broderick, MD, CFPC; Paul Miron, MD, CFPC; Linda Snell, MD, MHPE, FACP, FRCPC
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Recognize opportunities for the development of mentoring relationships in their own settings
2. Use the FTA framework to define roles and responsibilities, and identify potential challenges and their solutions
3. Identify the potential positive outcomes to both mentors and mentees in mentoring relationships in teaching

Description:
The value of mentorship is well recognized in the career development of faculty members, throught the provision of support, guidance and challenge. The CFPC Fundamental Teaching Activities Framework identifies mentoring others as an important high-level activity for teachers. Both mentees and mentors benefit from such relationships, which may be between near-peers or those of very different levels of experience. Much of mentorship goes unrecognized, leading opportunities being missed, and many who would benefit from such relationships may have difficulty connecting with mentors. This workshop will assist educational leaders and those interested in advancing the development of others to maximize the potential of mentorship in education. Through an interactive plenary, participants will identify key concepts in mentoring, and will work in small groups to apply them, using scenarios derived from the CFPC Fundamental Teaching Activities Framework. Finally, participants will work in pairs to develop approaches to their own mentorship challenges. This workshop is designed for all clinical teachers and educational leaders.

T394 **Le leadership et l'enseignant en médecine familiale : pour y voir plus clair**
10:00–12:15 Sonia Sylvain, MD; Andréane Lalumière-Saindon, MD
Tous les enseignants sont les bienvenus. Présentation de notions de base pour les superviseurs cliniques.

ROOM / SALLE : 604
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 décrit dans le cadre 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 auprès des 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 leaders. Les participants auront l'occasion de passer en revue le rôle de leader décrit dans le cadre CanMEDS-MF. À l'aide de vignettes, les participants discuteront des différentes stratégies pour enseigner les compétences CanMEDS-MF en matière de leadership. 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 en gestion et en leadership pour les résidents.

T42 **Exercise Prescription for Chronic Conditions**
11:15–12:15 Igor Klibanov

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Be able to use precision in exercise prescription, instead of general recommendations
2. Understand how exercise impacts different conditions
3. Learn specific, targeted exercise protocols for diabetes, hypertension, osteoporosis, and arthritis

Description:
You know in general that exercise is good for chronic diseases, but I'll bet that you don't know specifics. What type of exercise should you do? How much? How often? This seminar will focus specifically on exercises for 4 chronic conditions: 1) diabetes, 2) arthritis, 3) osteoporosis, 4) hypertension. When you use a laser-focus with your exercise program on the chronic condition, you can do a lot more good than if you just did something general. Each chronic condition requires a different approach. For example, the exercises that work for osteoporosis will actually make your condition worse if you have osteoarthritis, so it's very important to tailor the exercise to your patient's condition. In this seminar you'll learn exactly how to do that, and walk out with very specific exercise prescriptions for these conditions. You'll also learn the mechanisms upon which exercise works. Why those exercises work for certain conditions but not others.

T64 **I Am Feeling a Little Strange: An approach to altered level of consciousness**
11:15–12:15 Filip Gilic, MD, CCFP (EM)

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe physiology and anatomy parameters necessary for consciousness
2. Apply a practical approach to a patient with altered cognition
3. Initiate appropriate therapeutic actions in patients with altered cognition

Description:
Alteration in the level of consciousness is a common medical problem with a vast differential diagnosis. This session provides a simple, physiology-based approach to identifying contributing causes to such a presentation as well as a a practical, step wise evaluation pathway that identifies most of the causes of altered cognition and allows for effective use of targeted therapeutics in such patients.

T72 **TRANS-forming Your Practice in 2018: An introduction to transgender medicine**
11:15–12:15 Ted Jablonski, MD, CCFP, FCFP; Rick Ward, MD, CCFP, FCFP

ROOM / SALLE : 707

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the basics and challenges of transgender medicine
2. Manage patients before, during and after medical transition with appropriate medical protocols
3. Describe the spectrum of transition related surgeries

Description:

Transgender patients are now a part of many busy family practices and most primary care practitioners would like to be considered "trans-friendly" today. There are significant challenges in dealing with this often marginalized population including unusual hormonal protocols, complex transition related surgeries and confusion regarding proper screening. These are all superimposed on evolving language and terminology which seems to perpetually change. Through live and video presentation in a Q+A format, this highly interactive CHE will provide a solid knowledge base to deal with your transgender patients. This session will focus on the appropriate lexicon and nomenclature of the transgender world and will provide a practical and clinically based approach to the management of social, medical as well as surgical transition. Presenter: Dr. Ted Jablonski and Dr. Rick Ward are award winning family physicians with special interests in health education for medical professionals as well as the public. In addition to full spectrum family medicine, Dr. Rick Ward has had many administrative and leadership roles throughout his career. Dr. Jablonski has done consultant work in sexual and gender based medicine in Southern Alberta for almost two decades. This program has been developed for a National primary care audience by the not for profit group ABPHE (Alliance for Best Practices in Health Education) whose mission is to create outstanding evidence-based medical education.

T101 **Chronic Disease Prevention and Management in Immigrant Populations**
11:15–12:15 Nicole Nitti, MD, CCFP, FCFP

ROOM / SALLE : 713AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Demonstrate the growing importance of chronic diasease in the health of immigrants
2. Discuss unique challenges immigrants living with chronic illness face and the special considerations for their care
3. Identify best practices in the approach to care using the Chronic Care Model framework

Description:

Chronic diseases are increasing in prevalence around the world with the fastest rising rate in low and middle income countries. With immigration rates, in particular forced migration, increasing immigrants are more likely to arrive with the presence of chronic disease or their risk factors. Also, typically immigrants are healthy when they arrive but experience declining health the longer they reside in their new home. Much of this is related to the development of unhealthy behaviors leading to chronic illness. This interactive session will explore the impact of chronic disease in immigrant populations with an emphasis on vulnerable sub groups and the unique challenges they face. We will then discuss best practices in care learned both from the literature and experience.

T168 **Jeopardy: Rapid-fire pearls for common primary care presentations**
11:15–12:15 Tina Korownyk, MD, CCFP; Michael Kolber, MD, CCFP, MSc; Adrienne Lindblad, BSP, ACPR, PharmD; Michael Allan, MD, CCFP

ROOM / SALLE : 801AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Be aware of high level evidence for a number of clinical questions
2. Be able to incorporate best evidence in the management of a number of clinical questions in primary care
3. Be able to 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.

T185 **Getting a Piece of the Pie: The CFPC's Practice Improvement Initiative (Pii)**
11:15–12:15 José Pereira, MBChB, CCFP (PC), MSc, FCFP

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the components of Pii, particularly as they relate to residents, teachers and practices
2. Identify opportunities to integrate QI in residency and faculty development curricula and in everyday practice
3. Identify opportunities to collaborate with the Pii teams

Description:
This session provides an overview of the Pii ("pie") initiative. Family physicians have for decades provided excellent care and continually strive to improve the care they deliver. Quality Improvement (QI) and data provides approaches and methods to assist family physicians in their commitment to stay at the forefront of providing high quality care, while improving the experience for patients and health care providers alike. Not all provinces have the resources and programs in place to support QI. The College, working with partners, wishes to address the gaps.

T193 **Applying the New 2018 Diabetes Canada Guidelines in Your Practice: The essentials**
11:15–12:15 Noah Ivers, MD, CCFP, PhD; Catherine Yu, MD, FRCPC, MHSc; Susie Jin, RPh, CDE, BCGP

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the implications of the latest recommendations in the latest Diabetes Canada guidelines for your patients in your practice
2. Utilize the various resources available at guidelines.diabetes.ca to support diabetes care in day-to-day practice
3. Work more effectively with different members of the diabetes care team to help patients achieve their goals

Description:
This case-based session covers the essentials from the 2018 Diabetes Canada Clinical Practice Guidelines in a practical and memorable format for primary care. The interactive discussion will be presented by a family physician, pharmacist/diabetes educator, and endocrinologist team to provide multiple perspectives on putting the guidelines into practice. Each case will highlight specific challenges in patient care related to diabetes and what the guidelines say about that. Facilitators will employ a combination of didactic and interactive techniques, including case-based learning, audience response, think-pair-share as well as question and answer. New tools available from Diabetes Canada to help you in your practice will be demonstrated to help you identify which patients might benefit from which agents for vascular protection and to individualize the selection of add-on therapy for glucose-lowering. The session will also discuss tips and tricks for helping patients implement changes so that they can achieve their diabetes-related goals. In particular, it will focus on key take-home messages that will help you to i) reduce risk of diabetes complications, ii) keep patients safe from medication-related harms, and iii) support patients in their self-management.

T237 **Expanding the Primary Care Toolbox: Buprenorphine for opiate use disorder**
11:15–12:15 Melissa Holowaty, MD, PhD, CCFP, CISAM; Tally Mogus, MD, CCFP

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
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 it into generalist practice

Description:
Opiate addiction is present in everyone's practice. It can be difficult to recognize it in your patients, and then to address and treat in a compassionate but clear manner. Using both real world cases and didactic methods, you will learn how to recognize opiate use disorder in your practice, to utilize and interpret urine drug screens, and to use buprenorphine as part of your comprehensive treatment plan for this disorder. Addiction is a chronic disease, and for many patients, their disease can be monitored and followed in the family practice office similar to non-complicated cases of diabetes and COPD.

T352 **Acne Therapy Demystified**
11:15–12:15 Dominik Nowak, MD

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Determine optimal evidence-based acne therapy for any given patient based on lesion morphology and patient demographics
2. Confidently and safely prescribe a broad spectrum of targeted topical and systemic therapies, being mindful of pertinent risks/benefits
3. Distinguish between common acne mimickers

Description:
Acne is firmly within the competencies of the modern family doctor. Over 85% of adolescents will be affected by acne. Its sequelae in the psychosocial realm - by means of body image, social anxiety, and physical scarring - can be lifelong if not treated quickly and competently. Yet the choice between therapeutic modalities is often puzzling. In the following interactive presentation, we will provide an evidence-based, simplified, systematic approach to acne therapy. How do I assess a patient with facial erythema, papules, and/or pustules? What are the common mimickers? What basic skincare advice should I be recommending to each patient? Which topical, where, how, and when? What is my armament of systemic therapies and how effective are they? How can I confidently and safely prescribe isotretinoin? When should I refer? And finally, what is fact and what is fiction in acne and its relation to diet, inflammatory bowel disease, and depression?

T353 **The Best of Primary Care Research From NAPCRG 2017**
11:15–12:15 David Kaplan, MD, MSc, CCFP

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Synthesize clinically relevant research presented at the primary care annual research meeting (NAPCRG)
2. Stimulate the interest of practising family physicians in primary care research
3. Understand how primary care clinicians can impact the research agenda

Description:
In a repeat of hugely successful presentations from the past two years, three outstanding speakers will present the top studies clinically relevant to family physicians from among over 500 presented at the North American Primary Care Research Group (NAPCRG) conference. Family physicians will discuss what presentations they found most meaningful for their own practices and what they think every practising family physician should know. Each speaker will outline three or four studies, emphasizing what is new, why it is important, and how it can change practice. The focus will be on problems that are common and important in the family medicine setting. Copies of the original abstracts and presentations will be available. NAPCRG is the premier international forum for communicating new knowledge in primary care; this presentation will showcase the best of NAPCRG for a clinical audience.

T414 **Back to the Future: Family physicians of today meet the family doctors of tomorrow**
11:15–12:15 Pierre-Paul Tellier, MD, CCFP, FCFP; Cheri Bethune, MD, CCFP, FCFP

ROOM / SALLE : 802AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Provide mentorship from the 2018 Family Physicians of the Year as well as peer support
2. Provide valuable insights into a career as a family physician
3. Ease the transition into primary care

Description:
The Back to the Future: 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.

T452 **Using Innovative Point-of-Care Tools to Enhance Shared Decision Making in Primary Care**
11:15–12:15 Kimberly Wintemute, MD, CCFP, FCFP; Allan Grill, MD, CCFP (COE), MPH, FCFP

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Explore communication strategies that help patients interpret risks and benefits in preparation for making health care related decisions
2. Compare and assess a variety of innovative point-of-care tools that can be used to enhance shared decision making with patients
3. Determine which qualities are best suited in the design of a primary care clinical tool to enhance patient care

Description:
The ability for patients to participate effectively in decisions regarding their health depends in part on their physician's capacity to engage. Communicating risks and benefits of an investigation or medical treatment can be challenging, especially in a busy family medicine practice where time constraints exist. To address this care gap, a variety of innovative, practical, evidence-informed point-of-care tools have been created for use in primary care. This workshop, created jointly by the College of Family Physicians of Canada (Professional Development and Practice Support department) and Choosing Wisely Canada, will showcase examples of these tools and highlight the unique features that support a variety of different patient learning styles. Participants will have an opportunity to interact in small groups and evaluate the design of these tools through role-playing exercises. There will also be an opportunity to provide feedback and reflect on how effective and helpful these resources may be in a family medicine setting.

T453 **Improvisational Theatre: Applying the improv'ment model to medical education, faculty development, and wellness**
11:15–12:15 Hartley Jafine, MA; Jeremy Rezmovitz, MSc, MD, CCFP; Judith Peranson, MD, CCFP, MPH; Lu Gao, MD
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define Medical Improv and Applied Theatre and identify its role in health professional education
2. Describe the fundamental rules of improvisational theatre and their applicability to medical education, faculty development, and wellness
3. Experience the energizing, focusing, collaborative, and self-reflective processes in an improv session in order to raise critical consciousness

Description:
'Medical improv' (Watson, 2011) – the purposeful use of improvisational theatre principles and training techniques in health professionals education – is gaining increasing attention, with now more than a dozen examples of applied theatre/improv curricula described in the published literature. We recently conducted a scoping review and identified the capacity of improv to impact the learning of six of the seven intrinsic CanMEDS roles (publication pending). The ability of applied theatre and medical improv to impact professional development in this way is explained by play theory, which purports that generative learning arises through engagement in opportunities to experiment with new actions and behaviours in low stakes

environments, with subsequent reflection on outcomes that may be surprising. Applied Drama (Nicholson, 2005) and Play theory (Sutton-Smith, 2008) also informs us that regular playful activity enables us to live more fully and refreshes our general wellbeing, permitting us to deal with the mundane and emotionally charged world of medicine. Play may also serve to improve social integration by providing ritual and meaningful connection to feel part of a larger and supportive community. Lastly, play-theory embraces the notion of training reflectively and deliberately to raise critical consciousness, and perform reflexively with our patients, teams and communities. During this experiential workshop, participants will complete a series of applied theatre and improv exercises for the purposes of reflecting in real time on potential impact on professionally relevant areas such as communication, team cohesion, and practitioner wellness. The process offers the potential for deep self-reflection by enabling participants to explore complex topics such as leadership, power and status by enabling participants to embody what these concepts feel like in practice. The core principles of play theory will be discussed, with emphasis placed on maintaining a low stakes and supportive environment following the three key rules of improv.

T468 **Hear Ye, Hear Ye, the COPD Management Paradigm Has Shifted!**
Oyez, oyez, le paradigme de la prise en charge de la MPOC a changé !
11:15–12:15 Anthony D'Urzo, MD, MSc, BPHE, CCFP, FCFP

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize how to identify specific COPD phenotypes in day-to-day practice
2. Recognize strategies to appropriately initiate and withdraw inhaled corticosteroids in patients with COPD
3. Recognize strategies to maximize bronchodilation in patients with COPD, including learning about many new COPD bronchodilator medications

Description:
For years far too many patients with chronic obstructive pulmonary disease (COPD) have been managed with inhaled corticosteroids (ICS). This practice has been driven in part because COPD is associated with airway inflammation and important clinical outcomes, including exacerbation rates are improved with ICS in some patients. Unlike asthma, the inflammatory process in COPD is much less responsive to ICS and studies suggest that ICS do not reduce mortality or alter the natural history of this disabling condition. Emerging reports suggest that COPD patients with specific phenotypes may be among the minority of individuals who might benefit from ICS. It has also been shown in a number of pivotal studies that ICS increase the risk pneumonia in patients with COPD. Given the overuse, and questionable benefit of ICS in many patients with COPD there has been a fundamental shift in COPD management that includes more focus on maximizing bronchodilator therapy, judicious introduction and withdrawal of ICS depending on phenotypic factors. This paradigm shift is supported by evidence that in many patients with COPD, therapy with combined long acting beta agonist (LABA)/anti-muscarinic agents (LAMA) is more effective than combination therapy containing LABA/ICS in reducing exacerbations and improving other clinical outcomes. This paradigm shift is outlined in leading expert guidelines and strategy documents. By attending this session participants will recognize how to a) identify COPD patients with phenotypes associated with a positive response to ICS and b) apply a strategy to appropriately initiate and withdraw ICS in patients with COPD. Practical cases will be used to highlight the learning objectives and encourage participant interaction.

Objectifs d'apprentissage :
1. Reconnaître comment identifier les phénotypes de la MPOC dans la pratique quotidienne
2. Reconnaître les stratégies appropriées d'instauration et de sevrage des corticostéroïdes par inhalation chez les patients atteints de MPOC
3. Reconnaître les stratégies visant à maximiser la bronchodilatation chez les patients atteints de MPOC, y compris se renseigner sur de nombreux bronchodilatateurs contre la MPOC nouvellement commercialisés

Description :
Pendant des années, beaucoup trop de patients atteints de maladie pulmonaire obstructive chronique (MPOC) ont été pris en charge par des corticostéroïdes par inhalation (CSI). Cette pratique s'explique en partie parce que la MPOC est associée à une inflammation des voies respiratoires et que les CSI améliorent les résultats cliniques importants, y compris le taux d'exacerbation, chez certains patients. Au contraire de l'asthme, le processus inflammatoire dans la MPOC réagit beaucoup moins bien aux CSI et les études laissent croire que les CSI ne réduisent pas la mortalité ni n'altèrent l'histoire naturelle de cette affection incapacitante. De nouveaux rapports laissent entendre que les patients atteints de certains

phénotypes de MPOC font partie d'une minorité de personnes pouvant bénéficier des CSI. Un certain nombre d'études déterminantes ont aussi montré que les CSI augmentent le risque de pneumonie chez les patients atteints de MPOC. Vu leur surutilisation, et les bienfaits discutables des CSI chez beaucoup de patients atteints de MPOC, la prise en charge de la MPOC a fondamentalement changé pour se concentrer beaucoup plus sur la maximisation du traitement par bronchodilatateur, et l'instauration et le sevrage judicieux des CSI en fonction des facteurs phénotypiques. Ce changement de paradigme est étayé par des données probantes selon lesquelles le traitement par un agoniste bêta à action prolongée (ABAP)/agents antimuscariniques (AMAP) serait plus efficace chez de nombreux patients atteints de MPOC que les traitements d'association contenant un ABAP/CSI pour réduire les exacerbations et améliorer les autres résultats cliniques. Ce changement de paradigme est expliqué dans les lignes directrices spécialisées et documents stratégiques reconnus. En assistant à cette séance, les participants reconnaîtront comment a) identifier les patients atteints de phénotypes de MPOC associés à une réponse positive aux CSI et b) appliquer une stratégie visant à instaurer et à arrêter correctement un CSI chez les patients atteints de MPOC. La séance utilise des cas pratiques pour souligner les objectifs d'apprentissage et encourager l'interaction entre les participants.

T477 **Air Pollution: What you can do about it in the office and community**
11:15–12:15 Alan Abelsohn, MBChB, CCFP, FCFP

ROOM / SALLE : 705
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the health effects of indoor and outdoor air pollution on respiratory and cardiac health
2. Use the Air Quality Health Index, as a health risk communication tool
3. Counsel their patients to avoid the negative health impacts of air pollution

Description:
Air pollution, outdoor and indoors, is silently responsible for a large burden of illness in Canada, and more internationally. The most vulnerable are patients with chronic cardiac and respiratory illnesses, as well as children, seniors and diabetics. Exposure to outdoor air pollution, including traffic and forest fire smoke, is associated with both increased cardiac disease, including Myocardial Infarction, heart failure, arrhythmias and stroke; and exacerbation of respiratory diseases, both COPD and asthma. Indoors, radon exposure is the second largest cause of lung cancer, after smoking, and the #1 cause in non-smokers, in Canada. The workshop will use cases to demonstrate the where and how, and to identify ways to counsel patients to protect themselves and their families by reducing exposures. We will also explore the relationship between air pollution and climate change.

12:15–13:30 **CFPC Annual Meeting of Members**
Assemblée annuelle des membres du CMFC

ROOM / SALLE : 718A

Why attend the Annual Meeting of Members (AMM)?
- Influence the direction of the CFPC.
- Interact with your Board Directors and the Executive Director/Chief Executive Officer. Do you have questions? Bring them!
- Meet your newly elected 2018–19 Board of Directors.
- Lunch will be provided.

Pourquoi assister à l'Assemblée annuelle des membres (AAM) ?
- Influencer la direction du Collège.
- Échanger avec les membres de votre CA et avec la directrice générale et chef de la direction. Avez-vous des questions ? Posez-les.
- Rencontrer les membres du CA nouvellement élus pour 2018–2019.
- Le lunch sera offert.

T734 **Superficial Chronic Venous Disease (sCVD): A burdensome, yet under-recognized problem (Ancillary Session)**
12:30–13:30 Robert Tautkus, MD

ROOM / SALLE : 701A

Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Summarize the pathophysiology of superficial chronic venous disease (sCVD)
2. Discuss the diagnostic evaluation of sCVD
3. Evaluate the treatment options for sCVD

Description:
Superficial chronic venous disease (sCVD) affects a large proportion of the general population, and exerts a considerable impact on the patient's quality of life, especially in its more severe stages. Most commonly clinically presenting with varicose veins, sCVD represents a spectrum of disease. Effective treatment options are available, but the condition remains under-recognized and under-treated in practice.

T759 **Clinical Conundrums: Practical strategies for atrial fibrillation management in real world practice with real world worsening kidney function vignette (Ancillary Session)**
12:30–13:30 Paul Dorian, MD

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Explain the role of non-vitamin K antagonist oral anticoagulants (NOACs) in patients with chronic kidney disease
2. Review the clinical challenges presented by patients with worsening kidney function and transitioning from NOACs to warfarin
3. Describe the differences, advantages, and limitations among the formulae used for estimating kidney function; estimated Glomerular Filtration Rate (eGFR) and estimated Creatinine Clearance (eCrCl)

Description:
The Clinical Conundrums program is an evidence-based, practical, educational activity designed to address the perceived and unperceived needs of primary care physicians and facilitate exchanges around optimal strategies for stroke prevention in patients with atrial fibrillation. This program offers a variety of scenarios, comorbid conditions and patient profiles commonly encountered in clinical practice.

T66 **How Long Do I Have to Live, Doc? Prognostication tools in palliative care**
13:30–14:30 Giovanna Sirianni, MD, CCFP (PC); Irene Ying, MD, CCFP (PC), MHSc; Giulia Perri, MD, CCFP (COE) (PC)

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify available tools to help inform prognostication in the palliative care setting
2. Apply the prognostication tools presented to clinical cases and their own practice
3. Recognize the limitations of prognostication estimates in the clinical setting

Description:
Estimated prognosis is a critical piece of information for patients with life-limiting illness as they discuss goals of care and advanced care planning. Despite the importance of prognostication for decision-making and future planning, clinicians often feel poorly prepared and ill equipped to estimate prognosis. This workshop will explore clinical tools available to guide estimates of prognosis in the cancer and non-cancer setting. The presenters will also explore the limitations and inherent challenges of determining prognosis. This interactive workshop will engage participants in the use of various clinical tools as applied to cases of patients with life-limiting illness. These tools could be easily incorporated into a family practice clinic visit, long term care or in-patient setting. Participants are encouraged to bring their laptops or tablets as various online tools will be employed during the case discussions.

T102 **From the Annual Physical to Osteoarthritis: Five CFPC tools/programs to support practice**
13:30–14:30 Michael Allan, MD, CCFP; Lily Oeur

ROOM / SALLE : 715AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe strengths and limits of annual physical and screening tests, osteoarthritis management, a reliable patient resource, and improved opioid prescribing
2. Reduce testing, improve opioid prescribing, provide reliable patient information, and identify key simple approaches in managing osteoarthritis
3. Learn the products and practice changing information that the CFPCs Program and Practice support have developed with key partners

Description:

Have you ever wondered about simple methods for sorting out osteoarthritis management, the benefits of the annual physical, reliable online resources, ways to improve opioid prescribing, BMD testing frequency, and more? Managing the volume of information relevant to primary care is a challenging task but the College of Family Physicians of Canada (CFPC) developed the Programs and Practice Support (PPS) to begin to help. In this session, we will rapidly go through a host of 5 key areas PPS has worked on in the past 2 years. 1) The Annual Physical is popular with physicians and patients but what is the effect on outcomes. We'll review a CFPC/Choosing Wisely tool and present the evidence for the Annual Physical. 2) We will extract key learning points from an osteoarthritis tool including key features of the diagnosis and therapy options. We'll also demonstrate some important aspects of a future patient-facing tool like a decision tool around the benefits and risks with each therapy. 3) Patients attain health information from the Internet and sadly, much of it is misleading. We'll show you a simple tool and provide a prescription pad that will simplify the process of directing patients to reliable websites. 4) Opioid prescribing is under scrutiny due to the misuse and alarming rise in opioid death. We will review simple suggestions to enhance prescribing and minimize risk in opioid prescribing. 5) Testing for screening is often reassuring for both patients and family physicians. However, it can also lead to challenges and harms. We'll review the recommendations for the best frequency of screening tests and demonstrate tools that can help patients appreciate reduced testing. At the end of the session you will gain information around the topics, and have tools you can take back to your practice for yourself and for your patients.

T116 **To Screen or Not to Screen: Cancer screening outside the organized programs**
13:30–14:30 Lisa Del Giudice, MD, CCFP; Genevieve Chaput, MD, MA, CCFP (PC); Ed Kucharski, MD, CCFP, FCFP

ROOM / SALLE : 709

Mainpro+ Group Learning certified credits = 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. List resources that can help patients in making 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.

T200 **Adverse Childhood Experiences: Identification and strategies for intervention**
13:30–14:30 William Watson, MD, FCFP; Seema Bhandarkar, NP; Katie Sussman, MSW, RSW; Ashley King, MSW

ROOM / SALLE : 601AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Interpret the evidence about the effects of adverse childhood experiences (ACE) on health
2. Apply how knowledge of adverse childhood experiences in our patients can be used in family practice
3. Explore strategies to provide trauma-informed care and specific interventions for individuals with high ACE scores

Description:

There is a compelling body of evidence that suggests that the impact of childhood trauma, adverse childhood experiences

(ACE's), can have negative health consequences in adult life, both physical and mental.(Felliti, 1998). ACEs which include stressful childhood experiences such as abuse, neglect, witnessing domestic violence or growing up with alcohol/substance abuse, mental illness, parental discord or crime in the home, are a common pathway to social, emotional and cognitive, and even medical impairments in later life. These negative experiences can lead to unhealthy behaviors, school drop-out, depression, suicide, violence, disease, disability and premature mortality. In short, the ACEs are correlated with the social determinants of health which have a long term impact on health outcomes and health care utilization of our patients. (Glowa, 2016). Many physicians are unaware of the impact of ACEs, and what interventions might be available individuals with high ACE scores. Previous studies have developed the ACE survey which consists of 10 questions relating to childhood trauma. (see appendix) An ACE score of greater than 4score is associated with a significantly higher risk of health problems later in life, including obesity, smoking, depression, suicide attempts, illicit drug use, heart disease and cancer. The ACE score can help family physicians identify and facilitate conversations with their patients about adverse childhood experiences, and help provide 'trauma -informed care'. One study (Glowa, 2016) concluded: 'Incorporation of ACE screening during routine care is feasible and merits further study. ACE screening offers clinicians a more complete picture of important social determinants of health. Primary care-specific interventions that incorporate treatment of early life trauma are needed.' Through the use of case scenarios and interactive discussion, this presentation will focus on risk assessment in the family practice setting using the ACE tool and explore possible interventions.

T226 **Convalescence and the Artist**
13:30–14:30 Michael Cussen, MD; Cliodna Cussen

ROOM / SALLE : 501A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Demontrate an understanding of the relationship between convalescence and art
2. Develop an understanding of convalescence
3. Develop an understanding of the concept of an 'outsider artist'

Description:
Convalescence may be defined as a state of transition between illness and health. Although much has been written about patients during times of illness, little has been written about convalescence. We tend to think in terms of the 6 weeks it takes to recover from a broken bone or an operation as the norm for convalescence. But recently we have come to realize that patients with conditions such as P.T.S.D and post-concussion syndrome may take a very long-time to convalesce. In this presentation we will discuss a patient who has spent a lifetime in convalescence from a serious illness. He has used a form of 'outsider art' as a way to live with his convalescence. Our hope is that participants will contribute examples of how patients have used traditional and non-traditional means as a way to help them through aperiods of convalescence.

T269 **Hot Topics in Osteoporosis and Fracture Prevention: Answers to your questions**
13:30–14:30 Sid Feldman, MD, CCFP (COE), FCFP; Sandra Kim, MD, FRCPC

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Compare fracture risk assessment strategies
2. Explain absolute benefits and harms of treatment
3. Identify when an osteoporosis drug holiday is appropriate or inappropriate

Description:
This area of practice continues to befuddle many of us. Key controversies continue: Fracture risk assessment with OST, CAROC or FRAX? What is the absolute benefit and absolute risk of treatment? Drug holidays-when, for whom and for how long? Should there be a drug holiday with denosumab too or only with bisphosphonates? What if a patient fractures on osteoporosis treatment-then what? What do we have good evidence for and when are we practicing in an evidence-free zone? Oy! If these are some of the questions you have, please join us for an evidence-based interactive session, including time for discussing your challenging cases. By the end of this session, you will be able to provide evidence-based care to reduce fractures and their devastating consequences for your patients.

T296 **Development of Global Health Core Competencies for Canadian Postgraduate Family Medicine Programs**
13:30–14:30 Jean Raphael Nepomuceno, MD, CCFP, MPH; Stephen Cashman, MD, CCFP; Josette Castel, MD, CCFP, FCFP; Rusell Dawe, MD, CCFP; Catherine Ji, MD; Videsh Kapoor, MD, CCFP, FCFP
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Provide examples of Global Health (GH) issues that are relevant to family medicine
2. Identify GH competencies that currently exist in Canadian family medicine training programs and emerging GH competencies in family medicine literature
3. Discuss a draft of proposed Global Health Core Competencies for Canadian postgraduate family medicine programs

Description:
Family medicine competencies continue to adapt to changing needs of society. Among them, contemporary issues including migration, climate change and humanitarian crises increasingly influence the practice of family physicians. This increases the need to integrate competencies for family medicine trainees that will prepare them to address these global health issues in the form of global health core competencies as opposed to specialized competencies. A group of global health clinicians and educators initiated a two-fold process of identifying these global health core competencies (GHCC). The first step is a review of existing family medicine core competencies from Canadian programs to identify global health competencies that already exist. Secondly, a literature review using PubMed and grey literature was conducted to identify emerging global health competencies. These were organized using a CanMEDS framework and global health themes. These processes culminate together by forming a draft of GHCCs from existing and emerging global health competencies. The GHCCs were further refined with inputs and surveys from various stakeholders including program directors and educators. With the development of a consensus set of competencies, we hope this will inform and guide integration of global health competencies in core family medicine residency programs in Canada.

T306 **Your Patients Are Self-Medicating With Cannabis: What they (and you) need to know**
13:30–14:30 Taylor Lougheed, MD, MSc (HQ), CCFP (EM), Dip Sport Med

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Advise their patients around the potential risks of self-medicating
2. Provide guidance to their patients around safe self-medicating strategies
3. Get familiar with common medical areas for self-medicating with cannabis

Description:
Cannabis is touted as a potential treatment for a wide range of medical conditions, with much of the popular patient-facing information being highly biased or from questionable sources. As legislation evolves and cannabis becomes even more available, there is expected to be a growing trend of patients considering self-medicating as an option. Physicians need to position themselves to be able to advise and guide their patients as safely as possible. This session will look at some of the risks and pitfalls with self-medicating, highlight some strategies for working with patients to maximize their safety, and to review some of the common conditions that patients are treating with cannabis.

T124 **Top Five Articles in Hospital Medicine**
13:30–14:30 Benjamin Schiff, MD CM, CCFP; Dr Jain; Dr Foroodi; Dr Gómez; Dr Ma

ROOM / SALLE : 802AB
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 CPFM 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 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.

T307 **Team-Based Teaching: Tips from the trenches**
13:30–14:30 Lauren Rose, RD; Milena Forte, MD, CCFP; Cleo Haber, MSW, RSW; Suzanne Singh, BScPhm, ACPR, PharmD, RPh
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 604
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Outline the benefits of team-based teaching for both learners and educators within the evolving expectations of team based practice
2. Describe learner- centred (educational) strategies to promote interprofessional teachable moments
3. Anticipate and address challenges that may arise from interprofessional collaboration, including potential 'de-skilling' of medical trainees/learners

Description:
Interprofessional primary care models have grown in recent years, with a focus toward optimizing patient care, patient safety and quality as well as evolving expectations of team-based practice and coordinated care. These models of care can also provide critical opportunities to examine collaborative teaching and highlight the lifelong core competency of being a 'collaborator'. Within the context of a Family Health Team, health care providers can work together to enhance both patient care and the education of family medicine residents and other interprofessional learners. This workshop will offer an interactive discussion and video case studies on tips and tools to facilitate effective team-based teaching in family medicine. Tangible benefits of team-based teaching for learners as well as educators will be reviewed. Practical scenarios where interprofessional health care providers are integrated into teaching will be demonstrated through video vignettes. Challenges associated with team-based teaching will also be discussed, specifically highlighting approaches to address concerns related to learner "de-skilling" resulting from collaborative practice models.

T321 **Artificial Intelligence and the Digital Revolution: What does it mean for family medicine?**
13:30–14:30 Sharon Johnston, MD, LLM, CCFP; Elizabeth Muggah, MD, MPH, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the opportunities and challenges facing family physicians arising from big data, artificial intelligence (AI), and deep learning in health care
2. Evaluate their practice to assess what human and technological resources they have or need to integrate AI into patient care
3. Identify the skills and knowledge we need to teach to ensure future family physicians can use the tools of AI

Description:
In this interactive session we will provide a framework for understanding the different applications of Artificial Intelligence (AI) in primary care to identify: 1) the opportunities and challenges for our practice, 2) the care delivery systems, and infrastructure that we will need to harness benefits for our patients, and 3) what we need to teach the next generation of family physicians. We will present the results of a focused scoping review of the applications of AI in primary care in developed countries most similar in resources to Canada. We will also demonstrate some of the current AI technologies.

Our intent is to engage practicing physicians and educators in a generative conversation that goes beyond the conventional discourse about what technologies are available toward a deeper discussion about how AI can be integrated into what we do and what we teach in family medicine. At the end of this session participants will have an understanding of how emerging AI technologies apply to family medicine and what skills the future family physician will need to make use of these.

T345 **More Than Hot Flashes: Addressing the other menopausal symptoms and risks**
Plus que des bouffées de chaleur : Parlons des autres symptômes de la ménopause et de leurs risques
13:30–14:30 Susan Goldstein, MD, CCFP, FCFP, NCMP

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Assess for the presence and severity of common menopausal symptoms
2. Treat common complaints including those related to the Genitourinary syndrome of Menopause (GSM)
3. Utilize the relevant guidelines to guide management

Description:
Menopausal complaints are not restricted to vasomotor symptoms. After a quick review of VMS, mood, vaginal, urinary and genital complaints will be reviewed. Treatment options and special considerations will be discussed, in the context of the most recent guidelines for menopause management.

Objectifs d'apprentissage :
1. Évaluer la présence et la sévérité des symptômes de la ménopause
2. Traiter les symptômes courants y compris ceux liés au syndrome urogénital de la ménopause
3. Utiliser les lignes directrices pertinentes pour orienter la prise en charge

Description :
Les symptômes liés à la ménopause ne se limitent pas aux symptômes vasomoteurs. Après avoir parlé brièvement des symptômes vasomoteurs, nous nous pencherons sur les symptômes thymiques, vaginaux, urinaires et génitaux. Nous parlerons des options thérapeutiques et des considérations spéciales dans le contexte des lignes directrices les plus récentes sur la prise en charge de la ménopause.

T408 **Supporting an Innovative CPD Environment for Physicians in Practice**
13:30–14:30 Jeff Sisler, MD, CCFP, FCFP, MClSc; Craig Campbell, MD, FRCPC

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify and discuss the outcomes of 2018 FMEC-CPD Report
2. Discuss and identify the barriers/challenges to implementation of the recommendations in their practices/organizations
3. Discuss the potential impact of a centralized governance structure and coordinated approach to support CPD and responsiveness in the system

Description:
The Future of Medical Education of Canada – Continuing Professional Development (FMEC-CPD) will be producing recommendations in 2018 for the implementation of a national "CPD system that sustains innovation and ongoing quality improvement for the health of Canadians." This is the vision of seven national health care organizations that are funding and leading the FMEC CPD project. The outcomes of this three year FMEC CPD project will seek to define the structures, policies, and mechanisms that will enable the future national CPD system. The key priorities identified for this project are: 1) Amplify and operationalize the Physician Practice Improvement principles and roles; 2) Demonstrate CPD as a contributor to addressing emerging and unmet issues; 3) Amplify the meaning and implications of scope of practice for physicians; 4) Contribute to understanding and rationalizing funding for CPD activities; 5) Address CPD as an important part of the lifelong learning; 6) Advance competency-based CPD tools, assessment strategies and data; 7) Address the required knowledge and skills needed CPD planners; 8) Address interprofessional teams as an important audience for CPD. Methodology: The FMEC CPD Project has involved 3 main sources of evidence and consensus building approaches

to support the recommendations in the final report: 1) Endorsed Projects outcomes; 2) Scoping reviews and 3) Narrative Reviews by Expert led working groups. Results and conclusion: It is anticipated that the recommendations from this project will serve as the foundation for the implementation of a transformed CPD system in partnership with all of the key CPD system stakeholder organizations in Canada.

T427 **Nutrition for Dummies, That's Us!: A physician teaching physicians about nutrition science**
13:30–14:30 Larry Schmidt, MD, CCFP, FCFP

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn about the new Canadian Food Guide in an evidence based way
2. Participant will be given 10 key points when discussing nutrition and diets with their patients
3. Learn about evidence based websites to search for themselves and the patients they care for

Description:
Every medical society, including the world health organization (WHO), has stated that we have an epidemic of what some call, "nutritional unconsciousness". As a graduate from a Canadian medical school and still teaching, most of us realize that, we had very little nutritional education and the same holds true for graduates today, some 35 years later. Canada, has taken a bold step with a revamped Canada Food Guide which recommends a whole food plant based diet and some changes to the protein categories, that physicians need to know about and recommend. This talk will go over some of the past evidence for the food-disease connection and offer concrete advice for the recommendations. Much has been written recently, in the journals, and it is now time for physicians to offer concrete advice to the people who trust us most - our patients. In addition to this, many of us need to address our own nutritional decisions. There will be ample time to discuss the issues and prepare for future educational needs.

T456 **Living Well and Living Hell: Triumphs and tribulations of collaborative practice**
13:30–14:30 Maria Patriquin, MD, CCFP

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Provide physicians an opportunity to learn from the lived experience of collaborative care
2. Acquire evidence-based tools that enhance collaboration
3. Provide physicians with a framework and for conceptualizing and establishing a collaborative disposition

Description:
This session is aimed at demystifying the principles and foundations of a Collaborative Practice by sharing of a first person physician account of the trials and tribulations of a successful transformation from a private practice to a collaborative practice. The session will review the current understanding of the evidence and means by which a practice can change slowly and incrementally without causing disruption to patient care despite the lack of a unified process. Physicians will learn how to foster communication and collaboration between varied providers in order to improve patient care based on needs identified by the patient themselves. Participants will learn how to use tools to be cost effective, to enable sharing of resources and avoid duplication of services. The session is aimed at learning how to simplify integrated management for both patients and providers so there is a more seamless transition. Participants will be provided pearls as well as handouts that will help their patients and staff engage and facilitate a more seamless transition. "Collaboration/integration is a process NOT an endpoint". Participants will learn how transition to collaborative care is an adaptive process and how to make small changes in disposition that is a value added practice and enhances patient care and physician satisfaction.

T189 **Simulation Olympiad**
13:30–17:15 John Foote, MD, CCFP (EM); Sev Perelman, MD, CCFP (EM); Paul Koblic, MD, CCFP (EM)

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 4

Learning objectives:

1. Demonstrate how high-fidelity patient simulation can act as a valuable educational and assessment tool
2. Increased engagement of family medicine residents at FMF, form PGY-1 to PGY-3
3. Attendees will learn the crucial assessment and treatment principles for 4 important emergency medical scenarios

Description:
The 3 hour session would be modelled after the similarly structured SIM Olympiad which takes place at the annual CAEP Conference. 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.

T303 **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 experienced concepts for educational leaders.

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 4

Learning objectives:
1. Identify key initiatives taking place across Canada related to supporting health care delivery in rural and remote settings
2. Integrate best practices related to supporting health care delivery in their own rural and remote settings
3. Connect with a community encompassing practice of government, community, academic, and health professionals committed to the advancement of rural health care

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 joint Advancing Rural Family Medicine: Canadian Collaborative Taskforce created the Rural Road Map with the input of key stakeholders from across the country. The Rural Road Map highlights four directions and 20 actions that aim to: 1) Reinforce the social accountability mandate of medical schools and residency programs to address health care needs of rural and Indigenous communities; 2) Implement policy interventions that align medical education with workforce planning; 3) Establish practice models that provide rural and Indigenous communities with timely access to quality health care; 4) Institute a national rural research agenda to support rural workforce planning aimed at improving access to patient- centred and quality-focused care in rural Canada. The Rural Road Map (RRM) Collaborative Forum aims to create and foster a community of practice with an interest in advancing the RRM, sharing best practices and leveraging opportunities for dissemination and uptake of the RRM across Canada. The Forum offers an opportunity for participants to join a loosely organized group of individuals/organizations interested in keeping connected about activities related to implementation of the RRM. Highlights related to work of the CFPC in developing rural competencies and a discussion related to how training can be made available to family physicians while in practice to support their communities' needs will be discussed. Through small group, individual and large group exercises, participants will be able to learn about and share key initiatives related to advancement of care in rural and remote areas across Canada from government, community, academic, and health professional stakeholders.

T71 **Men's Health in 2018: Update on down below**
15:00–16:00 Ted Jablonski, MD, CCFP, FCFP

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define an approach to Men's Health in family medicine
2. Manage key concerns in male urology and sexual health
3. Describe some ongoing controversial issues in Men's Health in 2018

Description:
Expect a fast paced, interactive and practical review of men's health issues in 2018. What is "normal" for urologic and sexual health as men age? What are the common urologic and sexual dysfunctions and how should they be managed. What are some of the highlights of the past year in regards to ongoing controversies, topics in the media and recent clinical

trial results? A whirlwind entertaining romp through all things MALE by "dr j" . Presenter: Dr. Ted "dr j" Jablonski is an award winning family physician with a special interest in health education for medical professionals as well as the public. In addition to full spectrum family medicine, Dr. Jablonski has done consultant work in Men's Health in Southern Alberta for more than two decades.

T108 **Weeding Through the Evidence for Medical Marijuana 3.0**
Derrière la fumée 3.0 : Distinguer les données probantes concernant la marijuana médicale
15:00–16:00 Lisa Graves, MD, CCFP, FCFP; Sharon Cirone, MD, CCFP, FCFP; Launette Rieb, MD, CCFP, FCFP; Mel Kahan, MD

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the evidence for the use of cannabinoids including edibles in the treatment of medical conditions
2. Determine key factors in the use of cannabis in specific populations including children, adolescents, pregnant and breastfeeding women
3. Plan clinical decision making including recommendations for edibles and various product strengths

Description:
This workshop continues from last year's well-attended "Weeding Through the Evidence for Medical Marijuana 2.0 ". During this presentation, participants will continue use the Preliminary Guidance document to guide clinical decision making surrounding the authorizing cannabis use in chronic pain particularly neuropathic pain. With the emergence of edibles, this workshop will also address the evidence and risks associated with edible 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 comorbid mental health issues.

Objectifs d'apprentissage :

1. Relever les données probantes en faveur des cannabinoïdes, y compris les produits comestibles dans le traitement des affections médicales
2. Déterminer les facteurs clés liés à la consommation de cannabis dans les populations particulières, y compris les enfants, les adolescents, et les femmes enceintes et qui allaitent
3. Planifier la prise de décision clinique, y compris les recommandations en matière de produits comestibles et les diverses concentrations des produits

Description :
L'atelier fait suite à la mouture de l'an dernier ayant fait salle comble « Derrière la fumée 2.0 ». Durant la présentation, les participants utiliseront encore une fois le 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 l'émergence des produits comestibles, l'atelier abordera également les données probantes et les risques associés à ces produits, et les enjeux présentés par la fluctuation des concentrations. Une attention particulière sera portée aux enfants, aux jeunes, et aux femmes enceintes et qui allaitent, de même qu'aux personnes atteintes de troubles de santé mentale en concomitance.

T146 **Advances in Care for Pregnant and Postpartum Women With Mental Illness**
15:00–16:00 William Watson, MD, CCFP, FCFP; Simone Vigod, MD, FRCP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the signs and symptoms of mental illness in pregnancy and postpartum, and what treatments might work
2. Understand the latest advances in the safety of psychological and pharmacological treatments for mental illness in pregnancy
3. Review promising new interventions and health care models for the prevention and treatment of mental illness in pregnancy and postpartum

Description:

Mood disorders in pregnancy and postpartum occur with relatively high frequency (10-20%) and have important impact on mothers, their children and the entire family. There is mounting evidence that maternal depressive illness affects the quality of the mother's relationship with her child and the child's cognitive and social development. In addition, mothers with PMD often face a lifetime of increased risk for recurrence of their illness especially during times of stress. Unfortunately, depression and anxiety are seriously under-treated during pregnancy and after childbirth, resulting in increased vulnerability for children and families. Family physicians are uniquely positioned in the health care system to help mothers and their families through this chronic mental illness. By their knowledge of risk factors and use of diagnostic tools, family physicians can recognize and diagnose mood disorders in a timely manner and, with the collaboration of psychiatrists and other mental health professsionals, improve their treatment of these conditions through the use of drug treatment and psychotherapy. Using interactive case scenarios, this workshop will emphasize the prevention, diagnosis, screening, treatment and therapeutic techniques that can assist family physicians in managing mood disorders in pregnancy and the postpartum period. In addition, safety considerations of pharmacotherapy, and some promising new interventions for prevention and screening will be highlighted.

T154 **Calling for a Medical Home for Canadian Military Families**
15:00–16:00 Anne Rowan-Legg, MD, FRCPC; Alyson Mahar, MSc, PhD; Linna Tam-Seto, OTReg (Ont); Heidi Cramm, PhD, OTReg (Ont); Cathy MacLean, MD, CCFP, MBA

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the barriers to health care access for military families
2. Provide some practical strategies in helping to establish a medical home for military families in your practice
3. Outline resources available for clinicians who care for military families

Description:
Military families experience unique life stressors (mobility, separation and risk) that can negatively affect their access to, and continuity of, health care services in the provincial and territorial health care systems. Understanding the particular concerns of military families and mobilizing specific resources to support them are critical for meeting the health care needs of this population. This seminar is specifically designed to respond to identified needs. Recent Department of National Defence and Canadian Forces Morale and Welfare Services' reports identify concerns with military families' access to medical and mental health care. Further, a recent survey done by the presenters showed that military literacy and knowledge amongst family physicians and pediatricians was low, many were unclear how military involvement affected care, and the majority expressed a need for professional development in caring for this group. This seminar will begin with a discussion on the epidemiology and current evidence on the health status of military families in Canada. Presenters have researched military families' access to medical and mental health care, and how these patterns differ from the civilian population. The second part of the seminar will focus on recognizing the challenges faced by military families, and using mitigating strategies to build an appropriate medical home for these patients. Issues such as continuity of care, routine surveillance practices, and developmental support will be discussed, amongst others. Recommendations from The College of Family Physicians of Canada's "Caring for Military Families in the Patient's Medical Home" (2017) and the Canadian Paediatric Society's "Caring for Children and Youth from Canadian Military Families" (2016) will also be highlighted. The seminar will conclude with provision of specific resources and professional development available to clinicians working with military families, as well as a discussion of the services available to military families.

T493 **Effective Faculty Development for Quality Family Medicine Worldwide: Collaborating toward excellence**
15:00–16:00 Lynda Redwood-Campbell, MD, FCFP, DTM&H, MPH; Kenneth Yakubu, MD; Innocent Besigye, MD
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 501A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Outline and analyze key faculty development needs by building upon the Besrour Faculty Development Working Group's activities from this year
2. Describe promising practices for family medicine-focused faculty development in Canada and international settings, by leveraging available CFPC educational resources

3. Engage in collaborative efforts to strengthen faculty development locally and internationally through the Besrour Centre

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. International champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. Faculty development aimed at supporting high-quality and needs-responsive training in family medicine has been identified as being critical to the establishment of robust family medicine by Canadian and international experts. This workshop will address the unique faculty development needs related to growing robust family medicine in high, middle and low-income settings. Through a mix of short presentations, small group discussions and results-oriented collaborative activities participants will translate the knowledge acquired in the early part of the workshop and through past experience into plans for a number (1-3) of collaborative activities to enhance family medicine-focused faculty development worldwide. The plans will guide collaborative activities to be completed in the coming year. Meaningful results will be submitted for presentation at FMF 2019. Faculty development experts with and without previous global health experience are encouraged to participate.

T177 **An Information Session on Medical Cannabis**
15:00–16:00 **Séance d'information sur le cannabis à des fins médicales**
Lydia Hatcher, MD, CCFP, FCFP, D-CAPM

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the pharmacology of herbal cannabis
2. Discuss the evidence and controversies regarding the use of medical cannabis
3. Describe features of the Access to Cannabis for Medical Purposes Regulations (ACMPR) and explain prescribing under the current regulations

Description:
This session will focus on a basic understanding of the pharmacology of herbal cannabis, its components both cannabinoids and terpenes and the proposed mechanisms of action in the body including areas of human and laboratory research. You will hear the evidence and controversies regarding the use of cannabis for in a variety of medical conditions including pain conditions, MS, mental health disorders and seizures among others. Information about the Access to Cannabis for Medical Purposes Regulations (ACMPR) as they exist under the proposed draft regulations for legalization will be discussed as well as explain how to safely prescribe medical cannabis under the current regulations. The McMaster Cannabis Registry which will launch shortly will also be discussed briefly.

Objectifs d'apprentissage :
1. Décrire la pharmacologie de l'herbe de cannabis
2. Discuter des données probantes et des controverses en matière de consommation de cannabis à des fins médicales
3. Décrire les faits saillants du *Règlement sur la marihuana à des fins médicales* (RMFM) et expliquer comment prescrire en vertu du règlement actuel

Description :
Cette séance porte sur une compréhension de base de la pharmacologie de l'herbe de cannabis, de ses composants, soit cannabinoïdes et terpènes, et du mode d'action proposé dans l'organisme y compris les domaines de la recherche chez l'humain et en laboratoire. Vous prendrez connaissance des données probantes et des controverses liées à la consommation de cannabis pour une gamme d'affections médicales, dont la douleur, la SP, et les troubles de santé mentale et convulsifs notamment. Nous discuterons du *Règlement sur la marihuana à des fins médicales* (RMFM) tel qu'il existe en vertu du projet de loi proposé visant la légalisation, et expliquerons comment prescrire le cannabis à des fins médicales en toute sécurité conformément au règlement actuel. Nous parlerons aussi brièvement du Registre McMaster sur le cannabis.

T191 **Archie's Final Journey: It took a village, but it was done magnificently**
15:00–16:00 David Price, MD, CCFP, FCFP; Mark Roper, MD, CCFP

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Be better prepared to organize a community supported death
2. Be able to assess and interpret and potentially carry out patients final wishes
3. Explore their own feelings in helping either a loved one or a patient prepare for their final voyage

Description:
Archie's preparation and request for his final journey was well documented in the Montréal Gazette, including a full front-page picture and story. The two family physician presenters [one, a family member and the other a summer community family physician] will share their experience of helping Archie have a final holiday and to be at his own wake before he died. We will explore the limits and challenges of palliative care both in the hospital and the community, as well as the social and family supports that make caring for our loved ones/patients possible. Participants will be encouraged to contribute their own stories both positive and negative in dealing with the health care system that is often challenged to provide optimum palliative care because of resource limitations. We will explore ways that we can all advocate for a truly patient-centred palliative care system. While Archie's death was a "withdrawal of treatment" that he directed, many of the ideas that we explore will be relevant not only for patients in palliative care but also for many who have requested MAID. Participants will be encouraged to explore their own feelings toward this very complicated subject, and identify ways that as health care providers and community members, we can all better prepare for "ultimate journeys".

T192 **First Five Years in Family Practice: Improving efficiency and time management in early career**
15:00–16:00 John Crosby, MD

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the primary factors contributing to inefficiency and poor time management for family physicians
2. Implement strategies to improve efficiency, time management, and personal well-being beginning in the early stages of practice
3. Demonstrate methods to improve physician well-being and establish work-life balance in early-career

Description:
This session is dedicated to improving practice efficiency and physician well-being, with an emphasis toward early career physicians. The key factors contributing to inefficiency and poor time management for family physicians will be outlined, with particular focus on challenges facing those in the early stages of practice. Additionally, specific strategies to mitigate the role of these factors in day-to-day practice will be discussed, so attendees leave the session with actionable methods to implement in their own practice. The session will also feature an opportunity for attendees to ask questions and seek advice on specific concerns.

T197 **My Patient Is a Pilot: What do I need to know?**
15:00–16:00 Heather Langille, MD, MSc, CCFP (EM), DAvMed

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Review the basic legislation that covers the interface of doctors and licence holders (pilots and Air Traffic Controllers)
2. Acquaint family doctors with principles of medication prescribing for pilots and Air Traffic Controllers
3. Provide an overview of the process required when a diagnosis may disqualify your patient from performing their duties

Description:
Pilots and Air Traffic Controllers (ATCs) have important roles in public safety. As well as demonstrating competency in their abilities to perform their duties, these individuals must also meet standards of medical fitness. Medical standards exist for both commercial pilots and air traffic controllers, as well as private pilots who may be flying as solo pilots with friends and family members as passengers. There are estimated to be over 60 000 pilots and ATCs in Canada, yet many family physicians are unaware of the duty to report medical conditions in this patient population, and how they can comply with this duty. This presentation will discuss the federal legislation covering this duty to report, when and how to report, as well as acquaint physicians with certain common medical conditions that can cause incapacitation and pose a risk to public

safety. Commonly prescribed medications and their effects on safe aviation performance will also be reviewed, as well as the process that is followed by Transport Canada, the federal aviation regulator, when a diagnosis maybe disqualifying. This presentation will be done in an interactive, case presentation format. It will explore participants' involvement in and understanding of aviation and public safety and their role as a resource to their patients who may practice these professions, as well as how the family physician has a vital role to play in public safety.

T230 **Pearls and Pitfalls of Topical Steroid Therapy**
15:00–16:00 Christine Rivet, MD CM, CCFP (EM), FCFP, DPDerm

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Determine the correct amount of topical steroid needed based on the fingertip unit and the rule of hand
2. Use the appropriate strength of topical steroid depending on patient and skin characteristics
3. Describe complications of steroid therapy such as tinea incognito and explain how to avoid them

Description:
Patients are often reluctant to use topical steroids because of the potential side effects described on the package insert. Physicians are also apprehensive that they will cause problems to patients from too potent a topical steroid or too long a duration of treatment. This interactive presentation will use case examples to illustrate safe and effective treatment of skin conditions with topical steroids. What is the fingertip unit and the rule of hand? How do we use these measures to ensure patients have enough topical steroid for their skin problem? What is a safe duration of treatment? What do we use for eczema on the eyelids to avoid complications such as glaucoma? Can a patient develop an allergy to a topical steroid or the vehicle and how do we recognize and avoid this? What topical steroid can be used safely in the intertriginous areas? What is tinea incognito and how do we make the diagnosis and prevent it from happening? These are a few of the questions that will be discussed using real patient examples of topical steroid therapy. Audience participation, questions and comments are encouraged.

T267 **Research and Quality Improvement (QI) for Beginners: Essential methodology and exploring QI and research interface**
15:00–16:00 Anwar Parbtani, MD, PhD, MSc, FCFP; Matthew Orava, MD, MHSc, CCFP; Melissa Witty, MD, FCFP; Deirdre Snelgrove, MA; José Pereira, MBChB, CCFP (PC), MSc, FCFP

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Participants will recognize importance of QI and research as important components of clinical practice
2. Through hands on exercise, participants will acquire essentials of QI and research methodology
3. Participants will be able to explore QI and research interface

Description:
Introduction: Family medicine is perpetually evolving as novel diagnostic/therapeutic modalities are envisaged and old dogmas are challenged. A family physician is expected to keep abreast of the shifting practice paradigm. This requires evaluating the impact of changes on patient care/practice and assessing feasibility of proposed changes through step-wise QI approach and outcome measures through research. This aligns with a component of the CanMEDS-FM curriculum; "Family Physician as a Scholar". Melding Practice Based Research with QI would also align with the Practice Improvement Initiative (Pii) of the CFPC Research Department. **Rationale:** Generally there is reluctance among family physicians to engage in research and QI initiatives, which stems from the misconception that these activities are academic and domain of academic institutions only. Hands on experience through our proposed workshop will hopefully dispel this misconception and enthuse participants to embrace QI and Research as integral components of their clinical practice. **Target audience:** Family physicians, allied health care professionals, residents and trainees. **Methods:** An interactive workshop as described: 1. Introduction of the Workshop Objectives/Approach (10 minutes); 2. Hands-on exercise with participants divided into 4 groups (40 minutes); 2a) Formulation of a QI or a Research question by each group. 2b) Refining the QI and the Research questions through inter-group discussions. 3. One selected QI and one selected Research question to be presented by Group Leads, followed by refinements and discussion on potential interface of the QI and the Research (40 minutes).

Learning objectives and expectations: At the conclusion of this activity, participants will recognize the importance of QI and Research as essential part of clinical practice. Through hands on exercise, participants will acquire essentials of QI and Research methodology/approaches. Participants will be able to explore potential interface between Research and QI initiatives. This workshop may also result in participants forging long-term collaborations.

T323 **Improve Your Access to Specialists Using eConsult Services Available in Canada**
15:00–16:00 Erin Keely, MD, FRCPC; Clare Liddy, MD, MSc, CCFP

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Explain what an eConsult is and how it improves access to specialist advice
2. Outline the evidence supporting the use of eConsult using the quadruple aim framework for improved health care
3. Identify if there is an eConsult service available to them and if so, how to access it

Description:
The 2016 survey by the Commonwealth Fund ranked Canada last among 11 countries surveyed on its measure of wait times for specialist treatment. To address this issue, we launched the Champlain BASE™ (Building Access to Specialists through eConsultation) service, a secure online application that allows primary care providers (PCP) and specialists to communicate electronically regarding a patient's care. PCPs log into the service using a Web browser, enter their question, attach any supplementary files (e.g. photographs, test results), and select a specialty group. A case assigner allocates the eConsult to an available specialist, who responds within one week with advice for treatment, recommendation for in-person referral, or a request for further information. We will do a demonstration of the service. To date, over 33,000 cases have been completed, 1,355 PCPs are enrolled and 109 specialty groups are available. Specialists respond to cases in a median of 0.9 days. The most common specialties include dermatology (16%), obstetrics/gynecology (7%), hematology (6%) and endocrinology (6%). We will provide examples of cases. In 57% of cases the PCP received advice for a new or additional course of action and 68% of cases were completed without the patient requiring a face-to-face referral. Both PCPs and specialists have recognized the educational value of eConsults and their role in improving collaboration and communication between providers. We will highlight the opportunity to use eConsults in continuing professional development activities. Building on the success of the BASE™ model and the evidence that eConsult demonstrates benefit across the quadruple aim framework, eConsult services are being established in several provinces/territories across Canada, and is being implemented as a provincial program across Ontario. We will highlight which provinces and regions have gone live with eConsult and how primary care providers can access these services.

T385 **La périnatalité sociale pour sortir des silos d'intervention : le cas de la Maison Bleue**
15:00–16:00 Valérie Perrault, SF, MSc; Vania Jimenez, MD, CCMF, FCMF

ROOM / SALLE : 601AB
Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :
1. Définir les éléments essentiels d'un modèle d'intervention interdisciplinaire en périnatalité auprès des familles vivant dans un contexte de vulnérabilité
2. Démontrer la valeur ajoutée et les impacts positifs de cette approche pour mieux répondre aux besoins d'une clientèle spécifique
3. Analyser ce mode d'intervention interdisciplinaire à l'aide de cas concrets

Description :
Au Québec, un grand nombre d'enfants naissent et grandissent dans des familles vivant en contexte de vulnérabilité. Le système de santé peine à rejoindre ces familles et à répondre à leurs besoins multiples et complexes, car les interventions sont trop souvent cloisonnées et sans continuité. La Maison Bleue apporte une solution novatrice avec son modèle d'intervention interdisciplinaire et de proximité. Les services de périnatalité qui y sont offerts sont uniques au Québec : un suivi prénatal conjoint avec le médecin de famille et la sage-femme, qui travaillent de pair avec une équipe de professionnels des services psychosociaux et de santé. Cette approche valorise la complémentarité de services regroupés sous un même toit (médecins de famille, sages-femmes, infirmières, travailleurs sociaux, éducateurs spécialisés) pour le bien des mères, des nouveau-nés et des familles. Sa mission est de réduire les inégalités sociales et de favoriser le développement

optimal des enfants, du ventre de leur mère jusqu'à l'âge de 5 ans. La périnatalité sociale, ainsi mise en œuvre, a pour objectif de saisir l'occasion unique de la grossesse pour intervenir au-delà du suivi médical. Les services de périnatalité permettent d'ouvrir un dialogue, de briser l'isolement et d'outiller les familles afin qu'elles prennent en charge leur mieux-être et celui de l'enfant. Cette séance présentera la réalité des femmes suivies à La Maison Bleue et les défis particuliers de leur suivi périnatal. En utilisant le modèle d'intervention novateur de La Maison Bleue, nous expliquerons l'importance d'une approche interdisciplinaire pour répondre de façon globale et complète aux besoins médicaux et psychosociaux de cette clientèle vivant en contexte de vulnérabilité. Nous démontrerons également les effets d'un tel modèle sur la santé et sur l'offre de services. La Maison Bleue a suivi plus de 4000 personnes (mères, bébés, fratries et conjoints) depuis 2007 et compte maintenant trois maisons à Montréal, dans les quartiers Côte-des-Neiges, Parc-Extension et Saint-Michel.

T157 **Fundamentals of Assessment 101: Principles and approaches for assessing learners in clinical training**
15:00–17:15 Cheri Bethune, MD, MClSc, CCFP, FCFP; Shelley Ross, PhD
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Describe the basic principles of assessment
2. Apply the principles of assessment to choosing the right tools for the purpose of assessment
3. Evaluate how the principles of assessment can be applied in their home program

Description:
Assessment of learners is one of the greatest challenges in competency based education. Assessment is fundamental to clinical learning yet many of us feel uncertain about the role of assessment in our daily work. Despite this uncertainty, people in multiple roles across family medicine contribute to assessment of learners, and have associated assessment needs: 1) clinical preceptors need confidence and competence in assessment to enhance teaching and 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 an understanding of the basic principles of assessment, and knowledge of how to apply those principles to rigorous, accountable, and trustworthy assessment of the learners they 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 will also be asked to contribute examples or challenges from their own programs or experiences. The workshop will conclude with a large group discussion of key learnings from the small groups, linked to the basic principles of assessment.

T420 **What Residents Want: The learning plan**
15:00–17:15 Theresa van der Goes, MD; Kiran Dhillon, MD; James Hudson, MD, CCFP; Tom Laughlin, MD, CCFP
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 604
Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Describe the essential steps of creating a collaborative learning plan
2. Discuss key points that residents find support or detract from a collaborative learning plan
3. Integrate these key points to take back to their home programs to facilitate appropriate change and reinforce best practice

Description:
Collaborative planning for learning is a key element in Family Medicine Residency Training for effective resident continuity of development and assessment. When done well, residents are engaged, motivated, reflective adult learners who are guided to develop and accomplish their learning plans over the length of their program. Setting the stage and grasping a deeper understanding of what facilitates and what inhibits this critical process is vital to fostering excellence in this aspect of resident education. CRAFT (Continuous Reflective Assessment For Teaching) is the CFPC model of programmatic assessment that provides for the development of learning plans at various levels. This workshop brings together

foundational information and evidence about creating both formal and informal collaborative learning plans along with the resident point of view from a diverse and articulate panel of residents from across Canada. Participants will engage in facilitated discussion, conversation with the resident panel and small group work to integrate this information as part of advocacy to improve the creation of collaborative learning plans, both formal and informal, at their residency programs.

T445 **Screening for Adverse Childhood Events (ACEs): Evidence, challenges, and tools/resources for improving care**
15:00–17:15 Robert Maunder, MD, FRCPC; Kristina Powles, MD, CCFP

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Describe the impact of ACEs on health outcomes and health care
2. Recognize barriers to screening for ACEs in primary care and how these might be overcome
3. Identify ACE screening tools and resources to help improve care by taking ACEs into account

Description:
Adverse childhood experiences (ACEs) are common, being reported by more than half of adults in samples that are representative of the population. Substantial evidence, accumulated over more than twenty years, supports exposure to ACEs as a consistent risk factor for major causes of mortality, including cardiovascular disease and cancer, for mortality itself, and for mental illness and addictions. This association often occurs in a gradient with greater exposure resulting in higher risk. Evidence also indicates that ACEs further undermine health by interfering with health behaviour and with health care provider-patient relationships. Thus, ACEs are associated with over-utilization, non-adherence, mistrust and avoidance. In spite of its relevance, it is uncommon in primary care to screen for ACEs, as is done with other evidence-based health risk factors. There is a need for effective knowledge translation and professional development to close this knowledge-to-action gap. Health care providers and patients report barriers to screening for ACEs including clinician discomfort, lack of clinician knowledge and clinicians beliefs (e.g. that screening will cause harm or "open a can of worms"). Importantly, evidence supports barriers on the clinicians' side of the patient-provider relationship more than on the patients' side. This presentation will integrate a review of relevant evidence with case descriptions in order to delineate and illustrate the challenge, and will review how knowledge of ACEs can improve primary health care through concrete actions that improve patient-provider alliance and patient-centred care. Interactive discussion will be facilitated to highlight methods of screening, resources to improve care by taking ACEs into account, and how to overcome barriers to change in a primary care setting.

T130 **Derm DDx Stat Rounds**
Séance scientifique sur les diagnostics en dermatologie
16:15–17:15 Dominik Nowak, MD

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Accurately distinguish skin lesions based on primary morphology
2. Confidently describe a differential of some of the most common and the most worrisome diagnoses based on primary morphology
3. Identify some of the differentiating factors between morphologically similar lesions where diagnostic blunders often arise

Description:
Dermatology is ubiquitous in family medicine, yet the differentials are overwhelmingly broad. It's a rash… now what!? In the following interactive presentation, we will provide a simplified approach to dermatology based on primary morphology. We will then show, through rapid-fire audience engagement incorporating smartphone poll technology, the broad and exciting differential available to each particular morphological pattern. We will also provide some clues for morphologically similar lesions where diagnostic blunders often arise. Epidermal, pigmented, dermal, subcutaneous growths; eczematous rashes; scaling papules, plaques, and patches; vesicles and bullae; inflammatory papules; pustules; generalized and specialized erythema; purpura; dermal induration; ulcers; hair disorders; mucous membrane disorders; and some signs of systemic disease.

Objectifs d'apprentissage :
1. Distinguer avec justesse les lésions cutanées en fonction de la morphologie primaire

2. Décrire avec confiance le diagnostic différentiel de certains des diagnostics les plus courants et les plus inquiétants en fonction de la morphologie primaire
3. Nommer certains des facteurs de différenciation entre les lésions morphologiquement semblables les plus sujettes aux erreurs diagnostiques

Description :
La dermatologie est omniprésente en médecine familiale, mais les diagnostics différentiels sont incroyablement vastes. C'est une éruption cutanée... et alors!? Au cours de la présentation interactive suivante, nous offrons une approche simplifiée de dermatologie en fonction de la morphologie primaire. Nous montrons ensuite le vaste et stimulant diagnostic différentiel pour chaque morphologie particulière en engageant l'auditoire dans un jeu à tirs rapides incorporant un sondage sur téléphones intelligents. Nous donnerons aussi des indices dans le cas des lésions morphologiquement semblables les plus sujettes aux erreurs diagnostiques. Croissances épidermiques, pigmentées, dermiques, sous-cutanées; éruptions eczémateuses; papules et plaques squameuses; vésicules et bulles; papules inflammatoires; pustules; érythème généralisé et spécialisé; purpura; induration dermique; ulcères; troubles capillaires; troubles des muqueuses; et quelques signes de maladie systémique.

T139 **Managing Insomnia in Primary Care**
Prise en charge de l'insomnie en soins de première ligne
16:15–17:15 Purti Papneja, MD, CCFP

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Evaluate patients with chronic insomnia
2. Prescribe behavioural techniques (beyond sleep hygiene) as appropriate
3. Prescribe and de-prescribe pharmacological agent if appropriate

Description:
It's estimated that 30-40% of adults suffer from occasional insomnia and 15-20% of adults have chronic insomnia. Poor sleep results in significant behavioural and physiological changes in an individual. In this interactive workshop, participants will work through cases of sleep-related complains that are commonly encountered in family practice/walk-in-clinics. By the end of the session, participants will have a clear approach to insomnia and learn how to manage it using behavioural therapy and appropriate pharmacotherapy. Participants will also learn how to help patients get off their benzodiazepines and other sleep aids safely.

Objectifs d'apprentissage :
1. Évaluer les patients souffrant d'insomnie chronique
2. Prescrire les techniques comportementales (autre que l'hygiène du sommeil) telles qu'appropriées
3. Prescrire et déprescrire les agents pharmacologiques selon le besoin

Description :
On estime à 30-40 % la proportion d'adultes souffrant d'insomnie occasionnelle, et à 15-20 % la proportion d'adultes souffrant d'insomnie chronique. Le sommeil de mauvaise qualité entraîne des modifications physiologiques et comportementales significatives. Dans cet atelier interactif, les participants résoudront des cas de problèmes liés au sommeil souvent rencontrés en pratique de médecine familiale et dans les cliniques sans rendez-vous. À la fin de la séance, les participants disposeront d'une approche claire à l'insomnie et apprendront comment prendre cette dernière en charge à l'aide de la thérapie comportementale et de la pharmacothérapie appropriée. Les participants apprendront aussi comment aider leurs patients à mettre fin sans danger au traitement par les benzodiazépines et autres aides du sommeil.

T166 **Get Ready to Get Fit: Priming the mind and body for movement**
16:15–17:15 Sarah Kim, MD, CCFP (SEM), FCFP, Dip Sport Med

ROOM / SALLE : 501A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Empower participants with practical tips & tools to comfortably and confidently begin/sustain a mind-body "fitness" practice

2. Motivate participants to become advocates for daily movement & exercise by setting an example for their patients
3. Cultivate increased kinaesthetic awareness, physical literacy and non-verbal communication skills in participants

Description:
It is well established that a regular mindfulness and movement practice enhances overall well-being, work performance, and work/life balance. This workshop is aimed at individuals with sedentary jobs, little time and perhaps confidence to attend fitness classes or go to the gym. Learn simple steps for achieving improved fitness of both body and mind. After a brief review of the most current literature, we will go through a series of exercises that can easily be integrated into any day. This program is designed to be very accessible and shared with patients. The ultimate goal is to get everyone moving, gently and safely. The workshop content caters directly to the current needs of the participants, requiring honest self-reflection and attention to the present. Participants will acquire skills that increase body awareness, comfort with movement and better command to achieve personal wellness goals. Participants can expect to leave feeling calmer, refocused, refreshed and with a renewed sense of motivation to become fit for life and how to help their patients do the same. We will address barriers to wellness activities, such as regular exercise and meditation, and present strategies to overcome such barriers to practice, for both ourselves and our patients. (Note: Workshop presenter is a certified yoga and dance instructor.)

T172 **Medical Cannabinoids Prescribing Guideline: Sorting "doobie"-ous claims from "high"-level evidence**
16:15–17:15 Mike Allan, MD, CCFP; Tina Korownyk, MD, CCFP; Adrienne Lindblad, PharmD

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the limitations and challenges of evidence for medical cannabinoids
2. Describe typical benefits for the key medical conditions (neuropathic pain, cancer pain, nausea/vomiting post chemotherapy, and spasticity) with adequate evidence
3. Explain some key adverse events and then learn and apply the key recommendations from the medical cannabinoid guideline

Description:

In this session, we will review the primary care prescribing guideline for medical cannabinoids. We will start with the review of challenges presents in the medical literature around cannabinoids and then progress to discuss the limited high-level evidence for a number of medical conditions. We will then focus on four conditions for which there is reasonable evidence of potential benefit: neuropathic pain, cancer pain nausea and vomiting from chemotherapy and spasticity. For each we will show the expected change in scores as well as the proportion of patients obtaining a moderate or better improvement in symptoms. We will them provide the details around absolute risk compared to placebo for most of the key side effects. With this information, we will reflect on the recommendations from the guideline, with a discussion of specific prescribing such as dosing and cost. We will leave the participants with some discussion tools and potential resources to address patients considering medical cannabinoids.

T173 **Pearls in Thrombosis Update for Family Physicians: A case-based approach**
16:15–17:15 Alan Bell, MD, CCFP, FCFP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Increase skill in appropriate dosing of anticoagulants in atrial fibrillation
2. Increase skill in diagnosis and management of venous thromboembolic disorders (VTE) including deep vein thrombosis and pulmonary embolism
3. Increase skill in peri-procedural 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 2017 presentation.

T233 **Best Practices in Concussion Assessment and Management**
16:15–17:15 Michael Robinson, MS, CAT(C), ATC; Lisa Fischer, MD, CCFP (SEM), DipSport Med

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Apply best practices in concussion assessment and management
2. Use concussion assessment tools in their clinical practice
3. Implement return to learn/return to play protocols

Description:
The diagnosis, treatment, and management of sports related concussion has gained widespread attention, in recent years. This attention has also spawned a market for clinical tools to aid clinicians with concussion assessments and management. These tools come in various forms from the paper based SCAT5 to the computer based ImPact neurocognitive test. This session will review the theoretical side of the most popular tools (SCAT5, ImPact, King Devick), best practices in concussion management (including baseline testing, assessment and management), updates from the Berlin Consensus Conference and current recommendations from Parachute Canada.

T250 **Enough About Burnout, Let's Talk Wellness: Strategies to fire up faculty and residents**
16:15–17:15 Erin Bearss, MD, CCFP (EM); Milena Forte, MD, CCFP; Lindsay Herzog, MD

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Employ strategies to promote physician wellness in the practice setting
2. Describe how reflection and narrative may be used to both mitigate physician burnout and develop a wellness curriculum
3. Integrate wellness interventions into a residency program or learning environment

Description:
Burnout was first defined in 1974 as a state of mental and physical exhaustion caused by one's professional life. While not a new phenomenon, physician burnout has been receiving increased attention in the literature and in the media recently. As recognition of this problem grows, residency training programs are evolving in order to address it and mitigate potential harms. Many programs are eager to incorporate a focus on physician and resident wellness in their curricula. The optimal wellness intervention has yet to be defined but a multi-faceted and multi-level approach is likely to be most effective. We believe that emphasizing reflection and narrative, interpersonal connections and professional identity formation may be the key to fostering wellness and mitigating burnout. Highlighting key transition points in professional identity formation such as beginning residency, ongoing graded responsibility and transitioning to practice and developing wellness strategies for these potential stress points will promote the management of "personal and professional demands for sustainable practice throughout the physician life cycle" as described in CanMEDS 2015. This session will describe strategies for promoting physician wellness with a focus on creating space for reflection and meaningful dialogue. More specifically we will propose ways to integrate the concepts and interventions into a residency program and describe how our site has developed a resident wellness curriculum. We will share our challenges and successes in its development and implementation, and highlight the role of narrative and critical reflection within the wellness curriculum.

T405 **Anecdote and Evidence in the Orthotic Industry**
16:15–17:15 Colin Dombroski, PhD, CPed (C)

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Differentiate between prescription anecdote and evidence related to orthoses
2. Recognize inappropriate use of foot orthoses
3. Identify evidenced based uses of orthoses for specific pathologies

Description:
This didactic lecture will examine 4 commonly held beliefs around custom foot orthoses and provide current, actionable, empirical, alternatives. Common pathologies to family practice will be the focus. This lecture will dispel the myth that "everyone needs orthotics" and provide an ethical, evidenced based model for prescription and care.

T424 **Rebranding Digital Health in an Age of Continuous Quality Improvement**
16:15–17:15 Rashaad Bhyat, MB BCh, CCFP; Artem Safarov, BA

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn about Canadian digital health toolkits with direct relevance to family physicians
2. Learn about using digital tools to enhance quality in family practice and to embrace a culture of continuous quality improvement
3. Learn about ways in which some digital health technologies are becoming standard of care

Description:
While health care has firmly entered the digital era, influencing change in the instruction of family physicians presents unique opportunities and challenges. New family physicians must be equipped with the appropriate knowledge in order to practice effectively in a digitally-enabled environment. Unfortunately, the integration of digital health or ehealth concepts into the packed medical schools' curricula has been a gradual and challenging process. Part of the challenge may be the perception of digital health as being separate from medicine. However, family medicine is moving toward a culture that embraces continuous quality improvement and electronic medical records as recognized pillars of the Patient's Medical Home vision. The future of medicine and future standards of care may are intertwined with the effective use digital health tools. This session will educate family physicians on using available electronic tools for effective practice and ongoing quality improvement. This session will introduce family physicians and physician educators to refreshed digital health toolkits produced by national organizations, including the CFPC's and Canada Health Infoway's jointly produced EMR Best Advice Guide version 2.0. The digital tools profiled will include electronic prescribing, Clinical Decision support tools, and patient-focused tools such as electronic booking of appointments. In addition, the session will seek family physicians' feedback on the content and nature of these toolkits, with a goal of making them more practical and relevant for everyday use.

T457 **Social MEDia: Pearls and pitfalls when technology meets medicine**
16:15–17:15 Vanessa Rambihar, MD

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define social media and its relevant uses in medicine, medical education and clinical care
2. Explore the ethical and professional challenges faced by health care providers with increased personal and professional social media usage
3. Identify opportunities for improvement of patient care, collaboration across health care teams, and improving efficiency to better the field of health care

Description:
Social Media is ubiquitously used across diverse age ranges, populations and professions, medicine notwithstanding. Health care providers and patients alike are becoming well versed in technology, as information has now become a commodity, easily available to those with resources and the perseverance to determine ways to access it. The rise of the use of this technology based in open access and collaboration, has called into question many of the foundational tenets of medicine of privacy, confidentiality, and professionalism. This session will explore the novel ethical questions generated by our current day juxtaposition of technology and medicine, the CanMEDS Role of Professional as it relates to the increasing usage of Social Media both by patients and physicians, and the opportunities that have developed from the confluence

of these two fields. With technology and social media overwhelmingly being used by patients, we must adapt as health care providers to understand their perspectives in order to provide truly patient-centred care. However, this must be done in a mindful way to ensure boundaries are placed and that professionalism and ethical standards so foundational for our profession are maintained. This session will use a highly-interactive approach, using audience response systems to review real cases where medicine and technology have met, particularly around ethical boundaries and the defining features and objectives of the CanMEDS Professional role. All educators and learners who are interested in the challenges we face with this divide between technology, specifically social media, and medicine, and how the two seemingly disparate fields can co-exist positively will benefit from attending this exploratory session.

T496 **Strategizing for Writing Manuscripts: Developing one's own template**
16:15–17:15 Tanvir Turin Chowdhury, MBBS, MSc, PhD; Donna Manca, MD, MCISc, FCFP; Maeve O'Beirne, MD, PhD, FCFP

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn about article types and choosing of journals
2. Learn about the structure of different sections of a standard journal article
3. Construct a plan for each section based on their proposed manuscript idea

Description:
This scientific paper writing workshops will be a learning-by-doing event with around 25% didactic lecture time and the rest working on a real paper idea which the participants are encouraged to bring. As the participants will be working on a paper, the workshops will benefit those who have nearly completed analyses to begin writing manuscript.

T737 **Social Perinatal Care, to Break Away From Intervention Silos: The Maison Bleue case**
16:15–17:15 Vania Jimenez, MD, CCMF, FCMF; Valérie Perrault, SF, MSc

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define the essential elements of an interdisciplinary intervention model for perinatal care for families living in a vulnerable context
2. Demonstrate the added value and positive impacts of this approach to answer the needs of a specific clientele
3. Analyse this mode of interdisciplinary intervention with real cases

Description:
In Quebec, a growing number of children are born and raised in families in vulnerable situations. The health system struggles to reach these families and answer their multiple and complex needs, since interventions are often compartmentalized and lack continuity. La Maison Bleue brings an innovative solution with its interdisciplinary and proximity intervention model. The perinatal services offered are unique in Quebec: a joint prenatal follow-up with a family doctor and a midwife, working together with a team of psychosocial and health professionals. This approach promotes integrated services under one roof (family doctors, midwifes, nurses, social workers and specialized educators) for the well-being of mothers, babies and their families. Its mission is to reduce social inequalities and to promote the optimal development of the child, from the womb until the age of 5. The objective of social perinatal care is to seize the unique opportunity of a pregnancy to intervene beyond medical monitoring. The services of perinatal care thus make it possible to begin a dialogue with mothers, to stop the isolation and to equip the families with the tools so that they can take charge of their well-being and the well-being of their children. This session will present the experience of women followed at La Maison Bleue and particular challenges of the perinatal care. Using the innovative intervention model of La Maison Bleue, we will explain the importance of an interdisciplinary approach to respond globally and thoroughly to the medical and psychosocial needs of this clientele living in a context of vulnerability. We will also demonstrate the impacts of such a model on health and on service accessibility. La Maison Bleue followed more than 4000 persons (mothers, babies, siblings and fathers) since 2007 and now has three houses in Montreal in Côte-des-Neiges, Parc-Extension and Saint-Michel neighborhoods.

T760 **IN CONTROL: Long-acting insulins for the management of type 2 diabetes (Ancillary Session)**
17:15–18:15 Robert Schlosser, MD

ROOM / SALLE : 701B

Mainpro+ Group Learning certified credits = 1

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 case-based 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

T35 **CASTED: Emergency—Lower-extremity ED orthopedic injuries**
7:30–18:00 Arun Sayal, MD, CCFP (EM)
(3) credits per hour

ROOM / SALLE : 206CD

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. Discuss orthopedic principles as they apply to patients with lower extremity injuries seen in the emergency department
2. Describe 'high'risk' lower extremity ED Orthopedic injuries and their management
3. Describe and perform fracture and dislocation reduction techniques for lower extremity injuries in the ED

Description:

CASTED: Emergency - Lower Extremity - is the 'hands-on' ED orthopedics course designed specifically for emergency physicians and staff. It is a fun and full day focused on clinical relevance and hands-on practice. This course specifically covers Lower Extremity Injuries in the ED. CASTED: Emergency offers numerous clinical pearls on history, physical, X-rays and making accurate diagnoses. You will recognize 'red flag' patients, know who needs a reduction, and appreciate who needs to see ortho and when. This CASTED: Emergency course covers LOWER EXTREMITY injuries - hip, femur, knee, tibia, ankle and foot. Focus is on cases that are common, commonly missed and commonly mismanaged. We want you to understand ED orthopedics – not just memorize it! Case-based lectures review ED orthopedic principles and explain the 'why'. 4 hours of hands-on practice and demos covers the''how'. Understand how to examine, how to reduce, how to immobilize, and how to mould. By the end of the day, you will have the confidence that you are doing it right! Since 2008, over 300 CASTED courses have been given across Canada. CASTED has won teaching awards at both university and national levels - including the CFPC's Continuing Professional Development Award. You are promised a day full of humour and numerous clinical pearls you will use on your next shift.

T118 **AIME: Airway Intervention and Management in Emergencies (Session 1)**
7:30–18:30 George Kovacs, MD, FRCPC
(2) credits per hour

ROOM / SALLE : 206EF

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 educators are experienced (and entertaining) clinical instructors who understand the varied work environments of practicing clinicians. Whether you work in a large, high volume centre or a small remote setting, AIME will provide a practical approach for airway management in emergencies.

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)

T39 **Spirometry in Family Practice**
08:00–16:30 Alan Kaplan, MD, CCFP (EM), FCFP; Robert Hauptman, MD, MCFP
(2) credits per hour

ROOM / SALLE : 205D

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. Learn on whom spirometry should be performed
2. Learn how to perform and interpret spirometry
3. Learn how to incorporate spirometry into the management of respiratory disease in YOUR practice

Description:

Participants in this case based workshop will be educated on the benefits that utilizing spirometry will have in their day-to-day practice. We will review the guidelines for both COPD and asthma management. A review of the science of spirometry and its indications will be followed with hands-on experience with a number of different spirometers. The group will then learn how to interpret spirograms. There will be lots of opportunity to review multiple cases and spirograms, all designed to allow the facile interpretation of spirograms and to show how spirometry will affect clinical decision making. You will wonder how you managed your practice before you had a spirometer!

T156 **Challenging Cases in Opioid Use and Misuse**
08:00–17:00 Abhimanyu Sud, MD, CFPC; Patrick Skalenda, MD, CFPC, MHSc; Kathleen Doukas, MD, CFPC; Meera Harris, MB BChir, MPharm, BA, CFPC; Kirsten Dixon, MD, CFPC
(3) credits per hour

ROOM / SALLE : 203A

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. Manage problematic situations with chronic pain patients
2. Develop approaches and practice tools to work with other health care professionals to manage complex patients
3. Effectively communicate with chronic pain patients

Description:

The Safe Opioid Prescribing Course is designed to support physicians and other primary care providers to develop multi-modal approaches to assessing and managing complex chronic pain; initiate & manage safe & effective opioid therapy, prevent & address addiction to prescription opioids, and develop communication & collaboration practice skills to better manage opioid therapy for your chronic pain patients. This workshop has been presented since 2013 and was updated in 2017 to reflect the newly-published Canadian Guideline for Opioids for Chronic Non-Cancer Pain. During this small group, problem-based, interactive workshop, participants will prepare to implement changes in practice. After discussing patient cases and through collegial interaction, participants will better manage problematic situations with chronic pain patients including: patients on high doses of opioids who are dysfunctional but not addicted; patients at high risk of addiction; and patients using opioids illicitly. Participants will have an opportunity to role play and communicate about difficult issues with chronic pain patients such as the necessity of tapering opioid dose, the diagnosis of addiction and exploring addiction treatment options. Using challenging case scenarios, participants will develop practice skills to manage challenges around opioid prescribing and learn to effectively address addiction concerns in a collaborative manner with pharmacists, acute care physicians, and pain and addiction specialists. Using practice tools and enablers, participants will develop and apply an incremental approach to implement evidence-informed change and track the impact on their practice and patient care.

T400 **Pediatric Preventive Care: Sex, drugs, and so much more! Evidence-based guidance for practice**
08:00–17:00 Anita Greig, CCFP, FCFP; Fereshte Lalani, CCFP
③ credits per hour

ROOM / SALLE : 203C

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. Describe up-to-date evidence-based preventive care recommendations for school-age children and adolescents
2. Identify preventive care resources and patient information to use in clinical practice
3. Screen for mental health issues, substance use and addictions and provide appropriate screening and counselling for the sexually active adolescent

Description:

This interactive workshop centres on up-to-date evidence-based preventive care recommendations for school-age children and adolescents. It will help you identify preventive care resources and patient information to use in clinical practice. Screening for mental health issues, substance use and addictions, and providing appropriate screening and counselling for the sexually active adolescent are key components. This program is developed and delivered in collaboration with the Ontario College of Family Physicians (OCFP).

T396 **Mood Disorders: Comprehensive and realistic strategies for primary care providers**
08:00–17:30 Jose Silveira, FRCPC
③ credits per hour

ROOM / SALLE : 205B

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. Manage complex mood disorders over decades through stages of severity including acute risk, functional impairment, residual symptoms relapse and recurrence
2. Safely and confidently manage diagnostically uncertain mood disorders pending diagnostic clarification regardless of whether the latter takes months or years
3. Apply advanced strategies to selecting biological, psychological, physical and social interventions organized in a stepped care model

Description:

This program provides family physicians with advanced strategies for assessing and managing patients with mood disorders that are diagnostically uncertain, associated with risk, difficult to treat or associated with multiple comorbidities. The program also addresses special populations such as pregnant women, parents of young children, comorbid alcohol and drug use, and the elderly. This program is developed and delivered in collaboration with the Ontario College of Family Physicians (OCFP).

T262 **Mindfulness for Mental Health: Personal and professional resilience for you and your patients**
10:00–12:00 Patricia Rockman, MD, CCFP, FCFP
(2) credits per hour

ROOM / SALLE : 203B

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 4 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Define mindfulness and investigate the research, history and neuroscience
2. Explore practices to manage stress, mental health conditions, and difficult interactions
3. Learn the clinical applications of mindfulness for depression, anxiety and stress

Description:

Medicine is stressful! Family physicians can enhance their skills and resilience using mindfulness. This interactive session will introduce participants to evidence-based mindfulness interventions and their clinical relevance to family medicine. Participants will learn the utility and how to deliver the 3 minute breathing space. They will also explore mindfulness core concepts, the neuroscience and learn some simple practices investigating how we think, feel and act. This can be helpful for working with difficulty that arises in depression, anxiety and other stressful states.

T109 **Providing Medical Assistance in Dying**
10:00–12:30 Ellen Wiebe, MD, CCFP, FCFP; Stefanie Green, MD, CCFP; Benjamin Schiff, MD, CCFP
(3) credits per hour

ROOM / SALLE : 203D

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. Participants will be able to explain eligibilty criteria for MAiD to patients, medical students and residents
2. Participants will be able to do assessments for MAiD
3. Participants will be able to provide MAiD for their patients

Description:

This will be a 3-hour session to give clinicians the tools to be assessors and providers of MAiD. The presenters are family physicians who have been providing medical assistance in dying (MAiD) since our law changed in 2016 and are members of the Canadian Association of MAiD Assessors and Providers. This session will be suitable for both clinicians who have already provided and ones who are planning to become assessors and or providers in the future. We will spend about half of the time talking about assessments for MAiD and will use case discussion to explore the more challenging assessments of patients who have dementia, mental illness or who are non-verbal. We will describe best practices in provision of both IV and oral medications. We will discuss how to mitigate the risks and stress on ourselves and to do good self-care. Each province and institution has its own guidelines and we will ensure that each participant has access to the local rules as well as understanding the federal law and best practices in providing MAiD. There will be a pre-test and post-test as well as a reflection exercise and mentorship for new providers.

T732 **IUD Update, Insertion, Troubleshooting and Endometrial Biopsies (Session 2)**
13:30–16:30 Darlana Mulzet, MD, CCFP; Ellen Wiebe, MD, CCFP
③ credits per hour

ROOM / SALLE : 203D

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. Be able to screen women for IUD insertions and help them choose the best IUD (of the 13 available)
2. Troubleshoot difficult insertions and prevent insertion failures
3. Perform endometrial biopsies and provide cervical anesthesia

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 cervices 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 doctor 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.

T211 **Best Practices for ADHD Across the Lifespan**
13:30–17:00 P. Ainslie Gray, MD

ROOM / SALLE : 202D

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. Review available assessment and evaluation tools for both children and adults with ADHD symptoms
2. Examine the current pharmaceutical options to support identified patients, and offer strategies to complement the best choice of medication/dosages
3. Explore questions to raise with individuals and families in order to determine and evaluate comorbid disorders

Description:

ADHD is a complex disorder with varying type and severity of symptoms. Choosing the appropriate medical treatment should not be a “one size fits all” process. In order to properly manage ADHD holistically, clinical tools should be used to: 1) assess the

type and severity of symptoms; 2) review specific areas of impairment in the patient's life across multiple settings; 3) identify and explore any potential comorbid diagnoses. For children / adolescents, treatment includes evaluating well being in the home, school and community environments. For adults, treatment requires exploring symptoms within the context of family, social life and work environments. This session will outline tools and recommendations for identifying an individual's symptoms and levels of impairment in a clinical setting. A comprehensive evaluation process allows the clinician to choose an appropriate medication/ dosage depending on the specific needs of the patient. Recommendations for ongoing treatment monitoring will be discussed.

T278 **Ultra-Brief CBT for Worries and Fears (three-credit-per-hour workshop)**
13:30–17:00 Greg Dubord, MD, CMCBT; Pankaj Chand; Peter Duffy; Angie Hong; Hima Murty; Christine Uchida
③ credits per hour

ROOM / SALLE : 206AB

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 may now be more common than depression according to recent surveys. Anxiety rates are increasing so rapidly that it's making some physicians anxious themselves. Many anxiety patients appear to ruminate almost constantly, and anxiety is a leading cause of insomnia. Sadly, it's not just the grownups who are suffering: according to the most recent Ontario statistics, an astounding 23% of boys & 46% of girls are now experiencing "high levels of distress" (OSDUHS). Besides drugs, what tools do you have to help your anxious patients? This highly-practical "triple accredited" CME works through family practice case studies of excessive worry, generalized anxiety disorder, and common contemporary fears. The focus is on ten-minute cognitive & behavioral techniques that can be effortlessly integrated into normal primary care appointments. Participants are encouraged to discuss real-life cases, and are shown how to weave effective CBT techniques into their standard family practice routines. Note: Many of the non-pharmacological tools taught are very important to the resilience of physicians, and can be passed along to children and other family members. Head instructor Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and the prime developer of medical CBT. He has presented well over 400 workshops, including over 50 for the College of Family Physicians of Canada, and is a University of Toronto CME Teacher of the Year. Workshop sponsor CBT Canada was recently awarded the National CME Program Award by the College of Family Physicians of Canada for the "exceptional learning experiences" of the Certificate in Medical CBT (CMCBT) program, and was Canada's first three-credit-per-hour certified organization. See www.cbt.ca for further details.

T406 **PAACT: Pain management in family practice 2018 update**
13:30–18:00 Peter Kuling, MD, MSc, CCPE, FCFP; Frank Martino, MD, CCFP (EM), FCFP; John Jordan, MD, MCISc, CCFP, FCFP
③ credits per hour

ROOM / SALLE : 203B

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 and discuss management of common presentations of pain in general practice
2. Review various resources available including the Canadian guidelines, a family practice resource ('orange book') and various patient materials
3. Review management of lower back pain, neuropathy, fibromyalgia, and muskuloskeletal pain

Description:

An independent educational program developed by family physicians and based on the first edition of the Pain Managment Resource for Family Medicine (‘orange book’). Cases are designed to address common presentations of chronic pain in family practice and their management.

Materials: 2018 Pain Resource for Family Medicine (‘orange book’); Participant manual; patient management tools.
Teaching method: interactive, case-based, small group.

F30 **Equitable Health Care for First Nations Children: Realizing the goals of Jordan's Principle and the Spirit Bear Plan**
Des soins de santé équitables pour les enfants des Premières Nations : Réaliser les objectifs du principe de Jordan et du programme Spirit Bear

08:00–09:30 Cindy Blackstock, MD

ROOM / SALLE : Hall F/G

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

Learning objectives:

1. Explore the impacts of compound inequalities on First Nations children related to the Government of Canada's funding of public services
2. Apply the Canadian Human Rights Tribunal rulings on Jordan's Principle and Child and Family Services to address inequalities in child welfare and access to other public services including health, education and social services
3. Advocate for the implementation of the Spirit Bear Plan to address all inequalities in federally funded public services affecting First Nations children and youth

Description:

In the Canadian health care system First Nations children often face waits for services they desperately need and may even be denied care. One such child, Jordan River Anderson, lived only a short time but left a lasting legacy in the form of Jordan's Principle, which was created in his honour to remedy inequities in care. A First Nations child from Norway House Cree Nation in Manitoba, Jordan was born with complex medical needs. He unnecessarily spent years in hospital while the province and the federal government battled over who should pay for his at-home care. Jordan died in 2005 at the age of five, never having been afforded the opportunity to live and receive care in his family home. In 2007 the House of Commons passed a motion based on Jordan's Principle to resolve jurisdictional disputes that interfere with First Nations children receiving the care they require. However, Canada has failed to fully implement the principle. In a landmark ruling on January 26, 2016, the Canadian Human Rights Tribunal ordered the federal government to stop using a limited and discriminatory interpretation of Jordan's Principle. Yet subsequent non-compliance orders indicate the government has continued this pattern of behaviour. In this keynote presentation Dr. Cindy Blackstock, a social worker and child welfare activist, will describe Jordan's Principle and how health care professionals can use it to provide high-quality, culturally based care to First Nations children. The Canadian Human Rights Tribunal rulings and Spirit Bear Plan will also be discussed to facilitate an understanding of how inequalities in federally funded public services are affecting First Nations children and youth.

Objectifs d'apprentissage :

1. Explorer les impacts des inégalités combinées sur les enfants des Premières Nations en ce qui concerne le financement des services publics par le gouvernement du Canada
2. Appliquer les décisions du Tribunal canadien des droits de la personne sur le principe de Jordan et les Services à l'enfance et à la famille afin de contrer les inégalités en matière de bien-être des enfants et d'accès aux autres services publics, y compris la santé, l'éducation et les services sociaux
3. Promouvoir la mise en œuvre du Plan Spirit Bear visant à atténuer toutes les inégalités en matière de services publics financés par le fédéral à l'endroit des enfants et des jeunes des Premières Nations

Description :

Dans le système de soins de santé canadien, les enfants des Premières Nations doivent souvent attendre pour recevoir des services dont ils ont désespérément besoin et parfois ces services leur sont même refusés. Un de ces enfants, Jordan River Anderson, a eu une vie très courte, mais a laissé un leg durable connu sous le nom de principe de Jordan. Ce principe a été créé en son honneur afin de remédier aux inégalités en matière de soins. Un enfant autochtone de la Nation crie de Norway House, au Manitoba, Jordan est né avec des besoins médicaux complexes. Il a passé inutilement plusieurs années à l'hôpital pendant que la province et le gouvernement fédéral se disputaient pour déterminer qui allait payer les frais pour ses soins à domicile. Jordan est décédé en 2005 à l'âge de 5 ans, sans jamais avoir eu la chance d'habiter et de se faire traiter dans son domicile familial. En 2007, la Chambre des communes a adopté une motion basée sur le principe de Jordan afin de résoudre les disputes entre les paliers de gouvernement qui causent de l'interférence dans les soins dont les enfants des Premières Nations ont besoin. Toutefois, le Canada n'a pas été en mesure d'appliquer le principe en entier. Dans une décision phare du 26 janvier 2016, le Tribunal canadien des droits de la personne a ordonné au gouvernement fédéral de cesser d'utiliser une interprétation limitée et discriminatoire du principe de Jordan. Par contre, le non-respect subséquent de cette décision par le gouvernement démontre que ce dernier a poursuivi cette tendance. Dans son discours

d'ouverture, Dre Cindy Blackstock, travailleuse sociale et activiste pour le bien-être des enfants, décrira le principe de Jordan et la façon dont les professionnels de la santé peuvent l'utiliser pour fournir des soins de grande qualité et adaptés culturellement aux enfants des Premières Nations. Les décisions du Tribunal canadien des droits de la personne et le Plan Spirit Bear feront également l'objet de discussions afin de faciliter une meilleure compréhension de la façon dont les inégalités dans les services publics financés par le fédéral affectent les enfants et les jeunes des Premières Nations.

F38 **Top Five Articles in Respiratory Medicine**
10:00–11:00 **Les 5 meilleurs articles en médecine respiratoire**
Alan Kaplan, MD, CCFP (EM), FCFP; Suzanne Levitz, MD CM, CCFP; John Li, MD; Anthony Ciavarella, MD, CCFP

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Review five articles in respiratory medicine that you should know about
2. Understand how these findings will change your management of respiratory illness
3. Review current management of the condition that the article is relevant for

Description:
It is hard to keep up with all the literature for all of the things that family physicians treat. Let the executive of the Respiratory Medicine Community of Practice update you on the highlights of this year's articles. We will tell you what is new, what the current management status is, and what you might want to differently because of these new findings. Guaranteed to change your practice!

Objectifs d'apprentissage :
1. Passer en revue cinq articles en médecine respiratoire que vous devez connaître
2. Comprendre comment ces observations changeront votre prise en charge de la maladie respiratoire
3. Examiner la prise en charge actuelle de l'affection en cause dans l'article

Description :
Il est difficile pour un médecin de famille de rester à jour de toutes les publications sur toutes les affections qu'il traite. Laissez la direction de la communauté de pratique en médecine respiratoire vous éclairer sur les faits saillants des articles publiés cette année. Nous vous dirons ce qui est nouveau, en quoi consiste la prise en charge actuelle, et ce que vous pourriez faire différemment à la lumière de ces observations. Elles changeront votre pratique. Garanti !

F386 **Numeracy 101: How do we best teach patients about the numbers?**
10:00–11:00 Cathy MacLean, MD, FCFP, MClSc, MBA; Setorme Tsikata, MD, CCFP, FCFP; Derek Jorgenson, (Pharm); Gayle Halas, PhD; Jean Chen, MD; Sapna Naik, MD, CCFP, Rupashi Goswami, MD, CCFP; Christine Loignon, PhD; Sarina Scaffidi, MD; G. Michael Allan, MD, CCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe approaches to address issues related to numeracy when teaching residents and patients
2. Apply tools in practice that help convey concepts of risk and numeracy to residents and patients that promote understanding
3. Access resources that can be used in patient care that utilize best practices for both health literacy and numeracy

Description:
The one hour session will provide background information on the challenges of "getting our numbers right" when we talk to patients about risk and medical decision making. Concepts related to health literacy and specifically numeracy will be covered. We will touch on strategies to better educate residents on these concepts and assist residents and patients in working with the numbers to achieve better understanding and engagement in health care decisions. Practical approaches and examples of best practices for shared decision making will be included in the session with a chance to practice and apply these. A variety of resources will be demonstrated and a list provided that are targeted to both residents and patients.

This workshop is presented by the Patient Education Committee of the CFPC and we are looking forward to sharing practical strategies that will enhance patient education at the practice level!

F74 **Red Eye, a Simple Approach: Evidence, pearls, and medico-legal pitfalls**
10:00–11:00 Simon Moore, MD, CCFP

ROOM / SALLE : 713AB
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 lecture is 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 three 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. Dr. Simon Moore has consistently received outstanding teaching evaluations at past conferences, and has also presented at FMF in 2011-2014 on "Starting Insulin in Type 2 Diabetes WITHOUT Losing Sleep at Night" as well as "I'm Not Injecting Poison Into My Child: How to confidently debunk your patients' anti-vaccination myths" and "From Great to Outstanding: Take your medical presentations to the next level" in 2015-2017.

F78 **Managing Chronic Pain in Family Medicine Within the Climate of an Opioid Crisis**
Prise en charge de la douleur chronique en médecine familiale dans le contexte de la crise des opioïdes
10:00–11:00 Jessica Munro, RN, PHC-NP; Michelle Naimer, MD, MHSc, CCFP;
Suzanne Singh, BScPhm, ACPR, PharmD, RPh

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Examine an interdisciplinary approach to integrating chronic pain and opioid management into academic practices
2. Explore the development and evaluation of our program and learn from our implementation into practice
3. Participants will be provided with resources to create or build on their own programs

Description:
Chronic pain is a pervasive health problem and approximately 1 in 5 Canadians suffer from chronic pain in their lifetime. Opioid prescribing for chronic conditions has become increasingly common and family physicians have been put on the front lines of an opioid epidemic. It is more important than ever to prepare family physicians to safely prescribe opioid medications. Academic family medicine centres face distinct challenges around safe opiod prescribing and have seen higher rates of opioid misuse in resident patient populations. Many providers report lack of confidence & training around opioid prescribing, and despite numerous safe prescribing guidelines, adherence remains low. In 2014, in order to address the challenges that academic teaching centers face, we developed the Healthy Living with Pain (HeLP) program. This program strives to improve patient care through interprofessional team work, while ensuring appropriate and safe opioid prescribing and enhanced resident training and experience. The program creates a team around each patient with a NP, Pharmacist, Faculty Advisor and Family Medicine Resident to ensure patients experiencing chronic pain are properly assessed and managed. The HeLP team uses current pain and opioid guidelines, optimizes use of referrals, consults with community partners and explores all treatment options with patients. We have implemented flowsheets and regular team reviews, to ensure appropriate care and open communication amongst team members. HeLP aims to provide patients with increased support, access and continuity of care to manage their symptoms, while simultaneously helping Family Medicine Residents manage complex cases within a supportive environment. Through this presentation, we will review our program and present process and clinical outcomes, share resources and tools developed through our program and provide other teams with a starting point to create or build on their own programs.

Objectifs d'apprentissage :

1. Examiner une approche multidisciplinaire pour intégrer la prise en charge de la douleur chronique et les opioïdes dans les pratiques universitaires
2. Explorer la création et l'évaluation de notre programme et apprendre de notre expérience de mise en œuvre dans la pratique
3. Les participants recevront les ressources nécessaires pour créer leur propre programme

Description :

La douleur chronique est un problème de santé envahissant, quelque 1 Canadien sur 5 souffre en effet de douleur chronique à un moment de la vie. Les opioïdes sont de plus en plus souvent prescrits pour traiter ces affections chroniques et les médecins de famille se trouvent dans les tranchées d'une épidémie d'opioïdes. Il est plus important que jamais de préparer les médecins de famille à prescrire les opioïdes de façon sécuritaire. Les centres universitaires de médecine familiale font face à des défis précis concernant la prescription sécuritaire d'opioïdes et ont observé un taux élevé de mauvais usage d'opioïdes au sein des populations de patients en résidence. De nombreux fournisseurs de soins signalent qu'ils n'ont pas la confiance ni la formation pour prescrire des opioïdes, et malgré l'existence de nombreuses lignes directrices en matière de prescription sûre, l'observance demeure faible. En 2014, dans le but de surmonter les défis auxquels font face les centres d'enseignement universitaires, nous avons créé le programme HeLP (Healthy Living with Pain). Ce programme vise à améliorer les soins aux patients en favorisant le travail d'équipe multidisciplinaire, tout en assurant la prescription appropriée et sécuritaire d'opioïdes et en améliorant la formation et l'expérience des résidents. Le programme entoure chaque patient d'une équipe composée d'une infirmière-praticienne, d'un pharmacien, d'un conseiller pédagogique et d'un résident en médecine familiale pour veiller à ce que les patients qui souffrent de douleur chronique soient évalués et pris en charge avec justesse. L'équipe HeLP utilise les lignes directrices actuelles en matière de douleur et d'opioïdes, optimise le recours aux recommandations, consulte les partenaires communautaires et explore toutes les options thérapeutiques en compagnie des patients. Nous avons adopté des feuilles de soins et l'équipe se réunit régulièrement pour veiller à la prestation de soins appropriés et à une bonne communication entre les membres de l'équipe. HeLP offre aux patients soutien, accès et continuité des soins pour traiter leurs symptômes tout en aidant les résidents en médecine familiale à gérer les cas complexes dans un milieu favorable. La présentation offre une vue d'ensemble du programme et présente le processus et les résultats cliniques, partage les ressources et outils créés dans le cadre du programme et donne aux autres équipes un point de départ pour créer leur propre programme.

F89 **Research Highlights From Wednesday**
10:00–11:00 Douglas Archibald, PhD

ROOM / SALLE : 605

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Showcase original research presented on Wednesday
2. Stimulate interest in primary care research
3. Learn about primary care research results

Description:

Please join us for this year's "Top Three Oral Abstracts and Award Winning published papers" session which will highlight the best in primary care research from across Canada. A rigorous peer-review process is applied to these submissions and the top three–ranked oral abstracts are given the opportunity to present a second time for the general membership. New this year, the recipients of the CFPC Outstanding Family Medicine Research Article and the *Canadian Family Physician* Best Original Research Article will present the research results from these papers. Come out to challenge the presenters. Share your ideas on the clinical relevance of their work and give feedback on what questions they should pursue next time. Help us cheer on primary care researchers working to improve the care of all Canadians.

F135 **Update on Screening Recommendations: What is new, what is controversial?**
10:00–11:00 Neil Bell, MD, SM, FCFP; Roland Grad, MD, MS, FCFP; Jim Dickinson, MBBS (Qld) CCFP PhD; Brett Thombs, PhD

ROOM / SALLE : Hall G

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explain and apply recent Canadian recommendations on preventive screening to patients in your practice
2. Explore, interpret and discuss controversial and conflicting recommendations on preventive screening with other physicians and patients
3. Participate and perform shared decision making including eliciting patient values and preferences with patients on preventive screening

Description:
Family physicians are frequently involved in decision making with their patients on preventive screening. National, provincial and specialist organizations in Canada develop new or update previous recommendations on a regular basis. This can make it challenging for family physicians to be aware of the most recent recommendations. Recent examples include not performing routine annual examinations and screening for breast cancer with mammography. There are often conflicting recommendations from different guideline developers. Guidelines quality can vary depending on the method used to develop the recommendations and other factors such as conflict of interest. Recommendations for some conditions are also surrounded by considerable controversy. Examples include recommendations on screening for breast, cervical, and prostate cancer. This can create confusion for both physicians and patients on the optimal approach and frequency for screening. Shared decision making (SDM) between physicians and patients provides a strategy to support decision in preventive screening where there is a trade-off between the harms and benefits of screening. SDM offers a structured format for incorporating patient values and preferences in screening decisions and is more effective if accompanied by the use of knowledge translation tools (KT). The workshop will provide a review of selected new or recently updated Canadian recommendations on screening. This will include a discussion of the potential benefits and harms and review of KT tools that can support decision making on these recommendations. The workshop will also explore and engage participants in discussion on examples of controversial or conflicting recommendations on screening. The workshop will outline suggested approaches that will allow physicians to better interpret and evaluate the quality of guidelines and the harms and benefits associated with these screening recommendations. Participants will also be given the opportunity to participate in SDM based on screening recommendations included in new or updated guidelines recommendations.

F314 **Canadian Cardiovascular Society Antiplatelet Guidelines: Management of antiplatelet therapy for the family physician**
10:00–11:00 Shamir Mehta, MD, MSc; Jean-François Tanguay, MD; Alan Bell, MD, CCFP

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify new evidence supporting APT and OAC therapies in patients with atrial fibrillation who undergo PCI
2. Discuss the management of patients on ATP requiring elective non cardiac surgery or other invasive procedures
3. Determine the appropriate duration of dual antiplatelet therapy following PCI

Description:
Antiplatelet therapy (APT) has become an important tool in the treatment and prevention of atherosclerotic events, particularly those associated with coronary artery disease. The 2018 CCS APT guidelines update incorporates new evidence on how to optimally use APT therapy, particularly in conditions in which few to no data were previously available. In this presentation, members of the CCS APT Guidelines Panel will present key recommendations from the 2018 APT update, and highlight new evidence with a family physician perspective. Utilizing cases to illustrate relevant clinical applications and guideline recommendations, presenters will discuss: 1) the duration of dual antiplatelet therapy (DAPT) in patients who undergo PCI for ACS and non-ACS indications; 2) the management of DAPT in patients undergoing non-cardiac surgery and in patients undergoing elective or semi-urgent CABG; 3) when and how to switch between oral antiplatelet therapies; and 4) PCI in patients with AF and the need for oral anticoagulants.

F343 **What Do I Do With My Residency Quality Improvement Project After Residency?**
10:00–11:00 Stephen Cashman, MD, CCFP; Jordyn Lerner, MD

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Enhance the scholarly merit of their residency quality improvement project

2. Identify venues to publish and present their residency quality improvement project
3. Determine strategies to disseminate their residency quality improvement project through non-traditional channels

Description:
Many family medicine residents complete a quality improvement project as part of their residency. This is typically done as a mandatory graduation requirement. Residents put many hours into their quality improvement project; but in many cases, they fail to fully capitalize on their hard work. For physicians interested in quality improvement, their residency work is an untapped source of publications and presentations, and of ideas to improve clinical practice. This presentation aims to help current residents plan ahead, so they can overcome barriers to quality improvement project dissemination and implementation. This presentation also aims to help recently-graduated residents turn the work they have already done into a project appropriate for dissemination and implementation. This presentation is moderated by one recently graduated physician and one current resident. It will feature a mix of residents and early practice physicians interested in, and engaged in research. The planned format will be a mix of case studies and pre-written/audience-sourced Q&A with an 'ask the panel then the audience approach.'

F373 **Non-Melanoma Skin Cancer in the Family Medicine Office: Practical pearls**
10:00–11:00 Jessica Hunter-Orange, MD, CCFP, DipPDerm

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn to Identify patients in your practice who are at high risk for skin cancers & how to screen them
2. Provide an overview of the common non-melanoma skin cancers presenting to family medicine clinics
3. Provide an overview of treatment and when to refer patients with non-melanoma skin cancers to dermatologists or surgeons

Description:
Incidence of non-melanoma skin cancer is on the rise in Canada. Family Physicians are instrumental in providing front-line assessment of patients presenting with concerning skin lesions. The majority of skin cancers are of the non-melanoma variety and these need to be evaluated and recognized. An overview of the common types of non-melanoma skin cancer (Basal Cell Carcinoma, Squamous Cell Carcinoma) will be provided, various treatment options and when to refer for specialty dermatology and/or surgical care will also be discussed.

F430 **Tongue-ties Demystified**
10:00–11:00 Anjana Srinivasan, MD CM, CCFP, IBCLC; Howard Mitnick, MD CM, CCFP

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Diagnose clinically relevant tongue-ties in breastfeeding infants
2. Manage breastfeeding issues related to tongue-ties
3. Decide when frenotomy may be indicated

Description:
Ankyloglossia, commonly referred to as "tongue-tie", is a condition where the sublingual frenulum extends further than usual toward the tip of the tongue. Studies show that infants with a tongue-tie at birth may have breastfeeding difficulties, including poor latch, maternal nipple pain, decreased breast milk supply, inadequate infant weight gain, and premature weaning. This session will review the types of tongue-ties, diagnostic criteria, how breastfeeding can be affected, how to decide when intervention is warranted, and the frenotomy procedure. Our clinical experience at a hospital-based referral center for complex breastfeeding issues including tongue-ties, will be shared and discussed with participants. Our breastfeeding clinic has conducted 3 research studies related to infant tongue-ties. These will be reviewed as well. This presentation will feature case presentations, interactive discussion, photos, videos and demonstrations. Ankyloglossia, commonly referred to as "tongue-tie", is a condition where the sublingual frenum extends further than usual toward the tip of the tongue. Studies show that infants with a tongue-tie at birth may have breastfeeding difficulties. This session will review the types of tongue-ties, diagnostic criteria, how breastfeeding can be affected, how to decide when intervention is warranted, and the frenotomy procedure. Being a regional centre for the diagnosis and management of tongue-ties, our clinical experience will be shared and discussed with participants. This presentation will feature case presentations, interactive discussion, photos and videos.

F455 **Identifying Potentially Harmful Medications When Prescribed Inappropriately in Patients With Impaired Kidney Function**
10:00–11:00 Allan Grill, MD, CCFP (COE), MPH, FCFP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize the common causes of adverse drug events (ADEs) and implement steps within your practice to help prevent them
2. Identify a list of commonly prescribed, potentially harmful medications when used inappropriately for patients with impaired renal function
3. Determine which medications should be dose-adjusted or avoided in patients with decreased kidney function

Description:
Adverse drug events (ADEs) are a public health problem in Canada. 3-6% of hospital admissions are due to medication adverse events, resulting in significant costs to the health care system. Patients with chronic kidney disease (CKD) or end-stage renal disease (ESRD) are at increased risk for ADEs, including acute kidney injuries (AKIs), due to the nephrotoxic effects of certain drugs. Inappropriate drug dosing, particularly those drugs that rely on kidney function for elimination, also remains a challenge for this patient population as it often represents an older demographic, who are taking numerous medications for multiple comorbidities. It is difficult for primary care providers to easily access a list of commonly prescribed, potentially harmful medications in those patients with CKD or ESRD. The development of such a list would contribute to an effective strategy to reduce and prevent patient harm. The Ontario Renal Network, a provincial government agency, is responsible for overseeing and funding the delivery of kidney disease services across Ontario. By 2019, it has committed to developing tools and resources for hospitals and primary care providers to reduce the incidence of avoidable harm in people with, or at risk of, kidney disease. This past year, a literature review was conducted to identify commonly prescribed medications associated with harm to patients with CKD, followed by a modified Delphi method to generate a nationally accepted list of inappropriate medications, and those requiring dose adjustment, for the renal comprised population. The Delphi Panel consisted of representation from across Canada with participation from nephrologists, pharmacists and family physicians. This lecture will use interactive case-based scenarios to provide an evidence-informed list of common medications prescribed by primary care providers that need to be used cautiously in patients with impaired renal function. Office workflow strategies to prevent ADEs will also be presented.

F464 **Exercise, Pregnancy, and Impact on Future Health: Update 2018**
10:00–11:00 Karen Fleming, MD, MSc, CCFP, FCFP; Lee Schofield, MD, CCFP; Sabrina Kolker, MD, MSc, CCFP; Pearl Yang, MD, PhD

ROOM / SALLE : 707
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify health benefits and potential risks of exercise in pregnancy and to both mother and baby
2. Discuss new guidelines and available tools for counselling pregnant women about exercise and pregnancy
3. Implement exercise prescription using updated exercise in pregnancy guidelines across different patient populations

Description:
Physical activity in pregnancy confers many benefits to two generations by reducing the risk of gestational diabetes, assisting with weight management, improving physical fitness, and improving psychological well-being in pregnancy. Guidelines from around the world recommend all pregnant women without contraindications participate in regular physical activity before, during and after pregnancy. In recent years, studies have demonstrated that exercise decreases the risk of gestational diabetes and hypertensive disorders of pregnancy and appears to improve utero-placental reserve during the ante-partum and intra-partum periods. Further examples of the benefits of exercise in pregnancy include a decreased risk of operative delivery and decreased risk of excessive weight gain during pregnancy. Physician counselling has been shown to result in increases in patient participation in exercise and physical activity. Brief physical activity counselling is enough to motivate patients to make behaviour changes, which in many cases are long lasting. Given the efficacy of physician exercise counselling and the benefits of exercise in pregnancy, it is of the utmost importance that prenatal patients receive evidence based exercise counselling from their primary care providers as well as their obstetrical care providers. Despite this, many physicians do not counsel their patient on exercise with studies demonstrating that

physician demographics such as age, gender, and training can influence whether or not they provide exercise counselling to their patients. Additionally, further barriers exist such as time and transitions across health care providers and settings. In 2018 updated Canadian Exercise and Pregnancy guidelines will be released providing opportunity to address knowledge translation with women, health care providers and other stakeholders to increase likelihood of women receiving exercise counselling and assistance in implementing changes known to improve pregnancy outcomes and future health in women and children. Providers will leave session with tools needed to implement exercise prescription in their setting.

F490 **Giving Ourselves the Tools to Assess Comprehensiveness Across International Primary Care Settings**
10:00–11:00

ROOM / SALLE : 802AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe and analyze a common and mutually relevant definition of comprehensiveness
2. Describe promising practices of comprehensiveness-enabling strategies in the clinical setting
3. Identify the key elements of a research plan to study comprehensiveness across various low- and middle-income settings

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. Over the past decades, international champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. Within the broad sphere of primary care, which includes family medicine, the concept of comprehensiveness has been identified as one of the key determinants of effectiveness. Its definition however, in a way that allows for meaningful ongoing evaluation across settings, remains a challenge. This workshop will endeavour to test and refine a concept of comprehensiveness that would enable useful research on the topic across various primary care settings. Building on a presentation of preliminary work by the Besrour Centre research team on the topic of comprehensiveness, participants will work in small and large groups to converge toward a common and meaningful definition of comprehensiveness and 1-2 draft study outline to study comprehensiveness a cross a number of Besrour partner settings, including some in Canada. Both previous Besrour partners as well as newly interested Canadian and international colleagues are welcomed to participate.

F483 **The Road to Living Well as an MD: From survive to thrive**
10:00–11:00 Maria Patriquin, MD, CCFP

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Provide students and physicians means to self evaluate stress levels and burnout
2. Provide physicians evidence for healthy practices and means to self-identify barriers to self-care
3. Provide physicians and patients resources supporting evidence-based practices for healthy lifestyles

Description:
It's ironic that while studying medicine we often become unhealthy ourselves and some of these patterns can continue well into practice. Those who choose medicine tend to have personality characteristics that, coupled with a demanding training culture, engender overwork and a lack of self-care. This can lead to burnout – something that upwards of 50% of medical students, residents and practicing family physicians experience, according to recent studies. Burnout has been linked to depression, suicidality, addictions, sleep disorders, poor physical health, interpersonal difficulties and financial problems. It erodes empathy, the cornerstone of the therapeutic relationship we work hard to foster. Without empathy and compassion, we lose meaning, connection, efficacy and satisfaction. The ability to survive, thrive and flourish in medicine resides in having compassion for yourself. When we experience stress, we tend to sacrifice the self-care that helps us achieve and maintain optimal physical and mental health. Healthy choices reduce stress and increase resilience. Participants will be familiarized with self assessment tools and means to become mindful of their own needs and care. The top 10 ways of living well while studying and practicing medicine will be reviewed along with the evidence for each measure. Participants will learn how treating obstacles as challenges and setbacks as temporary external events rather than personal failures helps us persevere. Healthy lifestyles lead to greater satisfaction personally and professionally. Being able to respond to our experiences with more compassion, greater flexibility, and resilience will ensure we thrive rather than merely survive. The

research demonstrates that physicians who themselves lead a healthy lifestyle are more likely to influence their patients to do the same. The case for authenticity. It's win-win!

F754 **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 : 700 Foyer
Mainpro+ Group Learning certified credits = 1

F581 **Screening for Adverse Childhood Experiences in a Family Practice Clinic**
William J. Watson*, MD, FCFP; Seema Bhandarkar, NP; Katie Sussman, MSW; Ashley King, MSW

There is a compelling body of evidence that suggests that the impact of childhood trauma, adverse childhood experiences (ACE's), can have negative health consequences in adult life, both physical and mental.(Felliti, 1998). ACEs which include stressful childhood experiences such as abuse, neglect, witnessing domestic violence or growing up with alcohol/ substance abuse, mental illness, parental discord or crime in the home, are a common pathway to social, emotional and cognitive, and even medical impairments in later life. These negative experiences can lead to unhealthy behaviors, school drop-out, depression, suicide, violence, disease, disability and premature mortality. In short, the ACEs are correlated with the social determinants of health which have a long term impact on health outcomes and health care utilization of our patients. (Glowa, 2016). Many physicians are unaware of the impact of ACEs , and what interventions might be available individuals with high ACE scores. Previous studies have developed the ACE survey which consists of 10 questions relating to childhood trauma.(see appendix) An ACE score of greater than 4score is associated with a significantly higher risk of health problems later in life, including obesity, smoking, depression, suicide attempts, illicit drug use, heart disease and cancer. The ACE score can help family physicians identify and facilitate conversations with their patients about adverse childhood experiences, and help provide 'trauma –informed care'. One study (Glowa, 2016) concluded: 'Incorporation of ACE screening during routine care is feasible and merits further study. ACE screening offers clinicians a more complete picture of important social determinants of health. Primary care–specific interventions that incorporate treatment of early life trauma are needed.' This abstract will describe some of the important aspects of the ACE survey and how it may be feasible for use in Family Practice as a method of screening for mental health problems.

F560 **Addressing the Crisis: Using collaborative quality improvement to improve opioid use disorder care**
Cole Stanley*, MD, CCFP; Laura Beamish, MSc; Jan Klimas, PhD; Danielle Cousineau, RN; Rolando Barrios, MD, CCFP

Context: Since 2016, there have been over 2400 opioid-related overdose deaths in BC, with 600 occurring in Vancouver. Several targeted services were launched in response, but the number of overdose deaths continues to increase. Opioid use disorder (OUD) can be in sustained, long-term remission when individuals are retained in care and receive appropriate doses of oral opioid agonist therapy (oOAT). Provincial data shows only 55% of people receiving oOAT are on optimal doses. Further, six and 12-month retention rates are only 42% and 32% respectively. **Objective:** To apply structured quality improvement methodology to systematically close gaps in care for people living with OUD in Vancouver. **Design:** The Institute for Healthcare Improvement's Breakthrough Series Collaborative methodology. **Setting:** Vancouver Coastal Health (VCH) community primary care, mental health, substance use, and outreach services. **Participants:** Clients living with OUD who have accessed care at any of the participating VCH Community Health Centres (CHCs) or services (approx. 3000). **Intervention:** A 24-month Quality Improvement Collaborative. Participating CHCs use The Model for Improvement to guide system change and benefit from regular in-person coaching, qualitative and quantitative reporting, educational webinars, access to expert faculty, and quarterly in-person Learning Sessions. **Main outcome measures:** Access to oOAT, optimal oOAT dosing, oOAT retention, and a quality of life scores. **Results/findings:** Preliminary process measures show teams have been highly successful in standardizing clinical data entry with a four-fold increase in the number of clients with an appropriate diagnostic code (650 to 3000). Preliminary outcome measures indicate access to oOAT is increasing and further outcome data is expected with ongoing standardized data entry. **Conclusion:** It is anticipated that this organized effort across primary care and other services in Vancouver will result in improved retention rates, more clients on optimal treatment doses, and improved quality of life for people living with OUD.

F713 **Changing the Culture of UTI Management**

Sahaana Rangarajan*, MD; Siavash Taheri-Shalmani*, MD; Lindsay Wong, PharmD; Zhanying Shi; Gina Yip, MD, CCFP

Context: Although routinely ordered, urine cultures are not required for all patients presenting with lower urinary tract symptoms (LUTS). An EMR review conducted at Health For All (HFA) Family Health team in Markham Ontario revealed that 73% of urine cultures ordered by residents between December 1 2017 – December 31 2018 were not clinically indicated. **Design/objective:** This quality improvement (QI) study was initiated at the HFA Family Health Team in Markham with the goal to reduce the proportion of unnecessary urine cultures ordered for suspected UTIs. **Participants:** Patients who had at least 1 urine culture ordered were evaluated for study eligibility. Patients were excluded from the study if they were male, pregnant or <18 years of age. 90 patients were included in the pre-intervention analysis (December 1 2016 – December 31 2017) and 15 patients in the post-intervention analysis (February 1st – March 28 2018). **Intervention:** Several PDSA cycles were completed over the course of this study. A literature review was conducted to define appropriate indications for ordering urine cultures in our target population. A resident survey revealed that 46.7% of residents were not aware of the indications to order a urine culture. Subsequently, a UTI management algorithm was developed and implemented in the EMR to help guide residents to order urine cultures only when indicated based on the Toronto Central LHIN guidelines. **Main outcome:** Percentage of patients who had urine cultures ordered with no indication. **Results:** Following implementation of the UTI management algorithm there was a 73% reduction in the number of urine cultures ordered with no indication between February 1st – March 28 2018. **Conclusion:** Implementation of a UTI management algorithm in a family medicine teaching unit can increase safety and decrease costs by reducing the number of unnecessary urine cultures ordered for urinary related complaints.

F540 **Using EMR Data, QI and Research to Improve Care for Complex Elders**

Michelle Greiver*, MD, MSc, CCFP, FCFP; Simone Dahrouge, PhD, MSc; Patricia O'Brien, RN MScCH; Donna Manca, MD, MClSc, FCFP; Marie-Therese Lussier, MD, MSc, FCFP

Objective: To describe the elements of a large quality improvement (QI) and research collaboration to improve care for complex elderly patients. **Background:** Some elders are living with multiple chronic conditions and are taking many medications, some of which may not be beneficial. Single disease focused guidelines may not be helpful and can sometimes increase medication burden with limited benefit or even harm for patients. Complexity itself may make it difficult to understand how to improve care and may be frustrating for both physician and patient. We propose a new collaborative program to address this. **Target population:** Complex elderly patients taking ten or more unique medications and followed in primary care practices. **Intervention:** A Structured Process Informed by Data, Evidence and Research (SPIDER). Practices applying SPIDER approach will 1) form inter-professional Learning Collaboratives, 2) review validated and comparable EMR data and 3) work with QI Coaches to identify areas of potential improvement, develop strategies, implement changes and evaluate the impact. The difference with SPIDER: SPIDER uses QI methods, including rapid Plan-Do-Study-Act cycles, and support from QI coaches as part of Learning Collaboratives. It also provides validated, comparable EMR data obtained from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). Finally, it leverages research methods in Practice Based Research Networks for measurement to compare information across practices. The collaborative efforts of clinicians, patients, QI experts and researchers is what provides SPIDER its power. SPIDER received $1Million CIHR funding in February 2018 and secured over $1.6 million from partners.

F528 **Cognitive-Behavioural Therapy for Insomnia Tool in Primary Care: Addressing shortage of psychotherapy services**

Susy Lam*, MSc; Ashley Zaretsky, MD, CCFP, MSc; Jay Nathanson, MD, MPH

Insomnia is a common issue among Canadians, with a nearly 40% prevalence of individuals who meet at least 1 symptom criteria of insomnia. In addition, insomnia negatively affects the patient at an individual level, through reduced quality of life and increased risk of depression - as well as at a systemic level, where insomnia impacts occupational productivity and poses an economic burden on society. Often, primary care physicians are the first point of contact that patients seek when they experience symptoms of insomnia. Cognitive behavioural therapy (CBT-i) is a gold-standard treatment for insomnia, proven to be more efficacious and sustainable over time for insomnia symptoms compared to medical therapy in patients with primary insomnia. Currently, the wait time to access OHIP-funded services in psychotherapy is in the order of months to years, leaving many patients faced to choose between waiting a long time for covered therapy, or paying out of pocket to immediately access private psychotherapy services. To address this issue, the

Insomnia PowerPlan (SleepRx) was developed. It is a CBT-i derived information tool for physicians and patients to work together and address symptoms of insomnia. The tool contains themes of sleep restriction, sleep hygiene, medication de-prescribing for insomnia, as well as a focus on important elements of CBT, such as reframing cognitive distortions. This tool aims to facilitate the dialogue between physicians and their patients through developing a tailored plan to address their insomnia at home, using the SleepRx. Ultimately, the goal of this initiative is to: (1) help alleviate the symptom-burden that patients with insomnia experience, through intervening at the primary care level using SleepRx; and (2) create a quality-improvement program using the tool as a cornerstone to help patients access strategies for insomnia management early in their care, and (3) raise awareness for medication de-prescribing in insomnia.

F80 **Neurobiologically Based Approaches to the "Difficult Patient": Part 1 of understanding complex trauma**
10:00–12:15 Erika Cheng, MD, CCFP, FCFP

ROOM / SALLE : 714AB
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 health care behaviours such as noncompliance, poor engagement with health, 'attention seeking', aggression, or 'borderline' type styles toward 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

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F158 **Fundamentals of Assessment 102: Applying assessment principles to designing programmatic assessment**
10:00–12:15 Cheri Bethune, MD, MClSc, CCFP, FCFP; Shelley Ross, PhD
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Describe the need to match assessment tools to the purpose of assessment
2. Identify tools and processes 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:
While all family medicine educators are involved in assessment of learners to some degree, some educators are more deeply involved. This could be due to personal interest, or may be a by-product of the role or position of the educator. At a certain point, educators find themselves moving beyond appropriately using the given tools or processes of a program, and become involved in the planning and designing of assessment programs. 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 toward 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 should be ready to share cases and experiences in small group work. 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.

F153 **From Enhanced Skills to Enhanced Competence: Triple C and enhanced skills residency training**
10:00–12:15 Aaron Johnston, MD, CCFP (EM), FCFP; Nancy Fowler, MD, CCFP, FCFP; Roy Wyman, MD, CCFP, FCFP; Ivy Oandasan, MD, CCFP, MHSc, FCFP
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 604
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Defining enhanced skills core competencies
2. Linking entrustable professional activities (EPAs) and priority topics/key features
3. From EPA to assessment tools

Description:
This session is aimed at enhanced skills program directors and others closely involved with enhanced skills curriculum. The interactive workshop will focus on the development of a Triple C framework for enhanced skills residency programs. The session will begin with an interactive discussion around defining the core competencies of an enhanced skills domain. Participants will learn about entrustable professional activities (EPAs) and how these can be used to link the definition of core competency with the priority topics and key features. Participants will have the opportunity to work as groups on EPAs relevant to their own enhanced skills domains. Finally translation of EPAs into usable assessment tools and assessment frameworks will be discussed.

F409 **Health Advocacy: Exploring the levers that drive teaching and learning in your setting**
10:00–12:15 Maria Hubinette, MD, CCFP, MMEd, FCFP; Theresa van der Goes, MD, CCFP; Renate Kahlke, PhD; Jenn Clark, BA; Ian Scott, MD, MSc, CCFP, FRCPC, FCFP
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Describe an empirical model for understanding how learners and context interact to support or undermine health advocacy learning
2. Analyze contextual affordances and barriers to various forms of health advocacy present in their own context
3. Discuss strategies to manage barriers and maximize affordances in participants' contexts

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, the hidden curriculum coupled with the diverse clinical settings that learners are trained and assessed in can have strong, and sometimes negative features that can hinder student and residents from incorporating appropriate advocacy skills and habits for future practice. Based on data from a Canadian study, we developed a model that illustrates how learners make decisions about how and when to partake in advocacy activities. 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)). These factors can be used to explore how learners and settings interact to contribute to advocacy learning as well as how to select and prepare learners and settings to draw more educational value out of the learner-setting dyad. 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 to maximize health advocacy learning; Reporting back of lessons learned and large group discussion; Wrap up: take homes, actionable items. Upon achieving the objectives for this workshop, participants will be able to (1) explore their learner's understanding of advocacy (2) assess their own unique educational contexts and the affordances they provide in supporting health advocacy learning and (3) adopt pedagogical strategies to select and modify educational settings to better serve health advocacy learning.

F741 **Bridging Canadian and International Experience in Family Medicine Towards Health for All**
11:15–12:15 Katherine Rouleau, MD, CCFP, FCFP

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the Besrour Centre's top priorities and design the vision for the Besrour community for the next 3 years, including holding a Besrour forum in Uganda 2019
2. Reflect and discuss the role of the Canadian and global family medicine communities in contributing to primary care strengthening worldwide
3. Identify a scope of work for the Besrour community to contribute to the implementation of the new Alma Ata Declaration

Description:
At this unique time in history, the global community is being mobilized to demonstrate its re-commitment to global health equity through discussions at the 40th anniversary of the Alma-Ata Declaration. The year 2018 also marks the year of more than 6 years of collaboration between Canadian and international family medicine partners linked through the Besrour network. The Besrour Centre is a hub of international collaboration to advance global family medicine housed within the CFPC. With family medicine being increasingly recognized as an essential pillar of effective and equitable health systems worldwide, the Besrour community is being urged to evaluate its role in contributing to primary care worldwide. Through a short introduction, followed by small and large group discussions, participants will be part of a design process to shape the next 3 years of Besrour Centre activities, with the aim of identifying family medicine-focused strategies so strengthen primary care worldwide. Both past Besrour Forum participants and other interested CFPC members are welcomed to attend and share their experience and expertise.

F110 **The Best of Both Worlds: Maintaining optimal health for refugees**
11:15–12:15 Meb Rashid, MD, CCFP; Vanessa Redditt, MD; Praseedha Janakiram, MD; Roseanne Hickey, RN EC; Vanesssa Wright, RN EC

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Appreciate the demographics of refugee migration to Canada
2. Identify the common health issues that confront refugee populations
3. Understand health insurance coverage for refugee populations

Description:
Global refugee numbers are at historical high levels and Canada has recently seen a dramatic increase in refugees arriving in the country. Many refugees originate from countries where the prevalence of specific health issues may differ from the Canadian context. Some may have never had access to consistent primary care. The refugee process and post migration stressors also subject individuals to increased health risks. Despite such risks, most refugees arrive in Canada in relatively good health. Primary care clinicians are uniquely placed to ensure that newly arrived refugees retain this resiliency and that health issues do not impede the migration process. This workshop will provide an overview of the refugee process and the differences in health risks for different categories of refugees. It will explain the refugee process in Canada and how different health issues may arise at differing points in the migration trajectory. It will allow participants an opportunity to identify the unique health needs that confront refugee populations and will address the optimum management of such issues. It will also review the current status of health insurance coverage for refugees and refugee claimants in Canada.

F148 **Young Adults: Prevention tools and strategies**
11:15–12:15 Anita Greig, MD, CCFP, FCFP

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify and describe the unique risks, behaviours and health concerns of young adults
2. Use the Greig Health Record for Young Adults in opportunistic prevention scenarios

3. Apply prevention strategies that are evidence-based and accord with Choosing Wisely objectives

Description:
Young adults are a special population. They are a group in transition from adolescence to independent adulthood, with a unique combination of risks, behaviours and health concerns. Yet this cohort, 18 to 24 years, accesses health care infrequently and thus primary care providers may not be familiar with their needs. The Greig Health Record for Young Adults (GHRYA) is an evidence-based preventive care checklist and resource tool. This session will introduce the GHRYA and the associated 5 pages of Internet resources, screening tools and patient information. The format will consist of a few short cases and explore how the GHRYA can be of use in these common patient presentations.

F150 **The HARMS Initiative for Safer Opioid Prescribing Through Systematic Urine Drug Testing**
11:15–12:15 Ryan Patchett-Marble, MD, CCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Interpret immunoassay and chromatography urine drug tests (UDT) within their limitations
2. Adjust opioid prescribing and monitoring practices to a patient's evolving risk
3. Implement the HARMS program (including UDT component) into one's own practice

Description:
Family physicians are often left in the lurch as they attempt to manage chronic pain effectively, while mitigating the risks of misuse. This session focuses on patients with chronic non-cancer pain (CNCP) who are being prescribed opioids, and how to apply the Marathon Family Health Team (MFHT) High-yield Approach to Risk Mitigation and Safety (HARMS). The HARMS initiative was designed and implemented by family physicians who wanted a practical, easy-to-use approach to systematically improve the safe prescribing of opioids. Preliminary research suggests that the HARMS model is effective in detecting high-risk patients, and then escalating them to addiction programs or tighter prescribing systems. HARMS applies universal precautions to all patients being prescribed opioids for CNCP. It essentially risk stratifies a patient, tailors prescribing and monitoring practices to that risk, and then uses systematic urine drug testing (UDT) to adjust that risk. Even low risk patients are subject to random UDT. HARMS draws from principles in addictions medicine, by effectively tightening control for patients who appear to be higher risk, and loosening control for those who appear to be lower risk. This session will demonstrate the HARMS initiative with a focus on urine drug testing and dynamic risk stratification. Participants will develop comfort with interpreting UDT and applying the results to adjust prescribing and monitoring practices for any given patient. Numerous educational tools and resources to facilitate adoption of the HARMS program will be presented. This includes most notably the MFHT Risk Stratification Ladder, and the MFHT automated UDT interpretation tool (START-IT). START-IT was recently recognized by Joule in a featured article for innovation ("17 in 2017"), and for its potential to "shape the future of health care." Physicians or clinics interested in learning more or adopting the HARMS program are encouraged to attend this session and/or contact the MFHT.

F167 **Using Data and Resources to Improve the Care of Elderly Patients With Polypharmacy**
11:15–12:15 Michelle Greiver, MD, MSc, CCFP, FCFP; Simone Dahrouge, PhD, MSc; Trish O'Brien, RN, MScCH; Donna Manca, MD, MClSc, FCFP; Marie-Therese Lussier, MD, MSc, FCFP

ROOM / SALLE : 802AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Apply Quality Improvement (QI) methods to introduce and test changes in practice to improve the care of complex patients
2. Use practice data to find elderly patients with polypharmacy (ten or more medications) and measure the impact of changes
3. Identify and select programs and personnel to support the implementation, spread and sustainability of changes in practice

Description:
Family doctors want to improve care for complex patients but doing this can be difficult; their health and care profiles do not fit guidelines best suited to managing single conditions. In this workshop, we will discuss QI methods and processes, resources and data that can make care improvement possible for some of the most complex patients we look after: elders living with polypharmacy. Polypharmacy in elders is not rare. 23% of patients age 65 or more are prescribed ten or more

unique medications each year; 75% have received at least one problematic medication (for example, a benzodiazepine). EMR data in Toronto show that each family physician looks after an average of 24 elders on ten or more drugs in their practice. These patients have multiple chronic conditions and have ongoing high care needs and costs. We can identify these patients using EMR data. QI support and education is increasingly available through regional or provincial QI programs; some programs and provinces offer practice coaches or practice-based QI specialists. New guidelines to support deprescribing have been published. Changes in practice to benefit these vulnerable patients are possible and can be adapted, taking local resources and context into account. The presenters have extensive experience with: teaching and applying QI methods; using EMR data for QI and research; working with practice coaches and facilitators. The experience has been gained in different contexts and provinces and will be shared with the workshop participants. During this workshop, we will provide: a short presentation to discuss the clinical problem and challenges with implementing changes, as well as some proposed solutions; a large group discussion of facilitators and barriers to accessing data, and implementing and measuring changes for these patients in each context; and a small group exercise using some actual data to work through examples for complex patients.

F212 **Hepatitis C: Tools, pearls, and new treatments for primary care**
11:15–12:15 Sharon Gazeley, MD, CCFP; Bernadette Lettner, RN

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss approaches to screening and diagnosis of chronic hepatitis C
2. Apply knowledge of new treatments for HCV to identify and prepare patients for treatment
3. Use a practical approach to monitor chronic HCV before, during and after treatment

Description:
Chronic hepatitis C is an infectious disease affecting an estimated 250,000 Canadians. It is the first curable chronic viral infection. The field of hepatitis C treatment has been revolutionized in recent years with advancing treatments which have high efficacy and low side effect profiles. Treatment of chronic hepatitis C is becoming more widely accessible and family physicians are well-suited to treat patients with this condition. This workshop will share guidelines for family physicians to screen for and diagnose chronic hepatitis C, review practical approaches and tools to prepare patients for treatment, and enable family physicians monitor patients with chronic hepatitis C during and after treatment.

F219 **Top 10 Missteps When Treating Skin Diseases**
Les 10 plus grands faux pas lors du traitement des maladies de la peau
11:15–12:15 Christie Freeman, MD, CCFP, MSc, FCFP

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify some common diagnostic mimickers and identify characteristic features that allow discrimination between them
2. Explain the warnings attached to several therapeutic agents and interpret whether they are worthy of guiding our treatment decisions
3. Widen the differential diagnosis for some common dermatology presentations and implement changes to how these are investigated in practice

Description:
Some common dilemmas in dermatology such as the appropriate use of topical steroids, how to treat (or not treat) skin infections, adult acne, the ever increasing burden of actinic keratoses, chronic red legs, and others will be discussed by looking at some common mistakes we make when treating dermatology patients. The evidence for treatment and diagnostic pearls will be shared in order to help us shrink the size of our own blooper reels in dermatology.

Objectifs d'apprentissage :
1. Identifier certaines imitations de diagnostics courants et nommer les caractéristiques qui permettent de les distinguer
2. Expliquer les mises en garde de plusieurs agents thérapeutiques et interpréter s'il vaut la peine d'en tenir compte pour guider nos décisions thérapeutiques

3. Élargir le diagnostic différentiel de certaines présentations dermatologiques courantes et mettre en œuvre les changements de la façon dont elles sont investiguées en pratique

Description :
Certains dilemmes dermatologiques tels que l'emploi approprié de stéroïdes topiques, comment traiter (ou ne pas traiter) les infections de la peau, l'acné adulte, le fardeau toujours croissant des kératoses actiniques, les jambes chroniquement rouges, et autres feront l'objet de discussion en se penchant sur les erreurs courantes que nous commettons lors du traitement des patients en dermatologie. Les données probantes sur le traitement et les pratiques diagnostiques exemplaires seront partagées afin de nous aider à réduire nos gaffes en dermatologie.

F288 **"Will Mommy Die?": Introducing a new online resource for supporting grieving children**
11:15–12:15 Andrea Warnick, RN, MA

ROOM / SALLE : 705
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize strategies to overcome common barriers to supporting children who are grieving a serious illness or death
2. Identify four common concerns children have when someone is seriously ill, dying or has died
3. Recognize how to use kidsgrief.ca in their practice to provide guidance to adults who are supporting grieving children

Description:
The death of a significant person represents one of the most powerful disruptions in all aspects of a child's emotional existence. Yet there is little guidance available to adults who are supporting children through the dying and death of a family member or friend. Adults often struggle to determine how involved the child should be with the person who is dying, what language to use, and how much information to share. While many families seek guidance from health care providers such as family physicians few clinicians receive training on the topic, and many lack confidence in providing the level of support they would like to provide to families. To help address this gap, a team of grief experts and family advisors developed KidsGrief.ca – a series of three online learning modules that equip parents, guardians and other caregivers with grief support strategies for children aged 0–18. They are also an educative and family resource for health care providers. Topics include: teachable moments, such as the death of a pet; preparing kids to be at the bedside of someone who is dying; informing kids about a death; explaining Medical Assistance in Dying, supporting kids following a suicide death; and more. KidsGrief.ca will help bridge the gap that currently exists between the literature and practice when it comes to supporting children who are experiencing the dying or death of someone close to them. This session will allow participants to experience the resource, learn support strategies, and to explore their own questions, concerns and barriers in terms of helping grieving children.

F295 **Management of Palliative Care Emergencies**
11:15–12:15 Andrea Weiss, MD, MSc, CCFP (PC); Grace Ma, MD, CCFP (PC)

ROOM / SALLE : 716AB
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 five palliative care emergencies: malignant spinal cord compression, hypercalcemia, superior vena cava syndrome, 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.

F315 **Canadian Cardiovascular Society Atrial Fibrillation Guidelines: Management of AF for the family physician**
11:15–12:15 Alan Bell, MD; Atul Verma, MD; Clare Atzema, MD

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss the latest evidence on stroke prevention before and after cardioversion for atrial fibrillation
2. Understand antithrombotic management of patients with atrial fibrillation and coronary artery disease
3. Examine recommendations regarding risk factor modification for AF

Description:
Affecting approximately 350,000 Canadians, Atrial fibrillation (AF) is the most common arrhythmia managed by physicians. 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. Given the emergence of new evidence on AF, The Canadian Cardiovascular Society (CCS) Atrial Fibrillation Guidelines Panel provides periodic updated recommendations that address clinically important advances in the management and treatment of AF. In this session, members of the CCS Atrial Fibrillation Guidelines Panel will present key messages from the 2018 guideline update, and highlight new evidence with a family physician perspective. Members will use example cases to discuss: (1) atrial fibrillation and cardioversion (timing of cardioversion, use of NOACs before and after cardioversion, etc.), (2) risk factor modification for atrial fibrillation, and (3) antithrombotic management of patients with atrial fibrillation and coronary artery disease.

F322 **Fact or Fiction: Understanding the true risks and benefits of intrauterine contraceptives**
11:15–12:15 Tejal Patel, MD, CCFP; Dustin Costescu, MD, FRCSC; Morgan Black, MD, CCFP

ROOM / SALLE : 707
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Differentiate myth from truth about commonly held beliefs by reviewing the evidence for selected risks and benefits of IUCs
2. Develop greater confidence in counselling patients on a broader range of contraceptive options
3. Identify opportunities to change contraceptive practices and reduce rates of unintended pregnancies

Description:
Intrauterine contraceptive (IUC) options, both hormonal and non-hormonal, have been well established to be highly effective, user independent methods of pregnancy prevention. Despite this, uptake of these methods of contraception in the Canadian population is quite low (approx. 4%). It has been suggested that one of the major contributors to this low uptake is patient misinformation. Studies have also suggested that providers identify a lack of comfort with counseling, specifically around intrauterine contraceptives, and are more likely to discuss less effective methods such as condoms and oral contraceptive pills. This session will use interactive audience polling to explore the evidence based risks and benefits or intrauterine contraceptive options with the aim of improving provider confidence in counseling and offering this highly effective class of contraceptives. Counseling practice pearls will be highlighted and a number of educational resources for patients and providers will be discussed. Attendees are asked to bring a mobile device, tablet or laptop to participate in the interactive components of this session.

F332 **Money, Time, and Medicine: Is it worth it?**
11:15–12:15 Magbule Doko, MD

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Examine the factors that lead to physician burnout
2. Examine how minimalism can be incorporated into your lifestyle
3. Learn tips on balancing your roles in your professional and personal life

Description:
This talk will review the presenter's experience as a new physician and the presenter's first year of family practice. Through

the presenter's story, you will learn lessons about balancing your professional and personal lives. The talk will also discuss burnout and strategies to prevent it. The talk will discuss the concept of minimalism and how you can apply it to your life. The session will provide you with a new view on the career and work of a physician and allow you to reflect on your own experience as a medical professional.

F367 **First Five Years in Family Practice: Locums 101**
11:15–12:15 Stephen Hawrylyshyn, MD, MSc, CCFP

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

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

Description:
Locums are an essential part of family practice throughout Canada. This interactive session, facilitated by the First Five Years in Family Practice Committee, will provide a complete overview to providing locums coverage and will prepare attendees for each aspect of that process. A panel of family physicians who have extensive experience with locums will identify the essential information for those considering locum placements, through lessons learned from their personal experiences and their strategies for success that can be applied by attendees in their own locums. Topics will include what should be discussed during the initial contract negotiations, how to ensure the smoothest transition for coverage, key questions to ask of the host physician, and what to consider before accepting a locum – all of which ensure a successful locums and maintain continuity of care for Canadian patients. The panelists will also demonstrate how locum experiences in early career can be used to compare different types of family practices to assist with planning for one's own career and scope of practice. The session will conclude with an opportunity to ask questions in which panelists will respond and address any specific challenges or concerns raised by attendees.

12:15–13:30 **Teachers and Preceptors Town Hall**
Assemblée générale des enseignants et superviseurs

ROOM / SALLE : 718A

F735 **Hypertension 2020: Putting the guidelines into practice (Ancillary Session)**
12:30–13:30 Alan Bell, MD

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Apply appropriate methods for making a diagnosis of hypertension
2. Implement evidence-based threshold and taget BPs
3. Integrate guidelines for hypertension management

Description:
This is an educational resource specifically intended to help primary care physicians implement the latest evidence-based medicine on hypertension management. Brief clinical case vignettes are used to highlight important recommendations from Hypertension Canada Guidelines, and reinforce the key existing guidelines that remain relevant for optimizing patient outcomes.

F758 **Patients and Health Care Providers: Partners in obesity management (Ancillary Session)**
12:30–13:30 Sean Wharton, MD

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Demonstrate an understanding of the impact of obesity and its pathophysiology as a chronic disease and outline a rationale for its management
2. Discuss practical approaches to overcoming challenges in the management of obesity
3. Outline the current treatment options for obesity including behavioural interventions, pharmacotherapy and surgery, and learn strategies to incorporate management options into practice

Description:

Obesity is a highly prevalent, chronic disease that requires management. Both healthcare providers and patients play important roles in determining the eventual success of an obesity management plan. This program not only highlights the fundamental concepts and key considerations for obesity management, but also provides a patient's perspective to underpin the importance of this collaboration.

F55 **Teaching Outside the Box: Creative ways to revitalize the classroom**
13:30–14:30 Daniel Leger, MD, CCFP
Highlights novice concepts for teachers outside the clinical setting.

ROOM / SALLE : 604

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review key learning theories, current educational principles and teaching preferences of today's learner
2. Explore new innovative teaching methods such as gamification, educational entertainment, microburst teaching and portable curriculums to help evolve the classroom
3. Implement teaching strategies that will re-engage our learners inside and outside of the classroom

Description:

There is a current disconnect in higher education between the way millennials or the "Net Generation" learn and the way that faculty teach. By growing up in an age of computers, portable technology and digital media, today's learner has specific learning preferences and environmental needs. These recent advances in technology have fostered an accessibility to information and encouraged multitasking behaviours that have rapidly transformed our learners and outpaced the evolution of our very own classrooms. Any presenter, teacher or curriculum program director has undoubtedly witnessed the decline in interest toward typical slide based presentations or lectures of longer duration. Expecting our students to learn using traditional teaching methods in a traditional classroom environment is simply ineffective. The following workshop will use innovative teaching methods to review our learner's needs, understand their learning preferences, identify the key educational principles for effective teaching and explore new creative ways to revitalize our classrooms. Using creative videos, nerf guns, mystery boxes and much more, this session's aim is to help you "think outside the box" when it comes to teaching. Be prepared...

F77 **Top Ten Things Every Family Doctor Should Know About Cancer**
Les dix choses que tout médecin de famille devrait savoir sur le cancer
13:30–14:30 Anna Wilkinson, MD, MSc, CCFP

ROOM / SALLE : Hall F

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand key oncology concepts as they apply to family medicine
2. Develop an awareness of basic cancer treatments and common oncology emergencies
3. Recognise long term side effects of cancer therapies

Description:

With the increasing incidence of cancer and improved survival rates post treatment, family physicians find themselves caring for more and more patients with malignancies, despite minimal oncology education. This session aims to distill a complex, ever changing field down to concise and applicable key concepts which family physicians can use in their everyday practice. Topics covered will range from diagnosis to radiotherapy and chemotherapy basics, recognition of common oncology emergencies, long term side effects of cancer therapy and new targeted and immunotherapy agents. The "Top Ten" topics discussed will equip

family doctors to support and care for patients with cancer in their practices more effectively and confidently.

Objectifs d'apprentissage :
1. Comprendre les principaux concepts d'oncologie et leur application en médecine familiale
2. Se sensibiliser aux traitements de base du cancer et aux urgences oncologiques courantes
3. Reconnaître les effets secondaires à long terme des traitements anticancéreux

Description :
Avec la hausse de l'incidence du cancer et de la survie après un traitement, les médecins de famille finissent par prodiguer des soins à de plus en plus de patients atteints de cancer, et ce, malgré une formation minimale en oncologie. Cette séance scinde un domaine complexe et changeant en concepts concis et applicables que les médecins de famille peuvent utiliser dans leur pratique de tous les jours. Les sujets couverts vont du diagnostic et de l'ABC de la radiothérapie et de la chimiothérapie à la reconnaissance des urgences oncologiques courantes, en passant par les effets secondaires à long terme du traitement anticancéreux et les nouveaux agents ciblés et d'immunothérapie. Les « dix meilleurs sujets » abordés permettront aux médecins de famille d'appuyer et de soigner avec confiance et efficacité les patients cancéreux qui fréquentent leur pratique.

F84 **Approach to the Suicidal Patient in Primary Care**
13:30–14:30 Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe important screening quesions in suicide assessment
2. Identify the essential elements of the certification form
3. Apply suicide risk principles to the patient with Borderline Personality Disorder

Description:
Suicide, both completed and attempted, remains a prevalent problem in primary care. In this session, we will present a case outlining some of the issues surrounding the assessment of the suicidal patient. We will discuss pertinent screening questions for suicide risk assessment. Demographic risk factors for suicide will be presented. We will present protective factors that can influence risk assessment as well. We will discuss certification, using the Form 1 in Ontario, including Box A and Box B. We will touch on some specific suicidal assessment issues pertinent to the patient with Borderline Personality Disorder specifically. The session will be geared to dealing with suicidality in the primary care setting. Questions from the audience will be taken throughout the presentation to promote interactive learning.

F151 **How to Integrate Pharmacists Effectively in the Patient's Medical Home**
13:30–14:30 Suzanne Singh, BScPhm, ACPR, PharmD, RPh

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn about the scope of practice of pharmacists across Canada
2. Discuss several models of how pharmacists can be integrated in the Patient Medical Home (PMH)
3. Examine barriers and enablers to effective collaborative practice with pharmacists within the PMH

Description:
The Patient Medical Home (PMH) model provides comprehensive, coordinated, and continuing care through a family physician working within a health care team. Enacted, this model is stimulating primary care transformation across Canada. One essential pillar of the PMH model is team-based care. Pharmacists have unique knowledge and skills that complement care provided by other team members. This session will highlight how pharmacists can be integrated into team-based primary care including barriers and facilitators to team based care, provide examples of pharmacist focused activities within the PMH, and discuss the impact of having a pharmacist on the health care team. Interactive case discussion will illustrate how collaborative practice between pharmacists and family physicians in the PMH can reduce the burden of medication-related problems; improve patient safety, particularly in vulnerable patients at risk of adverse events; improve care coordination at the patient and system level; and enhance capacity within primary care.

F174 **Marijuana for Medical Purposes: The essentials for effective practice**
13:30–14:30 Alan Bell, MD, CCFP, FCFP

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the endocannabinoid system and function
2. Recognize the potential side effects and contraindications of cannabis
3. Cite the existing evidence regarding the use of inhaled cannabis for medical purposes

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 2017 presentation.

F223 **"I Never Learned That in School!": Clinical skills for working with diverse patients**
13:30–14:30 Anvita Kulkarni, MPH; Jason Profetto, MD, CCFP; Yvgeniy (Genya) Oparin

ROOM / SALLE : 707
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the impact that not accounting for patient diversity can have on delivering clinical care
2. Develop an approach to patient diversity in clinical encounters and practice applying this to case studies
3. Explore how this approach is relevant to their practice

Description:
Traditionally, clinical skills teaching has focused largely on the mechanics of history-taking and physical examination in the physician-patient interaction, without explicitly building the capacity to care for a range of diverse and marginalized patients. A group of medical students from McMaster University has been collaborating with the Clinical Skills Director and the former Diversity & Engagement Chair of the McMaster Undergraduate Medical School Program to assess educational needs in the clinical skills curriculum and review the literature on delivering excellent clinical care that accounts for aspects of patient diversity not currently emphasized in clinical teaching. The needs assessment identified concerns about students' lack of comfort surrounding physical examination, history-taking, and differential diagnosis formulation for diverse populations, including people who are transgender, intersex, racially diverse, have increased adiposity, or have physical or sensory impairments. Using the information obtained through the needs assessment and the literature review, we are now creating the curriculum materials necessary for developing medical student comfort and confidence in this area. In this workshop, we will briefly highlight key findings from the needs assessment and literature review. We will outline an intersectional approach to accounting for patient diversity in clinical encounters. Finally, workshop participants will be provided with three interactive case studies. Key approaches to addressing patient diversity will be highlighted.

F227 **Management of Nausea and Vomiting in Palliative Care**
13:30–14:30 Grace Ma, MD, CCFP (PC); Andrea Weiss, MD, MSc, CCFP (PC)

ROOM / SALLE : 705
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify common causes of nausea and vomiting in palliative care
2. Determine the receptor pathways based on the etiology of nausea and vomiting
3. Confidently choose an effective anti-emetic

Description:
Nausea and vomiting are common and distressing symptoms in palliative care. Controlling these symptoms can improve the quality of life of patients. Therapy for nausea and vomiting should be targeted to the underlying cause. We will describe a logical approach to identifying nausea receptor pathways. Together, we will work through clinical cases to determine nausea etiology and select anti-emetic treatments, non-pharmacologic and pharmacologic. By the end of this session, you will feel confident in your ability to assess and treat nausea and vomiting in a variety of clinical contexts.

F290 **Acne Treatment: Prescribing isotretinoin safely**
13:30–14:30 Trina Stewart, MD, CCFP, FCFP

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss how to choose patients appropriately for isotretinoin treatment, pre treatment laboratory testing and surveillance and why
2. Highlight various isotretinoin options available and any differences between them as well as potential adjuncts to their treatment
3. Review most recently published guidelines regarding the safe prescribing of isotretinoin and how to safely prescribe it

Description:
Isotretinoin is a very effective and useful treatment for nodulocystic acne but requires appropriate patient and laboratory screening and surveillance. Because of the potential risks with this medication, family physicians often hesitate to prescribe it resulting in prolonged wait times which may contribute to undue psychosocial suffering and potential scarring. This lecture reviews a systematic approach that will hopefully encourage more family physicians to feel confident with patient selection, systematic surveillance and follow up using isotretinoin to treat severe acne.

F359 **Simple Spirometry for Asthma Diagnosis in Primary Care: What guidelines don't tell us!**
13:30–14:30 Anthony D'Urzo, MD, MSc, CCFP, FCFP

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize the spirometric criteria for asthma diagnosis in primary care
2. Recognize how current spirometric criteria for asthma diagnosis may lead to disease misclassification in day-to-day practice
3. Recognize the spirometric overlap between asthma and COPD and develop an approach to minimize disease misclassification

Description:
Asthma represents one of the most common chronic conditions encountered in primary care and simple spirometry is recommended for objective confirmation. Most guidelines around the world suggest an improvement in Forced Expiratory Volume in one second (FEV1) of 12% and 200 mls (referred to as FEV1 reversibility criteria) to confirm asthma diagnosis. However, there is very little description about the sensitivity of FEV1 reversibility testing for asthma diagnosis or the the overlap in FEV1 reversibility observed among patients with asthma and those suffering from chronic obstructive pulmonary disease (COPD). The latter issues create challenges related to asthma diagnosis in adults, particularly among individuals who smoke. Furthermore, many spirometry interpretation aids promoted in primary care do not consider the spirometric overlap between asthma and COPD and how this may influence the accuracy of asthma diagnosis. By attending this session, participants will learn how to incorporate factors like the sensitivity of FEV1 reversibility for asthma diagnosis and the spirometric overlap between asthma and COPD to promote timely and accurate diagnosis of asthma in clinical practice. Representative cases will be used to highlight practical clinical pearls, including, how to manage a patient with symptoms compatible with asthma who a) does not meet the FEV1 reversibility criteria, or b) meets the spirometric criteria for both asthma and COPD. A spirometry interpretation aid (Can Fam Physician. 2011 Oct;57(10):1148-52) validated in primary care (NPJ Prim Care Respir Med. 2015 Mar 12;25) will be used to interpret individual cases so that participants gain greater confidence in their ability to diagnose asthma and to distinguish it from COPD in adults. Relevant clinical considerations related to asthma diagnosis in younger individuals, including children will be presented.

F432 **Supporting Participation in Decision Making of Adults With Intellectual and Developmental Disabilities (IDD)**

13:30–14:30 William Sullivan, MD, CCFP (COE), FCFP, PhD; Karen McNeil, MD, CCFP, FCFP; John Heng, MA

ROOM / SALLE : 715AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe supported and shared decision making as approaches to promoting participation of patients with IDD in primary health care
2. Describe some key considerations, strategies and challenges in assessing the need for decision-making supports of patients with IDD
3. Apply a tool to enable patients with IDD to participate in decisions regarding goals of care and medical interventions

Description:

Promoting participation of patients and their caregivers in health care decisions is central to person-centred primary health care. Patients with IDD or others with similar needs often require accommodations and supports from others to enable them to contribute as much as possible to decisions regarding their health care. This workshop discusses the supported decision making and shared decision making approaches that frame the 2018 Guidelines for Primary Care of Adults with IDD regarding decision making. Participants will learn how to apply effective strategies and use tools to guide their assessment of patients' decision-making capacity and their need for decision-making supports, as well as a structured approach to helping patients and their caregivers to deliberate and decide on acceptable medically-appropriate interventions. Some challenges of these approaches to promoting participation in decision making and how to address them will be discussed in small-group case-based discussions.

F434 **Addressing Minimal Competence in a Competency-Based Curriculum**

13:30–14:30 Alison Eyre, MD CM, CCFP, FCFP; Gary Viner, MD, MEd, CCFP, FCFP; Carol Geller, MD, CCFP, FCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 603

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Analyze the structures in each institution that supports or hinders the early assessment of learners allowing identification of educational gaps
2. Create a culture of observing, assessing, coaching in a time efficient fashion that allows the building blocks of competency
3. Support use of the benchmarking tools within and outside our teaching environments, identify and support the minimally competent resident

Description:

In competency based educational environments, building competency by assessing the foundational knowledge/skills and working to an end goal, is hard to do. Educators can be taught to create a culture of observing, assessing and coaching in a time efficient fashion that allows for building the blocks of competency as our learners develop. While we can teach them to observe, it is harder to teach them to identify and inform leaders when competency development is off trajectory. Our learners come into family medicine from the traditional Canadian system as well as from all over the world. Our selection systems currently do not assess if basic skills required for a solid foundation to begin residency exist prior to starting residency. It is critical to honestly assess the baseline of our learners early to ensure that the skills can develop as the residency progresses. Instructional Methods: In this interactive workshop we will outline the barriers from personal and institutional perspectives. Working with the commonly used tools of assessment and benchmarking, we will help you to feel comfortable identifying the range of competencies in your learners and how to use these tools to support the attainment of competency

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F461 **Downward Docs: Mindful movement workshop for family practice**

13:30–14:30 Tali Bogler, MD, CCFP, MScCH

ROOM / SALLE : 717AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify basic mindfulness concepts, mind-body sequences and attentional skills related to movement and breath
2. Discuss research supporting the application of mindfulness in medical practice

3. Recognize burnout in family practice and develop ways to integrate mindfulness into one's personal and professional lives

Description:
This interactive and highly experiential workshop focuses on mindfulness, mindful movement, physical awareness and group reflection. The workshop offers an introduction to mindfulness concepts, basic mind-body sequences and attentional skills related to movement and breath. Research evidence supporting the application of mindfulness in medical practice is presented. The workshop concludes with a discussion on integrating mindfulness and breathwork into health care provider's personal and professional lives. The instructor for the workshop is certified yoga teacher and family doctor in Toronto. Yoga mats can be provided.

F462 **Top 10 Care of the Elderly Articles**
13:30–14:30 Lorand Kristof, MD, MSc, CCFP (COE)

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Examine new evidence from the field of Care of the Elderly
2. Recognize the relevance of the research to one's practice
3. Identify effective, targeted interventions from each article that could change one's practice

Description:
Ten relevant articles presenting new evidence from the field of Care of the Elderly will be discussed. Articles will be selected based on their potential impact. Participants will examine new evidence and recognize its relevance to individual patients and as well as one's current practice. We will discuss limitations of the studies, potential methodological flaws and biases. Participants will be able to identify effective practice-changing interventions.

F491 **Quality Improvement to Strengthen Health Services Integration in Low-, Middle-, and High-Income Settings**
13:30–14:30 The Besrour Centre team

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe a common and mutually relevant definition of integrated services
2. Analyze promising practices of efforts to enhance the integration of person- centred health services
3. Develop a multi-site QI strategy and evaluation plan to enhance person- centred integration of health services across various settings

Description:
Family medicine is increasingly recognized as an essential pillar of effective and equitable health systems worldwide. Over the past decades, international champions, experts and stakeholders have invited the collaboration of Canada to advance family medicine training and delivery in various settings. The integration of health services centred on the person, while widely recognized as desirable, has presented challenges in high, middle and low-income settings. This workshop will build on the experience of the Besrour Centre partners to develop one or several QI strategies that can be applied to and evaluated in diverse settings with a view to improve service integration across diverse settings. Following short presentations, participants will work in small and large groups to develop one to three draft QI strategies to address integration in the primary care context. These draft proposals will be reviewed by the Besrour Centre QI team and will be implemented in a number of settings. Meaningful results will be submitted for presentation at FMF 2019. Previous Besrour Forum participants as well as new Canadian and international colleagues interested in QI are welcomed to join this workshop.

F389 **Helping Your Patients Living With Obesity**
13:30–16:00 Denise Campbell-Scherer, MD, PhD, CCFP, FCFP; Sonja Wicklum, MD, CCFP, FCFP; Céline Koryzma, PhD, R.Psych

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Define obesity as a chronic disease and major comorbidity
2. Comfortably and effectively open up a discussion about weight and health with your patients of all ages (and with families)
3. Perform obesity assessments that identify root causes and care priorities through a collaborative clinical approach

Description:
Globally, health care providers are inadequately educated on obesity prevention and management. Given the high prevalence of obesity and its role in chronic diseases, interventions are needed throughout the health care system to improve knowledge and competencies in caring for patients with obesity. This workshop is grounded in the "5As of Obesity Management™" framework and collaborative deliberation to support person- centred assessment and management. We will feature innovative personalized assessment tools and approaches such as the Personalized Weight Assessment Tool (PWAT) tool and the 5As Team (5AsT) tools and resources, developed for family practice. We will also comment on challenges and strategies for changing practice and the lessons learned, both positive and negative, in integrating practices of an interdisciplinary team. Our development team comprises patients, clinicians (family physicians, pediatric psychiatry, obesity/medicine, nurses, dietitians, mental health workers), PhD interdisciplinary researchers (anthropology, education, medicine) and health system administrators. This practical workshop will include new knowledge about 1) the pathophysiology of obesity; 2) obesity as a chronic disease; and 3) effective obesity counseling for improved patient outcomes. Participants will receive a toolkit of resources as well as online resources they can take home to use in their practice. Interactive components of the workshop will allow participants to learn best practices from peers. This will include: paired practice in starting the conversation around weight with all ages and families, avoiding weight bias, and supporting behavior change; paired practice with the evidence-based 5AsT toolkit, Personalized Weight Assessment Tool (PWAT), and Obesity Pathway; panel management and journaling exercises.

F410 **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 : 711
Mainpro+ Group Learning certified credits = 3
By invitation only.

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 34 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.

F49 **How to Prevent Burnout Like Thor While Saving the Universe**
15:00–16:00 Mabel Hsin, MD, CCFP

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify key factors that propel individuals from random moments of elevated stress to debilitating burnout
2. Recognize strategies that you can immediately apply, to build your resilience when facing exhaustion
3. Integrate the three pillars of optimal health into your life

Description:
Over 1 in 2 Canadian physicians are currently experiencing burnout. The suicide rate of physicians is among the highest of all the professions, if not THE highest. It is crucial that we recognize burnout, then vaccinate ourselves from it before it kills us emotionally and physically. This interactive and engaging workshop will leave participants with insights that will change how they feel toward this unspoken "B" word, and empowered to become more fulfilled in their lives and career.

F97 **Update in Management of Thyroid Nodules and Cancer Including Long-term Follow-up**
15:00–16:00 Jesse Pasternak, MD, MPH, FRCSC

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the current work-up and management of thyroid nodules
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 which have been shown benign may be followed for an indefinite period of time. 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 decades 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 follow-up algorithms 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.

F115 **Colorectal Cancer Screening in Canada in 2018: What's all the fuss about FIT?**
15:00–16:00 Ed Kucharski, MD, CCFP; Lisa Del Giudice, MD

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. List the advantages of using FIT for colorectal cancer screening for average risk patients
2. Describe the changes in colorectal cancer screening processes across Canada and their impact on practice
3. Manage their patients who receive an abnormal FIT result, including surveillance recommendations

Description:
Many provinces and territories will be (or already have) transitioned from the guaiac fecal occult blood test (gFOBT) to the fecal immunochemical test (FIT) for colorectal cancer (CRC) screening of average risk individuals. This session/workshop will highlight the strengths of FIT compared to both gFOBT and colonoscopy for CRC screening in average risk patients. An approach to discussing stool based screening tests versus colonoscopy with patients will be included. Following this, participants will learn details regarding the implementation of FIT in other jurisdictions around the world and other parts of Canada (for example, Alberta) as well as the pending implementation in Ontario and how this will impact their colorectal screening practices and their patients. The management of positive FIT will also be discussed.

F206 **Kittens and Brownies: Unique rural emergency cases**
15:00–16:00 Christopher Patey, MD, CCFP, FCFP; Paul Norman, RN, BN

ROOM / SALLE : 701B
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 so doing, 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.

F216 **Intrapartum Skills: A refresher of specific skills**
15:00–16:00 William Ehman, MD; Kevin Desmarais, MD, CCFP; Amanda Loewy, MD, CCFP; Kate Miller, MD, CCFP, FCFP; Sudha Koppula, MD, CCFP; Amanda Pendergast, MD, CCFP, FCFP; Michelle Khalil Abou, MD; Heather Baxter, MD, CCFP, FCFP

ROOM / SALLE : 705
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Perform hands-on intrapartum skills such as vacuum-assisted birth, manage shoulder dystocia, somersault maneuver for tight nuchal cords and unexpected breech
2. Demonstrate Foley catheter insertion for induction and list the steps involved with the management of postpartum hemorrhage
3. Perform newborn resuscitation

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 vacuum-assisted birth, management of shoulder dystocia, and maneuvers when encountering a tight nuchal cord. Additional skills of placement of Foley catheter for induction, management of postpartum hemorrhage and newborn resuscitation will also be offered as part of this session. Participants will feel more confident in their ability to perform intrapartum and newborn care at the conclusion of this session.

F254 **STIs and Contraception for the Primary Care Provider: Choose your own adventure!**
15:00–16:00 Charlie Guiang, MD, CCFP; Hannah Feiner, MD, CCFP

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Build confidence in PCPs in testing and management of common STIs including: HSV, HPV, syphilis, hepatitis, trichomoniasis, and urethritis
2. Gain practical knowledge to encourage sexual health promotion in topics that may include: immunizations, barrier protection, and trans-approriate language
3. Increase familiarity with emergency contraception, IUDs, spermicides, and medical abortions

Description:
We hope to celebrate 5 years of STI topics for the primary care physician in this audience-led session! Participants use their smartphones/tablets/computers and web-based technology to choose topics and initiate discussions relevant to today's practitioner around STIs and contraception. Medical students to experienced primary care providers (PCP) will leave this session with an enlightened approach to the ever-changing landscape of sexual health care in Canada. Contemporary options range from: CONTRACEPTION: emergency contraception, mifepristone, IUD pitfalls, spermicide. STI TESTING: NAATs vs Cultures, herpes testing, hepatitis testing a sexual health context, syphilis testing, testing for Trich. STIs: urethritis, non-specific urethritis, extra-genital infections, recurrent HPV, cervical findings. SEXUAL HEALTH PROMOTION: barrier protection: Condoms, female condoms, dental dams, diaphragms, HPV-4 or 9 vaccine?, rapid immunization (Hep B and HPV), when to screen for BV, healthy lubricant choices, trans-language.

F271 **Prevention in Practice: What to do less often, or not at all**
Prévention dans la pratique : Quoi faire moins souvent ou pas du tout?
15:00–16:00 Roland Grad, MD CM, MSc, FCFP; Neil Bell, MD, SM, FCFP; Jim Dickinson, MBBS, PhD, CCFP

ROOM / SALLE : Hall F

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explain and apply recommendations from primary research and guidelines on preventive activities to offer less often (or not all)
2. Explain how to implement shared decision-making in preventive health care
3. Identify Mainpro+ accredited opportunities for spaced education on what does and does not work in preventive health care

Description:

Primary research and guidelines can recommend abandoning ineffective preventive activities, or those associated with harms greater than benefits. First, we will review the evidence behind common preventive activities in family medicine, including the top POEMs of 2017 that align with principles of the Choosing Wisely campaign. Then, working in small groups, participants will consider how shared decision-making can help us address the challenge of de-implementing 'what we should do less of, or not at all'. Preventive activities we will review in this session include (but are not limited to): 1) primary prevention of CVD after 65; 2) long term use of bisphosphonates and monitoring of patients with osteoporosis to prevent fragility fracture; 3) screening for cervical and lung cancer; 4) annual check ups

Objectifs d'apprentissage :

1. Expliquer et mettre en application les recommandations découlant de la recherche primaire et des lignes directrices sur les activités de prévention à offrir moins souvent (ou pas du tout)
2. Expliquer comment adopter la prise de décision partagée en soins préventifs
3. Nommer les activités d'éducation espacée certifiées Mainpro+ qui traitent de ce qui fonctionne et de ce qui ne fonctionne pas en soins préventifs

Description :

La recherche primaire et les lignes directrices recommandent d'abandonner les activités de prévention inefficaces ou celles qui sont associées à plus de torts que de bienfaits. Nous allons d'abord examiner les données probantes qui sous-tendent certaines activités de prévention courantes en médecine familiale, y compris les meilleures données utiles à la recherche axées sur le patient de 2017 qui se conforment aux principes de la campagne Choisir avec soin. Puis, en petits groupes, les participants réfléchiront sur la façon dont la prise de décision partagée peut nous aider à abandonner « ce que nous devons faire moins, ou pas du tout ». Les activités de prévention dont il sera question durant la séance sont (sans s'y limiter) : 1. Prévention primaire de la MCV après 65 ans; 2. Emploi prolongé de bisphosphonates et surveillance des patients atteints d'ostéoporose pour prévenir les fractures de fragilisation; 3. Dépistage du cancer des poumons et du col de l'utérus; 4. Examens physiques annuels

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F275 **Applying the 2018 Diabetes Canada Guidelines in Your Practice: Comorbid mental illness**
15:00–16:00 Javed Alloo, MD, CCFP; Jeremy Rezmovitz, MSc, MD, CCFP; Michael J. Coons, CPsych, CBSM

ROOM / SALLE : 701A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand how to provide diabetes care for patients with comorbid mental health conditions, based on the latest Diabetes Canada Guidelines
2. Utilize the updated resources available at guidelines.diabetes.ca to support day-to-day diabetes care for patients with comorbid mental health needs
3. Demonstrate effective approaches to working effectively with different members of the diabetes care team to help patients achieve their goals

Description:

This case-based session covers the recommendations in the 2018 Diabetes Canada Clinical Practice Guidelines relevant to patients with comorbid mental health conditions in a practical and memorable format for primary care providers. The interactive discussion will be presented by a team to provide multiple perspectives on putting the guidelines into practice. Each case will highlight specific challenges in patient care related to management of comorbid diabetes and mental health conditions and what the guidelines say about that. We will cover whether and how to screen for depression, evidence-based recommendations for management of patients with both diabetes and depression, management of diabetes in

the context of severe mental illness, etc. In addition, we will address psychological factors in management of diabetes, including diabetes distress and fear of hypoglycemia. We will also discuss and demonstrate new tools available from Diabetes Canada to help you in your practice. The session will also discuss tips and tricks for helping patients implement changes so that they can achieve their diabetes-related goals. In particular, we will focus on key take-home messages that will help you to i) reduce the risk of diabetes complications, ii) keep patients safe from medication-related harms, and iii) support patients in their self-management.

F328 **Diagnosis and Treatment of Alcohol Use Disorders in Your Busy Family Practice**
15:00–16:00 Amy Gillis, MD, CCFP

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Appropriately screen for and accurately diagnose alcohol use disorders in the office
2. Utilize focused non-pharmacologic intervention and refer for more specialized services as necessary
3. Know when and how to start and monitor pharmacotherapy for moderate to severe alcohol use disorder

Description:
Alcohol use disorder is highly prevalent in primary care and associated with high morbidity and mortality. Opportunities to screen for, discuss, and diagnose alcohol use disorders may be missed due to the many other demands of the working day. In addition, because many people are "social drinkers" there may be a tendency to underestimate the burden of disease in our patients. We may not assess or treat it as reflexively and aggressively as other chronic conditions. It is important to find a way to incorporate screening and diagnosis into our practice. Once an accurate diagnosis is made, appropriate conversations and treatment can begin. Using cases from colleagues and my family medicine practice, this interactive presentation will teach methods of screening, accurate diagnosis, and practical, effective treatment plans. These treatment plans will include non pharmacologic strategies but will focus on pharmacologic management of moderate to severe alcohol use disorders. Medications such as naltrexone and acamprosate have level 1 evidence for their efficacy. Others such as gabapentin, topiramate and baclofen have Level 2 evidence. These medications are easy to start and monitor, and can provide great benefit to our patients.

F344 **First Responders and PTSD**
15:00–16:00 Kenneth Cooper, MD, MHSc, FRCPC

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the essential features of PTSD and appreciate the changes in diagnostic criteria between DSM-IV and DSM-5
2. Appreciate the features of PTSD unique to first responders and understand some of the barriers to care in this population
3. Review medications used to treat specific symptoms of PTSD and psychotherapeutic approaches in the treatment of PTSD

Description:
Mental Health related diagnoses are the fastest growing area of occupational related disability, both in terms of medical conditions caused by the workplace and the impact those conditions have on a person's ability to stay at work/return to work. Post Traumatic Stress Disorder is one of the diagnoses which has been gaining in both frequency and awareness. There is well recognized literature in, and understanding of, PSTD among mental health professionals in the military community and those caring for victims of violence. Relatively less attention has been paid to "First Responders"; a group with significant self-evident risk factors. "First Responders" classically include, firefighters, police officers and paramedics, but can include others such as dispatchers and correctional officers and youth service workers in secure detention facilities. This interactive presentation will examine the frequency, risk factors, prevention, identification and diagnosis of PTSD in First Responders. Occupational issues such as related absence from/return to work and recent legislative provisions will be reviewed. Optimal management will be discussed including the current best practice perspective supporting joint psychiatrist/psychologist care. Barriers to care will be explored.

F412 **Helping Patients and Families Understand Frailty and Make Decisions Before a Health Crisis**
Aider les patients et leur famille à comprendre la fragilité et à prendre des décisions avant une crise de santé

15:00–16:00 Margaret J. McGregor, MD, CCFP, MHSc; Jay Slater, MD; Elizabeth Leonardis, NP

ROOM / SALLE : 718A

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. Explain the importance of communicating an advanced 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 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.

Objectifs d'apprentissage :

1. Reconnaître l'importance de quantifier la fragilité et de nommer un mandataire qui informera les conversations sur la planification préalable des soins
2. Déterminer le type de décisions devant être prises pour les patients frêles avant leur prochaine crise de santé
3. Expliquer l'importance de communiquer un plan préalable des soins aux autres fournisseurs de soins

Description :

La fragilité et/ou la démence sont une maladie progressive et éventuellement terminale liée à une piètre réponse à l'hospitalisation et aux interventions médicales de routine. Malgré cela, beaucoup de nos patients qui sont frêles sont souvent transférés à l'hôpital sans qu'ils ne soient, ni eux ni leur famille, informés de ce qui les attendent ou sans recevoir d'aide pour prendre des décisions avant leur prochaine crise de santé. Cet atelier se penche sur les leçons tirées d'une tentative d'adopter la planification systématique et préalable des soins auprès d'une cohorte de patients très frêles. En plus des objectifs d'apprentissage mentionnés, à la fin de cet atelier, les participants seront en mesure d'aborder la conversation sur la planification préalable des soins dans leur propre pratique. Les participants sauront aussi reconnaître le rôle des données, de l'encadrement à la pratique et du travail d'équipe dans le succès de la planification préalable des soins.

F482 **Group Medical Visits: A novel means to educate patients and manage chronic illness**

15:00–16:00 Maria Patriquin, MD, CCFP

ROOM / SALLE : 717AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Provide physicians with a systematic way to choose and design a group medical visit
2. Provide physicians with behavioral change techniques that increase engagement and enable patients
3. Provide physicians with tools for assessment and evaluation of outcomes

Description:

Group Medical Visits (GMV) are an innovative way to transform practice from tedious to tremendous. They are a common sense category under the umbrella of collaborative care. Group Medical Visits allow patients to access care, education and advice in a unique setting of with a common medical condition. Sessions involve a doctor or NP and other health professionals. There is a medical component and an educational component that promotes health, most often it is often geared toward lifestyle interventions. There is a growing body of research to support the GMV as improving health outcomes namely to date diabetic control. GMVs are often geared toward DMII, COPD, HTN, CVA, CHF but they have also been used for prenatal visits and psychiatric care. GMVs increase access to care, decrease wait times, e.r. visits and are a more efficient use of our time. Participants will learn how to choose a patient population and design a program that suits their practice, is cost and time efficient. Participants will learn how to leverage behavioral change techniques to get

the greatest patient engagement. A strengths based approach will enable the physician to identify individual patient barriers that are useful for future encounters. The group experience chips away at the isolation and stigma associated with medical illness and that allows patients and providers to connect on a human level, which combined with education, skill building and behavioral change strategies is the key to transforming patients from passive to engaged.

F487 **Global Family Medicine Narratives: The Storybooth experience**
15:00–16:00 Vincent Kalumire Cubaka, MD, PhD; Rusell Dawe; Christine Gibson

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify themes in narratives
2. Use narrative for brainstorming
3. Use narrative for qualitative research

Description:
This workshop builds on the work of the Besrour Centre narrative working group of the College of Family Physicians of Canada. Over the past five years, the narrative working group has collected and analyzed stories about Family Medicine from Besrour's partners. The objective was to identify themes and strategies for the development of Family Medicine in different contexts. The WONCA 2016 conference in Rio was a golden opportunity to extend the narrative work beyond the Besrour network. During the conference, we held a Storybooth that brought together the stories of 132 family doctors from 55 countries. The purpose was to understand what motivated them to choose Family Medicine as a profession and how they perceived its impact and its characterizing qualities. A thematic analysis of the interviews was conducted and the results will be presented and discussed during the workshop. We will begin by asking the same questions as in the Storybooth interview. Through group discussions, participants will learn from and inspire each other while generating ideas and themes to advance global Family Medicine. Generated themes will be examined and compared to the results of the Storybooth thematic analysis. We hope that participants will appreciate the power of narrative and storytelling in generating insightful and thought-provoking ideas.

F104 **A Road Map for Teaching Complex Conversations to Medical Learners: Stories from palliative care**
15:00–17:15 Risa Bordman, MD, CCFP (PC), FCFP; Donna Spaner, MD, MScCH, CCFP (PC); Christopher Blake, MD, MSc, CCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Predict when a complex conversation might occur and set the stage for learners and patients alike
2. Learn strategies to promote learner identity development and effectively debrief a complex conversation
3. Recognize the importance of role modelling

Description:
Family medicine is a dynamic and diverse specialty that requires a broad range of knowledge and skills. Preceptors often shield medical learners from difficult and challenging situations to protect both the learner and the patient. The goal of this workshop is to assist teachers to explore different ways to help learners participate and remain engaged when complex conversations arise. While recognizing that complex conversations inherently lack an obvious "checkbox" approach, by providing tangible strategies, our workshop will leave teachers with an increased comfort level in navigating complex conversations, selecting an appropriate approach, and involving the learner. Through audio-visual cases and interactive elements, we will elaborate strategies to predict when complex conversations might occur, set the stage for patients and learners, support the conversation dynamic throughout the interaction, foster learner identity development, debrief complex conversations, and role model clinical excellence. We will discuss common pitfalls that prevent successfully involving learners in complex conversations and outline steps to avoid these pitfalls.

F416 **Digital Storytelling: An innovative, narrative approach to facilitate CanMEDS-FM Role acquisition**
15:00–17:15 Batya Grundland, MD, MEd, CCFP; Susan Hum, MSc; Claire Murphy, MD, CCFP;

Jeremy Rezmovitz, MD, MSc, CCFP
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 604
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Describe digital storytelling and the benefits and challenges of incorporating it into family medicine educational programs
2. Explore the power of digital stories to facilitate transformative learning focussing on the Scholar, Leader and Professional CanMEDS-FM roles
3. Implement digital storytelling in their own contexts in order to foster CanMEDS-FM Role acquisition

Description:
Family Medicine educators seek innovative ways to teach and assess CanMEDS-FM roles. Storytelling is a powerful way to encourage personal and meaningful reflection among clinicians and learners. Digital stories are brief videos of personal life narratives. We recently conducted a narrative literature review demonstrating the unique power of digital storytelling to foster reflection and transformative learning in health professional education, while addressing the various CanMEDS-FM roles. We have also personally experienced the impact and value of digital storytelling in our family practice unit. By viewing digital stories created in our family medicine teaching unit combined with small group discussion, participants will be introduced to digital storytelling as a tool for reflective practice. Practical resources will be provided to help participants incorporate digital storytelling into current family medicine educational programs to enhance CanMEDS-FM Role acquisition.

F45 **Storytelling in Medicine**
16:15–17:15 Kevin Dueck, MD, MSc

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the elements of a story and common illness narratives
2. Identify the different ways story is used in medical education
3. Recognize the ethical considerations in the use and sharing patient stories

Description:
In medicine we hear and tell stories from early training with paper cases, the stories of our patients' illnesses, to publication of personal memories of health and illness. Drawing on narrative medicine this workshop will explore story structure, its use in medical education, how patient stories are told, recorded, and shared, along with ethical considerations in publicly sharing stories of illness and health. This workshop will involve didactic components related to narrative medicine along with reading of short stories/poetry and discussion.

F165 **Substance Use Disorder Guidelines for Older Adults: Helping you prevent and treat**
16:15–17:15 Launette Rieb, MD, MSc, CCFP, FCFP, CCSAM, dip. ABAM; Chris Frank, MD, FCFP COE; Sid Feldman, MD, FCFP COE

ROOM / SALLE : 713AB
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

Description:
In 2018, the Canadian Coalition for Seniors Mental Health will publish guidelines on substance use disorder in older adults, focusing on opiates, benzodiazepines, cannabis, and alcohol. These guidelines were developed without industry support, to provide clinicians with practical approaches to manage these common substance use problems. This session will use cases to highlight how family physicians can use the guideline 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 developed with the guideline, 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.

F218 **Healthy Baby: Nutrition in the first 12 months**
Bébé en santé : Nutrition dans les 12 premiers mois
16:15–17:15 Kevin Desmarais, MD, CCFP; Amanda Loewy, MD, CCFP

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the normal neonatal weight trajectory, and identify and manage excessive weight loss
2. Provide recommendations promoting breastfeeding, the use of formula when needed, and the management of common feeding issues
3. Describe current recommendations regarding transitioning to solid foods

Description:
"When will my milk come in? How will I know baby is gaining enough weight? When is formula needed and does it matter which type? When can I introduce peanuts?" Infants have specific nutritional needs that evolve significantly in the first year of life, and parents have an abundance of questions for their primary care providers. Healthy newborn infants are discharged from hospital into the care and follow-up of their family physicians. This presentation will review current recommendations and guidelines regarding feeding and nutrition of newborn infants (including term and late pre-term) up to the age of 12 months. Strategies for the management of common problems will be presented. The faculty will be Kevin Desmarais MD and Amanda Loewy MD who are members of the CFPC's Maternity & Newborn Care Program Committee.

Objectifs d'apprentissage :
1. Décrire la trajectoire pondérale normale du nouveau-né et dépister et gérer la perte pondérale excessive
2. Faire des recommandations favorisant l'allaitement, le recours au lait maternisé au besoin et la prise en charge des problèmes courants liés à l'allaitement
3. Décrire les recommandations actuelles en matière de transition aux aliments solides

Description :
« Quand mon lait va-t-il monter ? Comment savoir si mon bébé prend assez de poids ? Quand le lait maternisé est-il nécessaire et quel type faut-il utiliser ? Quand puis-je donner des arachides à mon enfant ? » Les nourrissons ont des besoins nutritifs précis qui évoluent significativement durant la première année de vie, et les parents posent de nombreuses questions à leur fournisseur de soins de première ligne. Les médecins de famille sont appelés à fournir des soins à des nouveau-nés en bonne santé après qu'ils aient reçu leur congé de l'hôpital. Cette présentation examine les recommandations et lignes directrices actuelles en matière d'allaitement et de nutrition des nouveau-nés (des bébés nés à terme et peu prématurés) jusqu'à l'âge de 12 mois. Les conférenciers Kevin Desmarais M.D. et Amanda Loewy M.D., qui sont membres du Comité de programme sur les soins de maternité et de périnatalité du CMFC, présenteront les stratégies de prise en charge des problèmes courants.

F220 **Learner Assessment: How preceptors can use validity evidence to assist with decision making**
16:15–17:15 Eric Wong, MD, MClSc (FM), CCFP, FCFP; Daniel H. Grushka, MSc, MD, CCFP (EM); Christina Cookson, MD, CCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 602AB
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 large group discussions.

F231 **Opioid Use for Chronic Non-Cancer Pain: The big picture**
16:15–17:15 Henry Chapeskie, MD, CCFP, FCFP, CAME; Mark Dube, MD, CCFP, FCFP, CISAM

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the social and historical context of opioids and lack of evidence for using opioids to treat chronic non-cancer pain
2. Review narcotic-induced neurotoxicity and hyperalgesia as well as the controversial role of marketing techniques in the use of opioids
3. Gain confidence in an evidence-based rationale for the reduction/cessation of using opioids in the treatment of chronic non-cancer pain

Description:
There is limited understanding of the history of opioids in the social and medical context as well as the neurotoxic effects of opioids. In the last 20 years, the use of opioids for chronic non-cancer pain has increased dramatically along with the associated morbidity and mortality. With recent government and regulatory body concern regarding the opioid crisis, many physicians have begun to question the role of opioids in the treatment of chronic non-cancer pain. This presentation will provide the physician with the opportunity to identify and critically evaluate the role of opioids in the treatment of chronic non-cancer pain. Physicians will gain an understanding of narcotic neurotoxicity and narcotic-induced hyperalgesia. There is evidence-based rationale for the reduction/cessation of opioids in the treatment of chronic non-cancer pain.

F253 **Femoroacetabular Impingement (FAI) – Simplified**
16:15–17:15 Mark Leung, MD, CCFP

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define Femoral Acetabular Impingement
2. Create an approach to patients with hip pain
3. Recognize patients that may have FAI and review the approach to their diagnosis and treatment

Description:
Hip pain is a common complaint in family medicine. However, hip pain in the young is often misdiagnosed or ignored. This presentation will explain Femoral Acetabular Impingement, in simplified terms and help you create an approach to adequately diagnose and treat these patients.

F308 **ADHD: Overcome misconceptions and treat with confidence (2)**
TDAH : Surmonter les idées fausses et traiter avec confiance (2)
16:15–17:15 Joan Flood, MD, CCFP, FCFP; Doron Almagor, MD, FRCP (C)

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the many presentations of ADHD and comorbid disorders
2. Apply 2018 Canadian ADHD Practice Guidelines to the assessment and management of ADHD in primary care
3. Implement treatment strategies that address the executive function deficits of ADHD and manage comorbid disorders

Description:
Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder affecting 5 - 9% of children and 3 - 5% of adults worldwide. Despite its incidence, ADHD is given less 'attention' in primary care in comparison 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. At the end of this session, participants should have a more confident approach to treating ADHD. An interactive, instructional workshop using real case scenarios and small group discussions will also be offered to facilitate primary care management of ADHD.

Objectifs d'apprentissage :
1. Nommer les nombreux tableaux cliniques du TDAH et de ses comorbidités
2. Mettre en application les Lignes directrices sur la pratique du TDAH au Canada lors de l'évaluation et la prise en charge du TDAH en soins de première ligne
3. Mettre en œuvre les stratégies thérapeutiques qui agissent sur les déficits de la fonction exécutive dans le TDAH et prennent en charge les comorbidités

Description :
Le trouble déficitaire de l'attention avec hyperactivité (TDAH) est un trouble neurodéveloppemental touchant 5 – 9 % des enfants et 3 – 5 % des adultes au monde. Malgré son incidence, le TDAH reçoit moins d'« attention » en soins de première ligne que d'autres affections couramment traitées comme la dépression et l'anxiété. Le dépistage du TDAH peut changer une vie et est absolument du ressort des soins de première ligne. Les idées fausses sur le TDAH et son traitement persistent. Contrairement à ce qu'en pense le grand public, le TDAH n'est pas surdiagnostiqué. Le diagnostic repose sur la reconnaissance des critères du DSM-5, facilement identifiables dans le cadre d'une entrevue clinique et par un simple outil de dépistage. Les tests psycho-éducatifs sont rarement nécessaires pour différencier le TDAH d'autres troubles. Les médicaments actuels et les schémas thérapeutiques ne sont ni dangereux ni difficiles à utiliser, mais les médecins hésitent toujours, à tort, à traiter le TDAH. CADDRA, la Canadian ADHD Resource Alliance est un organisme à but non lucratif, non financé par l'industrie, fondé par des professionnels de la santé dans le but d'orienter et d'appuyer les professionnels qui œuvrent auprès de patients atteints de TDAH et leur famille. En 2018, CADDRA a publié ses quatrièmes Lignes directrices canadiennes sur le TDAH, lesquelles se penchent sur le diagnostic, l'évaluation et le traitement du TDAH durant toutes les étapes de la vie. Cette séance d'une heure vise à démystifier le diagnostic et la prise en charge du TDAH, et à familiariser les participants aux conviviales Lignes directrices canadiennes sur le TDAH. À la fin de la séance, les participants auront acquis une plus grande confiance pour traiter le TDAH. Un atelier interactif et éducatif ayant recours à des scénarios de cas réels et des discussions en petits groupes sera aussi offert pour faciliter la prise en charge du TDAH en soins de première ligne.

F320 **Practising to Choose Wisely in Long-Term Care**
16:15–17:15 Jobin Varughese, MD, CCFP (COE), CMD; Andrea Moser, MD, MSc, CCFP (COE), FCFP, CMD; Sid Feldman, MD, CCFP (COE), FCFP, CMD

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Provide evidence-based care to their Long-Term Care (LTC) residents by incorporating the Choosing Wisely recommendation
2. Integrate the principles of resident and family-centred care into their approach to care
3. Utilize ACPs and an early palliative approach to support residents and SDMs in decisions through the trajectory of LTC

Description:
Choosing Wisely Canada provide evidence-based recommendations to to their Long-Term Care (LTC), however they have

been presented in a way that is difficult to implement. As such, it important to integrate the principles of resident and family-centred care. Given the short prognosis of our residents it is important to review Advanced Care Planning (ACP) and an early palliative approach to support residents and Substitute Decision Makers (SDMs) in decisions through the trajectory of life in LTC. These recommendations have been presented in an interactive way to improve their practical impact. Case-based format and round table discussions will help give strategies to implement into everyday cases.

F342 **Developing and Enhancing Family Physicians' Emotional Awareness With Complex and Emotionally Demanding Cases**
16:15–17:15 Angela Cooper, PhD, RPsych

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Explore what makes certain health care interactions stressful
2. Consider the role of emotional factors in burnout especially shame and guilt
3. Understand and utilize transference and counter-transference reactions and improve emotional tolerance of such reactions

Description:
Stressful health care interactions begin to impact the well-being of clinicians who can start to turn their own emotional responses into somatic difficulties, anxiety, depression and unhealthy coping strategies. Taken together, these factors have the potential to lead to burnout, contributing to poorer clinician functioning and heightened risk of medical errors. Clinicians who are better able to reflect upon their own emotional reactions are better equipped to handle emotional distress in patients and they are likely to better recognize the factors that lead to medical errors and burnout. This experiential workshop will introduce participants to a model that aims to help you understand your own emotional reactions to difficult patient encounters. By developing a deeper understanding of your own reactions, personal self-management strategies and emotion linked difficulties, you can begin to manage these interactions differently and improve your emotional tolerance.

F347 **Applying the 2018 Diabetes Canada Guidelines in Your Practice: Elderly patients**
16:15–17:15 Catherine Yu, MD, FRCPC, MHSc; Noah Ivers, MD, CCFP, PhD; Susin Jin, RPh, CDE, BCGP

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the implications of the latest recommendations in the 2018 Diabetes Canada guidelines for elderly patients in your practice
2. Utilize the various resources available at guidelines.diabetes.ca to support diabetes care in day-to-day practice
3. Work more effectively with different members of the diabetes care team to help patients achieve their goals

Description:
This case-based session covers the recommendations in the 2018 Diabetes Canada Clinical Practice Guidelines relevant to elderly patients in a practical and memorable format for primary care. The interactive discussion will be presented by a family physician, pharmacist/diabetes educator, and endocrinologist team to provide multiple perspectives on putting the guidelines into practice. Each case will highlight specific challenges in patient care related to diabetes and what the guidelines say about that. The cases will cover management of elderly patients with and without functional impairment and how to tailor the approach accordingly. Facilitators will employ a combination of didactic and interactive techniques, including case-based learning, audience response, think-pair-share as well as question and answer. New tools available from Diabetes Canada to help you in your practice will be demonstrated. The session will also discuss tips and tricks for helping patients implement changes so that they can achieve their diabetes-related goals. In particular, it will focus on key take-home messages that will help you to i) reduce risk of diabetes complications, ii) keep patients safe from medication-related harms, and iii) support patients in their self-management.

F360 **O-MI-G That's a Lot of Drugs! Navigating current issues in post-MI pharmacotherapy**
16:15–17:15 Arden Barry, PharmD, ACPR

ROOM / SALLE : Hall G

Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Compare the relative benefits and risks of short- versus long-term dual antiplatelet therapy in patients with coronary artery disease
2. Evaluate the contemporary evidence for long-term beta-blocker therapy post-myocardial infarction
3. Identify which patients with atherosclerotic cardiovascular disease may benefit from add-on non-statin therapy

Description:
For patients, having a myocardial infarction (MI) can be an overwhelming experience—and that's just the discharge prescription! It is not uncommon for a post-MI patient to be sent home on seven (or more) medications, and that list continues to grow. The ever-changing landscape of post-MI drug therapy poses challenges for primary care providers, as it is not always clear which medications should be continued and for how long. As well, it is necessary to have a clear understanding of the relative benefits and risks of therapy in order to engage in shared decision-making with the patient. Couple this with a seemingly endless torrent of studies and rapidly changing clinical practice guidelines, even care providers can feel overwhelmed. This interactive, case-based session will incorporate recently published evidence with a pragmatic approach to aid primary care providers in answering the following commonly encountered yet controversial clinical questions: 1) How long should patients receive dual antiplatelet therapy? 2) Should beta-blockers be continued indefinitely? 3) What is the role of add-on non-statin therapy?

F378 **Science of Food Allergy: Latest research findings and implications for family medicine**
16:15–17:15 Manel Jordana, MD, PhD; Jennifer Gerdts, BComm; Derek Chu, MD, PhD, FRCPC

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the latest research for allergy prevention and allergy therapies
2. Explain the implications for primary care of current and potential future food allergy treatments
3. Identify strategies to help support food allergy management throughout the patient life cycle

Description:
The increasing prevalence of food allergy has prompted further investigation into why more people have allergies, how these can be prevented, and what treatment options are available. Sometimes a food allergy is outgrown, but for many, it is a lifelong condition that requires daily management. There are varying diet and lifestyle changes to consider and implement whether someone has a food allergy or multiple food allergies. The impact on others is noteworthy as food allergy affects not only the patient, but also their family members. Food allergy is a timely topic for family physicians as they are among the first health care professionals to identify a person who has experienced an allergic reaction. They play an important role in discussing key topics, such as preventive measures, emergency treatment, and referral to a specialist. Family physicians also provide ongoing care of these patients, including monitoring their allergies, and providing education. A review of the immune response in food allergy, combined with the information ascertained from research on the process of sensitization and the persistence of allergy, can help inform patient care. Recent research has provided insight into the factors that underlie the persistence of food allergy, the consideration of different points of intervention, and the feasibility of new allergen delivery approaches. While physicians may be aware of the current therapies that help control symptoms, there are possibilities for future therapies that may transform the treatment of food allergy. The goal of this session is to review the science of food allergy research and explore the implications for family physicians regarding current and future treatments. We will outline practical recommendations, resources and therapies on food allergy management for patients and their families.

F379 **Supporting Family Doctors in Building Mental Health Capacity: Innovations using the ECHO Model**
16:15–17:15 Allison Crawford, MD, FRCPC, PhD; Sanjeev Sockalingam, MD, FRCPC, MPHE; Allison Crawford, MD, FRCPC, PhD; Eva Serhal, MBA; Javed Alloo, MD, CCFP, M.PLC

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the ECHO model and how it can support family physicians managing complex patient needs

2. Generate recommendations to manage a mental health related case within primary care, through a simulated ECHO session
3. Reflect on the potential value of the ECHO model as an education tool and how it might apply to practice

Description:
Family doctors (FD) and other primary care providers (PCPs) are first-line responders for mental health and addictions concerns. In rural and underserved areas, where access to specialists is limited, complex mental health disorders are often managed by FD feeling under-resourced and isolated. Project Extension for Community Healthcare Outcomes (ECHO) is a 'Hub' and 'Spoke' tele-mentoring model that uses a virtual community of practice to leverage scarce health care resources in rural communities. FD and other PCPs connect with an interprofessional specialist team and FD as well as providers practicing in similar settings to discuss complex real-world patients, share knowledge, and learn best practices in the management of complex chronic illness. The ECHO model has been adopted globally for the treatment of various conditions; however, its use in mental health has been limited. The Centre for Addiction and Mental Health and the University of Toronto launched the first Canadian ECHO focused on mental health care, ECHO Ontario Mental Health. In this session, we will introduce participants to the ECHO model, discussing its core features, and how it operates as a mechanism for building communities of practice and facilitating knowledge translation. This will be followed by a simulated ECHO session focusing on one of the core ECHO features, case-based learning, specifically for FD. The simulation will involve an anonymized mental health related case presentation with facilitated discussion around generating questions and recommendations for said case from the perspective of FD as Spokes. At the conclusion of this session, participants will come together to reflect on the simulation and the ECHO model as a tele-education tool, and how this may impact FD practice.

F390 **"Do the Needful": QuRE workshop on improving the quality of the referral/consultation process**
16:15–17:15 David Moores, MD, MSc, CCFP, FCFP; David Topps, FCFP; Monica Sargious, FCFP; Bruce Fisher, FRCP; Andrew Wong, FRCSC; Jodi Glassford, QuRE Working Group

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Generate and assess the quality of any referral/consultation request and response
2. Influence the quality of the referral/consultation request and response in their community/province
3. Contribute to improving communication in the referral/consultation process

Description:
Skillful effective communication, vital to safe and efficient patient care, is frequently incomplete or inadequate. Few resources offer formal work-based training or assessment for communication skills in the referral/consultation process. The Quality Referral Evolution (QuRE) Working Group aims to provide practical resources for physicians and surgeons to improve the clarity and timeliness of referral/consultation requests and responses. Such resources can promote more effective, closed-loop communication, to facilitate greater collaboration, reduce risks inherent with miscommunication and improve patient access to care. The QuRE Working Group, a collaboration between Alberta Health Services, the University of Calgary and the University of Alberta, identified key components of a quality referral request and response. A two-sided pocket checklist card was developed as a reference tool, providing best-evidence criteria for both the requesting and responding physicians. This checklist card has been tested by family physicians and consultants/specialists, and modified based on feedback. It has since been the focus of educational materials, workshops and scientific presentations provincially, nationally and internationally. To date, over 8500 QuRE cards have been distributed to medical students and practicing physicians throughout Alberta's communities. This workshop uses the QuRE cards along with practice examples and online materials to improve referral and consultative communication. It is intended to engage practitioners in practising criterion-based self-reflection to improve the communication processes to positively impact patient safety.

F442 **What Are Best Practices for Managing Infant Sleep Problems?**
16:15–17:15 Kathleen Doukas, MD, CCFP, MScCH; William Watson, MD, FCFP; Jean Clinton, MD, FRCP (C)

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the common causes of sleep problems in infants
2. Review evidence for theories of sleep training strategies and 'best practice' treatment approaches
3. Apply at least one sleep management strategy for immediate use in practice

Description:
Infant sleep problems are common in family practice, reported by up to 45% of mothers in the second 6 months of life, and such problems double the risk of maternal depression. While they can be frustrating to deal with for both parents and physicians and a common driver for health use during infancy, sleep problems are readily managed using a holistic, practical approach. The origins of sleep problems are multifactorial, including different physiological needs and sleep patterns of babies compared to children; attachment and parenting styles and mismatches; adverse childhood experiences; and other family issues that require different approaches. Parents need access to effective sleep management strategies, and family physicians should have practical approach to help families in their practices. Behavioral techniques in sleep training, such as controlled comforting and adult fading (also known as camping out), can effectively reduce infant sleep problems, lead to improved parent sleep and mental health and child-parent relationships. In addition, there is a reduction in associated maternal depression. Despite their effectiveness, theoretical concerns persist about long-term harm on children's emotional development, stress regulation, mental health, and the child-parent relationship. Some have even questioned contemporary sleep training strategies as the "status quo" and suggest that some techniques may not satisfy the needs of infants or the parents that employ them. One size fits all sleep management likely does not exist, and families need to be supported in choosing methods that work for them. Using the lens of infant attachment and healthy child development, this 'rapid fire' session will describe the best evidence in infant sleep management techniques that will help their children learn to sleep.

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

F34 **CASTED: Emergency—Upper-extremity ED orthopedic injuries**
07:30–18:00 Arun Sayal, MD, CCFP (EM)
③ credits per hour

ROOM / SALLE : 205C
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. Discuss orthopedic principles as they apply to the assessment of emergency department patients
2. Describe 'high'risk' ED Orthopedic injuries that are commonly missed and/or mismanaged
3. Describe and perform fracture and dislocation reduction techniques (with immobilization) as they pertain to emergency department care

Description:
CASTED: Emergency -Upper Extremity - is the 'hands-on' ED orthopedics course designed specifically for emergency physicians and staff. It is a fun and full day focused on clinical relevance and hands-on practice. This course specifically covers Upper Extremity Injuries in the ED. CASTED: Emergency offers numerous clinical pearls on history, physical, X-rays and making accurate diagnoses. You will recognize 'red flag' patients, know who needs a reduction, and appreciate who needs to see ortho and when. This CASTED: Emergency course covers UPPER EXTREMITY injuries - hand, wrist, forearm, elbow, humerus, shoulder and clavicle. Focus is on cases that are common, commonly missed and commonly mismanaged. We want you to understand ED orthopedics – not just memorize it! Case-based lectures review ED orthopedic principles and explain the 'why'. 4 hours of hands-on practice and demos covers the 'how'. Understand how to reduce, how to immobilize, and how to mould. By the end of the day, you will have the confidence that you are doing it right! Since 2008, over 300 CASTED courses have been given across Canada. CASTED has won teaching awards at both university and national levels - including the CFPC's Continuing Professional Development Award. You are promised a day full of humour and numerous clinical pearls you will use on your next shift.

F750 **The Hemodynamic Instability Course**
07:30–18:00 Arun Sayal, MD, CCFP (EM)
③ credits per hour

ROOM / SALLE : 206C

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. Demonstrate the motor skill of central line insertion
2. Identify and diagnose critically ill (and potentially critically ill) patients in the acute setting
3. Develop appropriate management plans (investigations, treatment and referral) for critically ill patients

Description:

Now in its 11th year, HIC is an intense one day program focused explicitly on advanced vascular access and the management of critically ill, hypotensive patients. HIC is highly interactive and combines case-based lectures with small group, hands on sessions using simulation mannequins. By the end of the day, participants should have mastered not only the motor skill of central line insertion, but also the 'where, when, why and how' of caring for hypotensive, critically ill patients. The case-based lectures help you appreciate when to consider central lines and why we use the pressors we do. The hands-on sessions tell you the 'how' - you will place line after line, see the value of ultrasound, practice IO insertion and review transvenous pacemaker insertion. Managing critically ill, hypotensive patients are amongst our greatest clinical challenges. HIC helps with those challenges. You will optimize patient care prior to transfer. Your confidence in managing these sick, hypotensive patients will be significantly greater by end of the day. HIC has been offered since 2009 to many hundreds of physicians across the country. The course is of value to doctors in all settings - from rural to urban and from emergency department work to anesthesia and critical care. Instructors are all physicians with extensive critical care experience. They are selected for both their clinical and teaching excellence.

F119 **AIME: Airway Intervention and Management in Emergencies (Session 2)**
07:30–18:30 George Kovacs, MD, FRCPC
(2) credits per hour

ROOM / SALLE : 206EF

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 educators are experienced (and entertaining) clinical instructors who understand the varied work environments of practicing clinicians. Whether you work in a large, high volume centre or a small remote setting, AIME will provide a practical approach for airway management in emergencies.

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)

F392 **MSK Education: Joint assessment made easy**
08:00–17:00 Janice Harvey, CCFP (SEM), FCFP; Michelle Acorn, RN (EC), ENC (C), MN ACNP, GNC (C)
③ credits per hour

ROOM / SALLE : 202D

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. Perform organized, efficient physical exams of major musculoskeletal joints to identify and differentiate between mechanisms of common musculoskeletal injuries
2. Interpret findings from physical tests to determine optimal management plans incorporating medical approaches and referrals to appropriate health professionals
3. Discuss approaches to management of musculoskeletal conditions using communications skills/strategies that help patients and their families make informed health decisions

Description:

Taking a targeted history and performing an organized, efficient physical examination are critical components of correctly diagnosing joint injury and managing musculoskeletal conditions. Health practitioners can be faced with a variety of presentations each day in their practices. Keeping on top of the most current and advanced diagnostic techniques is critical to positive patient outcomes and timely recovery. Don't miss out on this hands-on comprehensive program, which will bring your diagnostic skills to the current state of practice. Assessments covered include shoulder, back, hip, knee and ankle. Registrants should wear loose-fitting clothing as they will be paired to conduct and receive joint assessments during the workshop. This program is developed and delivered in collaboration with the Ontario College of Family Physicians (OCFP).

F281 **Enhancing Personal Effectiveness: Leveraging CBT tools to increase resiliency and live better**
08:30–12:00 Greg Dubord, MD, CMCBT; Pankaj Chand; Peter Duffy; Angie Hong; Hima Murty; Christine Uchida
③ credits per hour

ROOM / SALLE : 206AB

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 the common psychological risk factors for burnout
2. Learn effective CBT tools to increase personal resiliency & improve personal performance
3. Gain first-hand experience with resilience-building techniques

Description:

Today's cognitive behavior therapy (CBT) is a treasure-trove of scientifically-tested tools to help physicians increase their resiliency and reduce their risk of burnout. Physician wellness is important for countless reasons, one of which is this unsurprising recent finding: The burned-out doctor is usually a rather crappy doctor. Put more nicely, many administrators now consider physician well-being among the most important of the quality-of-care variables. Happily, state-of-the-art CBT includes a collection of powerful techniques for decreasing rumination, overcoming procrastination, optimizing time management, letting go of the past, silencing self-criticism, increasing self-compassion, and improving decision-making. This module will equip you with versatile CBT tools to boost the functioning and improve the mental health of your patients, your family, your friends—and the ongoing project called "you". Note: This is a serious workshop that even orthopods can relate to, with nary a mention of energetic centers or herbal colonics, and there are absolutely no group hugs. Head instructor Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and the prime developer of medical CBT. He has presented well over 400 workshops, including over 50 for the College of Family Physicians of Canada, and is a University of Toronto CME Teacher of the Year. Workshop sponsor CBT Canada was recently awarded the National CME Program Award by the College of Family Physicians of Canada for the "exceptional learning experiences" of the Certificate in Medical CBT

(CMCBT) program, and was Canada's first three-credit-per-hour certified organization. See www.cbt.ca for further details.

F397 **Primer in Youth Addiction Medicine: Primary care approaches for working with adolescents and youth who use alcohol and drugs**
08:30–12:00 Sharon Cirone, CCFP (EM), FCFP; Muna Chowdhury, MD, CCFP
(3) credits per hour

ROOM / SALLE : 203D
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 for adolescent and youth alcohol and substance use
2. Identify and translate into practice pharmacotherapy interventions appropriate to primary care
3. Identify treatment and referral pathways for youth with alcohol and drug use issues

Description:
This primer in adolescent addiction medicine will help family physicians identify and incorporate into practice screening tools for adolescent and youth alcohol and substance use. It provides brief interventions for addressing low and higher risk alcohol and drug use and identifies and translates into practice pharmacotherapy interventions appropriate to primary care. Treatment and referral pathways for youth with alcohol and drug use issues are identified. This program is developed and delivered in collaboration with the Ontario College of Family Physicians (OCFP).

F62 **ECGs for Family Docs: A comprehensive review**
10:00–16:30 Filip Gilic, MD, CCFP (EM); Elizabeth Blackmore, MD, CCFP (EM)
(2) credits per hour

ROOM / SALLE : 203B
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 then 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.

F184 **Quality Improvement (QI) Debut: Harnessing QI for practice improvement**
13:30–17:00 José Pereira, MBChB, CCFP (PC), MSc, FCFP
(2) credits per hour

ROOM / SALLE : 203A
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 QI model and QI techniques that can be applied in your practice
2. Describe and understand the basic steps involved in completing a quality improvement project
3. Develop a basic, practice-relevant, practice improvement question and plan using a QI approach

Description:

This introductory-level workshop, developed in partnership between the College of Family Physicians and partners 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 to achieve change. Learning methods will include overviews of key concepts and interactive, hands-on experimenting. To prepare, identify three things in your practice that work very well and three things that you think could be done better.

F277 **Treatment of Empathy Addiction Module (three-credit-per-hour workshop)**
13:30–17:00 Greg Dubord, MD, CMCBT; Pankaj Chand; Peter Duffy; Angie Hong; Hima Murty; Christine Uchida
(3) credits per hour

ROOM / SALLE : 206AB

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 how to rapidly identify empathy addicted patients
2. Learn to recognize signs that you are being an empathy "co-dependent"
3. Learn concrete tools to break patients of their empathy additions—thereby improving their lives (and likely yours as well)

Description: "Empathy addiction" (Dubord, 2010) is a condition wherein the patient demands counterproductive levels of empathy. The underdiagnosis and mismanagement of empathy addiction is a leading cause of patient stagnation and physician dissatisfaction & burnout. Empathy addicts are earnest but misguided. Although most sincerely want to improve their lives, they put too much faith in "the drug called empathy" as a solution to their problems. Their pathogenic beliefs (cognogens) drive their empathy-seeking behaviors, compelling them to regularly elaborate (& re-elaborate) upon their multitudinous complaints. The result for physicians is a treadmill of emotionally-exhausting clinical encounters that never seem to progress. As a rule of thumb, if the sight of a given patient's name on your schedule makes your heart sink, odds are high that patient suffers from an empathy addiction. This workshop—vital to both patient care and physician well-being—begins with a review of the causes & consequences of empathy addiction. Iatrogenesis is a key discussion, because many well-meaning physicians have been inadvertently contributing to today's empathy addition epidemic. Finally & most importantly, we review & practice concrete but sensitive medical CBT tools to motivate empathy-addicted patients to cut back on their complaining, and to take greater responsibility for their own health. Head instructor Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and the prime developer of medical CBT. He has presented well over 400 workshops, including over 50 for the College of Family Physicians of Canada, and is a University of Toronto CME Teacher of the Year. Workshop sponsor CBT Canada was recently awarded the National CME Program Award by the College of Family Physicians of Canada for the "exceptional learning experiences" of the Certificate in Medical CBT (CMCBT) program, and was Canada's first three-credit-per-hour certified organization. See www.cbt.ca for further details.

F282 **PAACT: Anti-infective 2018 update**
13:30–18:00 Frank Martino, MD, CCFP (EM), FCFP; John Jordan MD, CCFP; Peter Kuling MD, CCFP
(3) credits per hour

ROOM / SALLE : 205B

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. Feel comfortable investigating/ managing common infectious diseases including: upper and lower respiratory tract infections, skin and urinary tract infections
3. Acquire patient tools to help implement antibiotic stewardship in their practice

Description:

An independent educational program developed by family physicians and based on the latest 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, and urinary tract infections (including LTC). Materials: *New* 2018 Anti-infective Guidelines ('orange book'); Participant manual; Viral prescription pads.

F284 **PAACT: Respiratory (COPD/asthma) 2018 update**
13:30–18:00 Alan Kaplan, MD CCFP (EM) FCFP; John Jordan, MD, CCFP
③ credits per hour

ROOM / SALLE : 205D

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. Review of the 2018 'Respiratory Guidelines for Family Practice' ('orange book') and review of significant changes/ additions from the previous edition
3. Review of 'practice pearls' on a case by case basis, including the review and role of available inhalers in therapy

Description:

An independent educational program developed by family physicians and based on the 2018 Respiratory ('orang book') Guidelines for Family Practice. Cases are designed to highlight respiratory conditions seen commonly in primary care and include: AECB/AECOPD, COPD, COPD/asthma differentiation, pediatric asthma, adult asthma

Materials: *New* 2018 edition Respiratory (Asthma/COPD) Guidelines for Family Practice; Participant manual, inhaler review, patient materials. Teaching method: interactive, case-based, small group.

F285 **PAACT: Men's health 2018 update**
13:30–18:00 David Greenberg, MD, CCFP
③ credits per hour

ROOM / SALLE : 203D

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 prevention and treatment of conditions specific to men
2. Introduction and review of the 'Men's Health Guideline for Family Practice' ('orange book') and other practice tools
3. Become familiar with 'practice pearls' related to diagnosis/ treatment of men's health conditions

Description:

An independent educational program developed by family physicians about the management of men's health issues in primary care. Cases include: urological health, symptomatic late-onset hypogonadism, sexual health.

Teaching method: small group, case-based, interactive. Materials: Men's Health Guidelines for Family Practice ('orange book') participant work book with cases, practice management tools.

F194 **Overcoming Barriers to Target in Type 2 Diabetes**
13:30–18:30 Rick Ward, MD, CCFP, FCFP; Barry Simon, MD, FCFP
③ credits per hour

ROOM / SALLE : 203C

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 13.5 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Risk stratify patients with diabetes to inform management strategies
2. Identify patients who are not at target and are at risk, establishing what barriers exist
3. Develop a strategy to 'case manage' these patients

Description:

This interactive and practical workshop starts with identification of patients in your practice who have not achieved glycemic target. Participants will use evidence and concepts from the workshop to develop an action plan for these high risk patients. With an emphasis on behavioral, motivational and interdisciplinary themes, the end goal is to establish new approaches to clinical challenges in your practice. As this is a 3 credit per hour accredited program, pre and post course activities are required to fulfill the accreditation criteria and maximize the learning from this course. Interactive, practical, fun!

S27 **Améliorer les taux de vaccination chez les adultes : stratégies et communication**
08:30–09:30 Dominique Tessier, MD, CCMF, FCMF, FISTM

ROOM / SALLE : 709
Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :
1. Appliquer les recommandations officielles pour la vaccination chez les adultes et les patients vulnérables
2. Illustrer les meilleures pratiques et les stratégies pour intégrer la vaccination dans le contexte d'un suivi clinique
3. Reconnaître les effets d'une forte recommandation sur les taux d'acceptation de la vaccination

Description :
À l'aide de cas cliniques, les participants pourront examiner les plus récentes données cliniques concernant les maladies pouvant être évitées par la vaccination. Les lignes directrices canadiennes (CCNI) seront bien décrites et discutées. Des exemples d'intégration à la pratique par une collaboration entre les médecins, les infirmières et les pharmaciens seront inclus dans la présentation. Enfin, les principes généraux de la communication et de l'entretien motivationnel appliqués à la discussion sur les vaccins lors de la consultation seront abordés dans le but de communiquer des messages clairs, concis et efficaces concernant la recommandation de la vaccination auprès des adultes.

S56 **Approach to Post-Traumatic Stress Disorder in Primary Care**
08:30–09:30 **Approche à l'état de stress post-traumatique en soins de première ligne**
Jon Davine, MD, CCFP, FRCP (C)

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe how to diagnose PTSD in a time-efficient manner
2. Identify how to do effective psychotherapy for PTSD
3. Apply the relevant psychopharmacologic guidelines to treat PTSD

Description:
Post Traumatic Stress Disorder (PTSD) has a lifetime prevalence of approximately 10%. It can lead to significant psychological morbidity, yet is often underdiagnosed in the primary care setting. In this workshop we will discuss the features of PTSD, and how to diagnose it in a time-efficient manner in the primary care setting. We will present common precipitating events for PTSD, and discuss the conditional risk of each one producing PTSD symptoms. We will discuss significant comorbidities, such as depression and substance abuse. We discuss the risk factors for PTSD, both pre-trauma, peri-trauma, and post-trauma. We will then discuss treatment of PTSD, including both psychotherapeutic and psychopharmacologic principles. Treatment techniques will be made specifically relevant to the primary care setting. The psychopharmacology will be based on recent therapeutic guidelines. Questions from the audience will be taken throughout the presentation, to promote interactive learning.

Objectifs d'apprentissage :
1. Décrire comment poser un diagnostic ponctuel d'ÉSPT
2. Identifier comment effectuer une psychothérapie efficace dans les cas d'ÉSPT
3. Appliquer les lignes directrices pertinentes en matière de psychopharmacologie dans le traitement de l'ÉSPT

Description :
La prévalence à vie de l'état de stress post-traumatique (ÉSPT) est estimée à 10 %. L'ÉSPT peut entraîner une morbidité psychologique significative, mais il est quand même souvent sous-diagnostiqué en soins de première ligne. Dans cet atelier, nous allons parler des caractéristiques de l'ÉSPT, et de la façon de poser un diagnostic ponctuel en soins de première ligne. Nous allons présenter les déclencheurs courants de l'ÉSPT, et parlerons du risque conditionnel de chacun dans la production de symptômes d'ÉSPT. Nous aborderons les comorbidités significatives, telles que la dépression et la toxicomanie, ainsi que les facteurs de risque d'ÉSPT, soit l'état prétraumatique, péritraumatique et post-traumatique. Nous parlerons enfin du traitement de l'ÉSPT, y compris les principes psychothérapeutiques et psychopharmacologiques. Les techniques thérapeutiques seront adaptées aux soins de première ligne. La psychopharmacologie sera basée sur les récentes lignes directrices en matière de traitement. Les questions posées par les participants durant la présentation favoriseront une ambiance interactive.

S159 **What's New, What's True, and What's Poo: Top studies of last year**
Quoi de neuf, de vrai et de faux : Les meilleures études de l'an dernier
08:30–09:30 Michael Kolber, MD, CCFP, MSc; Mike Allan, MD, CCFP, FCFP; Christina Korowynk, MD, CCFP

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 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 qui éclairent les nouveaux tests, traitements ou outils diagnostiques devant être incorporés dans la pratique actuelle
2. Revoir brièvement les articles et les données probantes pouvant confirmer la validité des tests, traitements ou outils diagnostiques actuellement utilisés
3. Revoir brièvement les articles qui mettent en relief les tests, traitements ou outils diagnostiques devant être abandonnés

Description :
Dans cette séance, nous examinons dix études publiées l'an dernier pouvant se répercuter sur les soins de première ligne. Les sujets traités varient en fonction des études récentes.

La présentation est basée sur des cas avec des questions et des revues d'articles qui se concentrent sur l'application clinique de l'information la plus récente. Nous allons parler des répercussions de ces études sur la pratique : vont-elles la modifier, la confirmer ou en justifier l'abandon?

S23 **A Strategic Approach to Syncope**
08:30–09:30 Vu Kiet Tran, MD, FCFP (EM), MHSc (Ed), MBA, CHE

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify high risk features in the patient presenting with syncope
2. Apply risk stratification tools in patients presenting with syncope
3. Make appropriate referral for the patient presenting with syncope

Description:
This is a case-based presentation that will help practitioners assess syncope efficiently and accurately. Syncope is often an elusive complaint that often end up with no final diagnosis. How is one to form an investigative and management plan if the diagnosis is often elusive. Investigations for this complaint is also often very expensive. This presentation aims to help practitioners streamline history, physical exam, investigations, and referrals. I promise this will be a practice changing session. Become a superhero of syncope!

S236 **Lifestyle Medicine, New Tools, New Outcomes, Empowered Patients**
08:30–09:30 Larry Schmidt, MD, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Learn the global burden of disease attributable to lifestyle choices
2. Learn the evidence for lifestyle medicine in chronic disease management
3. Learn that lifestyle medicine is best delivered by the family physician

Description:
The World health Organization has confirmed that the largest contributor to the global burden of disease is lifestyle choices and that it may account for as much as 70% of medical care. The global epidemic of Type 2 Diabetes, Heart Disease and Respiratory Disease Burden is associated with lifestyle choice of nutrition, exercise, smoking, alcohol consumption and unmitigated stress. The great majority of health care budgets in the developed world and now the developing world, is spent on disease processes associated with and some caused by poor lifestyle choices. The Canadian and American Cancer Societies have also released position papers showing that at least 40-50% of all cancers have a causation in lifestyle risk. This talk will put these into perspective for family physicians, from a veteran physician who recently became one of the first Diplomates of the American Board of Lifestyle Medicine. This talk will focus on the process of bringing Lifestyle Medicine coaching into everyday practice, using episodic care visits, wellness reviews and group (shared) medical appointments. The importance of the family physician in the delivery of Lifestyle Medicine will be highlighted. Lifestyle Medicine is high science, high touch (trust dependant), low tech and low cost. This is why it is perfectly suited to family medicine and highlighted in Dr Ian McWhinney's Textbook of Family Medicine.

S270 **Navigating the Moral Terrain in a Case of Feeding Tube Withdrawal**
08:30–09:30 Michelle Hart, MD, CCFP (COE), MScCH; Marcia Sokolwski, PhD

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the major benefits and challenges of advance directives
2. Identify the relevant ethical issues and principles in feeding tube removal and where conflict between them exists
3. Recognize staff moral distress and respond supportively

Description:
Over the past few decades, the pendulum has swung significantly from a more paternalistic approach to a greater respect for autonomy of patients. Advanced Directives provide benefits including increased control, lesser burden on loved ones, and decreased moral distress amongst and between family members and health care professionals. It essentially extends one's "autonomy" into the future when they become incapable. Challenges that arise from Advanced Directives include irreversibility, limitations in predictability (especially around future advances), and challenges with interpretations. Feeding tube removal presents many ethical dilemmas. We present an interesting and thought-provoking case of feeding tube withdrawal in Complex Continuing Care. The case will be reviewed to highlight the relevant ethical issues, principles, and conflicts. Staff moral distress and incoherence within an interprofessional team can be very challenging to manage. An approach to addressing moral distress within an interprofessional team will be reviewed to enhance reflective practice, analytical skills, insight, and understanding; with the goal to better integrate ethics into caring for our patients.

S346 **"Help, I Think I'm Going Crazy!": An approach to pruritus in the elderly**
08:30–09:30 Saadia Hameed, MBBS, MClSc (FM), CCFP, DipPDerm (UK); Danielle Mintsoulis, MD

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Perform an initial evaluation (history, physical examination, investigations) to determine the underlying etiology of pruritus
2. Describe the common dermatological and non-dermatological differential diagnoses of the elderly patient with pruritus
3. Implement non-pharmacological and applicable pharmacological treatments for the management of pruritus in the elderly

Description:
Pruritus in the elderly population is a common complaint seen in family practice. It frequently contributes to significant morbidity. It can be broadly categorized into dermatological versus non-dermatological (i.e. systemic) causes. It remains a challenging symptom to both evaluate and treat for family physicians, who often refer their patients to a dermatologist for management. During this session we will present a straightforward diagnostic approach, highlighting important elements in

the initial evaluation, common differential diagnoses and the available treatment options for pruritus in the elderly.

S357 **A Practical Update on Prevention**
08:30–09:30 Michael Benusic, MD, CCFP, MPH; Elspeth McTavish, MD, CCFP, MPH; Shixin (Cindy) Shen, MD, CCFP, MPH; Alex Summers, MD, CCFP, MPH; Hetal Patel, MD, MPH; Kathryn Marsilio, MD, CCFP, MPH

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Examine recent changes in screening, vaccination, and preventive intervention guidelines
2. Apply these updates in a practical manner to a family medicine setting
3. Use resources to stay up-to-date on practice-changing recommendations

Description:
Keeping current with updates on clinical prevention can be daunting. In 2017 alone, the Canadian Task Force on Preventive Health Care released three new guidelines, while our American counterpart released eleven. As family practitioners training in public health and preventive medicine, we understand the challenges of keeping up-to-date and distilling recommendations practically into busy clinical work. In this session, last year's practice-changing updates on screening and other preventive interventions from the Canadian and US Task Forces as well as immunization updates from the National Advisory Committee on Immunization will be presented in an easy-to-apply way. These include screening for abdominal aortic aneurysm, adolescent obesity, celiac disease, gynecological conditions, hepatitis C, obstructive sleep apnea, preeclampsia, scoliosis, thyroid cancer, and vision in childhood; providing Tdap vaccine in pregnancy, recommendations for hepatitis B, HPV, and zoster vaccines; and intervening in tobacco smoking in adolescents and behavioural counselling to prevent cardiovascular disease. Upcoming recommendations will be briefly discussed, as well as strategies to keep up-to-date and seamlessly adopt these changes in a clinical setting.

S399 **Approaches to Common Family Medicine Resident Leadership Challenges**
08:30–09:30 Molly Whalen-Browne, MD, MSc; Antonia Morris, MD

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify common challenges faced by family medicine residents working in leadership roles
2. Compare family medicine resident leadership roles across Canada
3. Implement practical techniques to address resident leadership challenges

Description:
Many family medicine residents are involved in leadership positions within their home programs. These roles range from site and committee representatives to Chief Residents, among others. While roles vary, resident leaders face many similar challenges and leadership training opportunities for family medicine residents in Canada are limited. Additionally, there are few ways for residents to connect between programs on topics related to leadership. Developing practical approaches to common leadership challenges is important both to improve the functioning of residency programs as well as to prepare individuals for future practice, since individuals who undertake leadership roles during training are more likely to continue in similar roles throughout their career. This workshop will use both didactic and small group case-based discussion to walk residents through a series of common challenges faced in resident leadership roles. A discussion of the literature as well as the experience of former Chief Residents will help inform practical approaches to topics including understanding role expectations, setting boundaries, negotiation and communication. This workshop will also provide the opportunity for participants to connect with resident leaders from across the country, allowing participants to share approaches and techniques to overcoming leadership challenges.

S402 **Infectious Diseases Update 2018**
08:30–09:30 Patricia Huston, MD, MPH, CCFP

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify new developments on infectious disease topics of direct relevance to family physicians
2. Summarize evidence-based recommendations, explore barriers to implementation and identify the CanMED roles needed to incorporate these recommendations into practice
3. Provide an opportunity to advance competencies and consider strategies to remain current on emerging infectious diseases

Description:
This will be a dynamic, interactive, info-packed workshop where three public health / family physicians will take turn covering the most trending infectious disease topics of direct relevance to family physicians. Each topic will be presented in 5-8 minutes. Each presentations will provide bottom-line evidence-based information and recommendations and will end with a reflective question for discussion by the audience that will include addressing barriers to change. Topics covered will include: the new Hepatitis C elimination strategy, vaccination recommendations during pregnancy, the latest Lyme disease guidelines, why you need to know pre and post exposure management of rabies, news on hantavirus pulmonary syndrome and more. CanMED roles, such as Scholar, Advocate, Communicator, and Collaborator will be explored by reflecting on integrated new learning into practice, health needs of vulnerable populations, and how to incorporate screening, prevention and early detection into clinical encounters.

S413 **Optimizing Prenatal Care for Women With Substance Use Disorders: Challenges and opportunities**
08:30–09:30 Robin Lennox, MD, CCFP; Elizabeth Shaw, MD, CCFP, FCFP; Tejal Patel, MD, CCFP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify and assess the unique medical and psychosocial needs of pregnant women with substance use disorder and their babies
2. Recognize evidence-based strategies for treating substance use disorders during pregnancy
3. Explore various approaches currently being implemented to provide integrated prenatal and addictions care for this population

Description:
Women with substance use disorders (SUD) are at high risk of unintended pregnancy and have higher rates of late diagnosis of pregnancy. Prenatal patients with SUD also experience higher rates of inadequate prenatal care and are at greater risk of perinatal complications directly related to substance use. This workshop will provide an overview of the unique medical and psychosocial needs of these patients during pregnancy, barriers to engagement and retention in prenatal care, as well as evidence-based strategies to treat substance use in pregnancy. This workshop will allow participants to discuss their experiences and challenges in providing prenatal care to patients with substance use in a small-group setting. We will also examine existing models of care, such as the Program for Substance Use in Pregnancy (PROSPR) and the Toronto Centre for Substance Use in Pregnancy (T-CUP), that provide integrated prenatal and addiction care - an approach that has been shown to mitigate many of the negative outcomes associated with SUD in pregnancy. We will encourage discussion and reflection as to how prenatal care providers could integrate these strategies into their care setting.

S451 **Changing the Approach to Treating Hypertension in the Elderly: Slow down or SPRINT**
08:30–09:30 Allan Grill, MD, CCFP (COE), MPH, FCFP; Scott Brimble, MD, MSc, FRCP (C)

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Demonstrate the various methods used to properly diagnose patients with hypertension
2. Identify which elderly patients should be considered for more aggressive blood pressure treatment targets
3. Implement the KidneyWise clinical toolkit recommendations on HTN management for seniors in various primary care clinical settings (e.g. office, LTC)

Description:
Hypertension (HTN) is a common condition encountered in family medicine. Approximately 25% of adults have HTN in Canada, and it is a major risk factor for cardiovascular disease and death. In 2017, the Systolic Blood Pressure Intervention Trial (SPRINT) demonstrated that treating patients with HTN to a systolic blood pressure (SBP) target of 120 mmHg was

superior compared to 140 mmHg with regards to CV outcomes and related mortality. The latter study included a significant number of patients aged 75 years and older, a population whose treatment targets have historically been more conservative in several clinical practice guidelines (e.g. 140-150 mmHg). The generalizability of SPRINT remains in question for elderly patients living in Long-Term Care facilities, suffering from dementia, or deemed to be frail. It also remains unclear whether seniors with a baseline diastolic blood pressure less than 60 mmHg should be initiated on pharmacotherapy to treat elevated SBP due to fears of adverse side effects (e.g. dizziness --> falls --> fractures). Given HTN and chronic kidney disease (CKD) often co-exist in this vulnerable patient population, the Ontario Renal Network, a provincial government agency responsible for overseeing and funding the delivery of kidney disease services across Ontario, recruited an expert panel consisting of family physicians and nephrologists to create a knowledge translation tool to help guide HTN management in the primary care setting. This session will introduce the latest version of the KidneyWise Clinical Toolkit for primary care related to HTN management, and provide practical advice for practitioners to aid in clinical decision-making.

S22 **Fatal Rashes You Cannot Miss!**
10:00–11:00 Vu Kiet Tran, MD, FCFP (EM), MHSc (Ed), MBA, CHE

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify high risk features of these fatal rashes
2. List the more common fatal rashes
3. Manage these fatal rashes

Description:
This will be a case-based presentation on several rashes that present benignly but harbor fatal consequences. To diagnose these conditions, we must remain vigilant and recognize the high risk features. Otherwise, they are easily missed with fatal outcomes.

S86 **Exercise Prescription: The FITT approach**
10:00–11:00 Laura Cruz, MD, CFPC (SEM), FCFP, Dip Sport Med

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss physicians' role as leaders in exercise and exercise promotion for the prevention and treatment of chronic disease
2. Review appropriate indications and contraindications for an exercise program
3. Write an appropriate exercise prescription for adults at different levels of physical literacy

Description:
In the absence of disease, there are three basic components to a healthy lifestyle: nutrition, exercise and sleep. Physical inactivity is the single greatest health problem of our time1. Sitting is the new smoking: inactivity caused 5.3 million early deaths last year, killing more people than tobacco. Physical inactivity costs the Canadian health care system $5.3 billion in direct and indirect costs annually (2003). If physical activity were increased by 10% it would save $150 million annually. The benefit of exercise is pervasive, positively influencing every aspect of human physiology and disease. In 2007, the Exercise is Medicine movement was launched and now has a global reach. The Canadian physical activity guide recommends a minimum of 60 minutes a day of moderate to vigorous exercise for children and youth and a minimum of 150 minutes a week for adults. However, most physicians and health care providers lack the training, knowledge and time to prescribe exercise well. This lecture will discuss the Exercise Vital Sign (EVS) as the most important vital sign to monitor, and will provide physicians with necessary tools to design and prescribe an effective exercise program for patients. Refrences: 1. Blair SN et al. Physical fitness and all-cause mortality: a prospective study of healthy men and women. JAMA, 1989.

S98 **Vicarious Traumatization: Self-care in a changing world**
10:00–11:00 Teresa Marsh, PhD, MA, RN, RP; Claudette Chase, MD, CCFP, FCFP

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify and understand the pervasive effects of vicarious traumatization on the practitioner's identity, world view, psychological needs, and memory system
2. Explore and deepen understanding of how stress, trauma work and environment affect practitioners and how to deal with the effects
3. Appreciate vicarious transformation, rewards and personal growth present in working with clients with mental health issues, trauma and addictions

Description:
Vicarious traumatization is the transformation in the self of a practitioner that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or meaning or hope (Mc Cann & Pearlman 1990a). The goal of the workshop is to help participants understand the pervasive effects of working with traumatized clients on identity, worldview, psychological needs, beliefs and the memory system. In a didactical as well as experiential format the workshop will use cases to further explore the process of integration and transformation of trauma work by the clinician, including self-care, safety and healing.

S155 **Cycling, Food, Energy: Leadership opportunities for family physicians in planetary health**
10:00–11:00 Courtney Howard, MD, CCFP (EM); Joe Vipond, MD, CCFP (EM)

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the major benefits to both people and the planet of cycling, plant-rich-low-meat diets and healthy energy production
2. Identify strategies for effective counselling with regards to active transport and plant-rich-low-meat diets in the physician's office
3. Implement leadership strategies of proven effectiveness in advancing planetary health in the community

Description:
The Lancet defines Planetary Health as, "the health of human civilisation and the state of the natural systems on which it depends," and challenges us to find interventions that benefit both people and planet. Cycling decreases all-cause mortality as well as the air pollution which in 2015 caused an estimated 7,700 premature deaths in Canada. Plant-rich, low-meat diets decrease our risk of colorectal cancer, heart disease, and diabetes while reducing the greenhouse gases, land use and water consumption associated with our diet by at least 20-30%. Switching from coal-fired power to renewable energy decreases air pollution-related morbidity, mortality and health costs. All of these take a big bite out of the greenhouse gas emissions contributing to climate change, which the World Health Organization tells us is the biggest global health threat of the 21st century. The 2017 Lancet Countdown on Climate Change tells us that "The voice of the health profession is essential in driving forward progress on climate change and realizing the health benefits of this response," and prioritized MD-action in Cycling, Food and Energy. Knowing the evidence helps with patient counselling in the clinic, and enables community MD-action. We will go through a case study from Montreal where MD-contributions helped to revamp the cycling network, explore plant-rich diet initiatives, and take a look at successful efforts to minimize asthma-unfriendly air pollution through a switch to healthy energy via phase-out of coal power. There will be the opportunity for participants to ask questions and identify opportunities for applying strategies of demonstrated effectiveness in their home offices and communities. 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.

S261 **Transition to Practice: A guide for the graduating resident**
10:00–11:00 This presentation will be presented by Family Physicians and organized by the CFPC Section of Residents

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Transitioning smoothly into practice after residency
2. Discuss common errors of new physicians and how to avoid them
3. Gain insight into what practicing physicians wish they knew when they started practice

Description:
How can your transition to practice be smooth and exciting rather than a stressful unknown? Learn from experience as a panel of newly graduated physicians discuss their first five years of practice. What do they know know now that they wish they had known then? What are some common pitfalls and problems for the new graduate? After a quick introduction of the panel members, they will share their experiences after which a question and answer period will follow.

S286 **The Value Proposition of Having an Occupational Therapist on Your Team**
10:00–11:00 Nicola MacNaughton

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Articulate the value proposition of occupational therapists in the family practice context
2. Identify and explore resources to be put into place to support the input of occupational therapists
3. Design an evaluation plan to assess the added value of collaborating with occupational therapists

Description:
In primary care settings, approximately one-quarter of a typical family physician's caseload could benefit from occupational therapy services. Patients who present with issues related to occupational health, mental health, chronic pain, aging in place or who require a driving fitness screening or a fall prevention program benefit the most from the concrete needs-based solutions occupational therapists offer. Family physicians can enhance their services and reduce the management burden of complex cases by working with occupational therapists. A summary of the latest scientific evidence related to the clinical and cost effectiveness of a collaboration between family physicians and occupational therapists will be presented. The different national and provincial funding models to hire and engage occupational therapists in primary care settings will be explained and discussed, using real life examples of family physicians who included an occupational therapist on their team. Finally, an evaluation plan will be proposed with suggestions to help physicians select and adapt the outcome measures that are best suited to their practice.

S341 **Clinical Tools to Help Rule in Medically Unexplained Symptoms**
Outils cliniques permettant de tenir compte des symptômes inexpliqués par la médecine
10:00–11:00 Angela Cooper, PhD, R.Psych; Amy Gillis, MD; Heather Hunter, MD

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn objective clinical signs related to medically unexplained symptoms
2. Learn to rule in MUS using objective assessment tools that measure adverse childhood experiences and comorbid conditions
3. Learning to practice trauma informed care

Description:
Medically Unexplained Symptoms (MUS) account for a large proportion of family physician visits. This population can be complex, challenging and difficult to engage with supportive medical management if the psychological and emotional factors underlying these conditions are not addressed. Often multiple and unnecessary biological investigations, medication trials and specialty referrals may be initiated in an attempt to find an organic cause. This workshop will help participants begin to identify when emotional factors are present and how to take a psychophysiological approach to these patients. We will learn about objective clinical signs related to medically unexplained symptoms, how to rule in MUS using objective assessment tools how to practice trauma informed care. Some newly developed resources will be discussed and a physician's perspective on adopting a trauma informed approach will be explored.

Objectifs d'apprentissage :
1. S'informer sur les signes cliniques objectifs liés aux symptômes inexpliqués par la médecine
2. Apprendre à tenir compte des symptômes inexpliqués par la médecine à l'aide d'outils d'évaluation objectifs qui mesurent les expériences indésirables vécues durant l'enfance et les comorbidités
3. Acquérir des connaissances sur les soins tenant compte des traumatismes

Description :

Les symptômes inexpliqués par la médecine représentent une grande proportion des consultations en médecine familiale. Si l'on ne tient pas compte des facteurs psychologiques et émotionnels qui sous-tendent ces affections, il devient complexe, exigeant et difficile d'intéresser cette population de patients à la prise en charge médicale de soutien. Souvent dans l'effort de découvrir une cause organique, on procède inutilement à de multiples épreuves biologiques, essais de médicaments et recommandations en spécialité. Cet atelier aide les participants à dépister la présence de facteurs émotionnels et à adopter une approche psychophysiologique chez ces patients. Nous nous renseignons sur les signes cliniques objectifs liés aux symptômes inexpliqués par la médecine, la façon de tenir compte des symptômes inexpliqués par la médecine à l'aide d'outils d'évaluation objectifs et la façon de prodiguer des soins tenant compte des traumatismes. Nous parlerons de quelques ressources nouvelles et examinerons le point de vue des médecins quant à l'approche des soins tenant compte des traumatismes.

S370 **First Five Years in Family Practice: Top five essentials for early-career physicians**
10:00–11:00 Stephen Hawrylyshyn, MD, MSc, CCFP

ROOM / SALLE : 714AB
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-centric 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 session will focus on common areas of concern for early career physicians in five brief 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 will be followed by an opportunity for questions of the speaker, with a longer question period at the conclusion of the session.

S380 **Patient Safety Culture Bundle for CEOs/Senior Leaders**
10:00–11:00 Markirit Armutlu, BSC, MSc, PSO; Sherissa Microys, BMedSci, MD, FRCPC

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Explain why thirteen elements are required to advance a patient safety/quality culture
2. Demonstrate what CEOs/senior leaders need to know to advance a patient safety/quality culture
3. Apply what CEOs/senior leaders need to do to advance a patient safety/quality culture

Description:
Despite substantive efforts over the last decade to improve patient safety in Canada, patient harm remains a significant public health problem that must be resolved. A working group has identified the critical importance the role that CEOs and senior leaders must play in ensuring patient safety is an organizational priority. The report "Free from Harm" from the National Patient Safety Foundation (2015) was pivotal in guiding the working group. A key finding was the importance senior leadership and governance plays for being visible champions of patient safety and setting clear expectations for patient safety performance within the organization. A patient safety culture is difficult to operationalize. Improving safety requires an organizational culture that enables and prioritizes patient safety. The importance of culture change needs to be brought to the forefront, rather than taking a backseat to other safety activities. Strengthening a safety culture necessitates interventions that simultaneously enable, enact and elaborate in a way that is attuned to the existing culture. Through a literature review of more than 60 resources, a Patient Safety Culture Bundle has been created and validated through interviews with Canadian thought leaders. The Bundle is based on a set of evidence-based practices that must all be applied in order to deliver good care. All components are required to improve the patient safety culture. The Patient Safety Culture Bundle for CEOs and Senior Leaders encompasses key concepts of safety science, implementation science, just culture, psychological safety, staff

safety/health, patient and family engagement, disruptive behaviour, high reliability/resilience, patient safety measurement, frontline leadership, physician leadership, staff engagement, teamwork/communication, and industry-wide standardization/alignment. Using a case study, participants will work in groups to apply the elements in the bundle to determine what could be done differently to advance a patient safety culture.

S398 **Advance Care Planning: What's the point?**
10:00–11:00 Nadia Incardona, MD, CCFP (EM), MHsc; Jeff Myers, MD, CCFP, MSEd

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define and examine the relationship between advance care planning, goals of care and consent
2. Explore how discussing values rather than treatments facilitates future decision-making by the substitue decision-maker
3. Prepare to faciliate person-focused ACP and Goals of Care Conversations in your office

Description:
Advance care planning (ACP) is generally regarded as a way for a person to let others know the kind of care they might want in times of critical illness and at the end of life. Doing these conversations well in a busy family practice can pose challenges. Beyond lack of time, some wonder about the benefit of these conversations to the ultimate end of life care of their patients. This session will explore how viewing ACP as a singular task instead of a means to future informed decision-making can contribute to these current challenges. We describe how ACP is more appropriately viewed as preparing the proxy or substitute decision-maker for future informed decision-making. Within this construct, the session will demonstrate how focusing on patient values rather than hypothetical treatment options can facilitate rather than hinder the future decision-making process. We will describe strategies for the family physician to facilitate these conversations through the use of a conversation guide. Finally, the skill of translating a person's values into decisions will be explored through the use of case examples with the goal of refining an approach to person-centred advance care planning.

S429 **Humanities and Wellness Tool Kit 2: Reading, writing, and arts can save your life**
10:00–11:00 Michael Roberts, MD, FCFP; Allan Peterkin, MD, CCFP, FRCP, Psychiatry

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn how to use health humanities to foster resilience their personal and professional well-being
2. Identify practical ways to integrate health humanities into their approach to patient care
3. Explore how health humanities could be applied to teaching and mentoring medical learners

Description:
There is a growing body of research that suggests that exposure to the humanities (including: literature, film, poetry, and visual arts) fosters enhanced critical reflection and empathy in physician-patient encounters, as well as preventing provider burn out. Furthermore, such exposure celebrates the subjective and emotional facets of adult learning alongside more conventional scientific/evidence- based approaches. This encore interactive, experiential workshop participants will be provided with opportunities to re/discover how the humanities can be an ongoing resource for wellness and resilience in their personal and professional health and wellbeing, in their care of patients and in teaching medical learners. The session will involve participants working through an examination of prose, poetry, photography, film and painting, and participating in a hands-on writing exercise as a means of determining how they can incorporate these modalities into their practice. This workshop will provide participants with a practical set of tools that they will be able to implement into their practice with patients, use as a teaching tool with learners and integrate into their self-care efforts.

S439 **A Practical Approach to Remediation in Medical Education**
10:00–11:00 Michelle Gibson, MD, MEd, CCFP (COE), FCFP
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define key principles of remediation
2. Explore an approach to remediation that draws on principles of clinical practice
3. Develop a remediation plan for a learner in difficulty

Description:
In this session, participants will learn an approach to a learner in difficulty that draws on the principles of clinical practice familiar to supervisors from family medicine. The session will start with cases of learners in difficulty, and participants will learn and then work through an approach to data gathering, analysis, and design and implementation of a plan to assist the learner to address the areas of concern. Participants are encouraged to bring examples of common struggles they have encountered with learners to share with the group for discussion and possible solutions.

S100 **Is Medical Education Synonymous with Burnout?**
10:00–12:15 Keyna Bracken, MD, CCFP; Danielle O'Toole, MD, CCFP
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 709
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Define the terms burnout, resiliency and professional identity through exploration of the current medical literature
2. Interpret the medical education literature on burnout and resiliency to recognize root causes and protective factors
3. Develop an action plan after discussion and review with colleagues to encourage and foster resiliency training

Description:
Burnout, mental health issues and substance use affect physicians at a higher rate compared with the general population. The toll on struggling medical trainees in particular can be enormous, from the burdens of anxiety, depression and substance use to avoidable critical adverse patient outcomes and the tragedy of suicide. How can we foster the development of resilient, humanistic physicians across the continuum of lifelong learning so they may avoid depersonalization and erosion of spirit? This session briefly reviews adult learning theories germane to the acquisition of the less tangible CanMEDS competencies, such as Health Advocate and Collaborator. Participants will explore the current medical literature to analyze how medical training emphasizing individual, autonomous medical expertise may undermine the social humanities which may be a major contributor to burnout. In small groups, participants will discuss possible ways to mitigate stress and burnout in their own educational and clinical environments and ways to advocate and lead change.

S365 **Current Issues in Long-Term Care: National perspectives**
10:00–12:15 **Problèmes actuels en soins de longue durée : Point de vue national**
Fred Mather, MD, CCFP; Paddy Quail, MB, CCFP, FCFP

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Identify seven common 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 critical to the wellbeing of long term care residents. Caring for these complex patients and their families requires many skills including being person and family-centred, having skills in advance care planning and end-of-life care. New opportunities for the use of technology and creative partnerships will be designed by the participants. This session is a national forum to discuss common medical issues in long term care. 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 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) Emergency department avoidance; 2) Education in long term care; 3) Wound care; 4) Resident and family experience; 5) Medical assistance in dying; 6) Advance care planning; 7) Palliative care; 8) Internet and communication technology.

Objectifs d'apprentissage :
1. Nommer sept problèmes courants en soins de longue durée au Canada
2. Créer un leadership favorisant le changement et l'amélioration continue de la qualité
3. Générer l'expertise en soins de longue durée

Description :
Les médecins de famille, membres d'une équipe multidisciplinaire, jouent un rôle de premier plan pour le bien-être des résidents des établissements de soins de longue durée. Les soins pour ces cas complexes et leur famille exigent de nombreuses compétences, y compris dispenser des soins axés sur la personne et la famille, de même que des compétences en planification préalable des soins et en soins de fin de vie. Les participants imagineront de nouvelles occasions d'utiliser la technologie et les partenariats créatifs. Cette séance se veut un forum national de discussion sur les problèmes médicaux courants en soins de longue durée. L'atelier fournira des exemples d'innovation et de leadership. À la fin de la séance, les participants retourneront dans leur collectivité avec de nouvelles idées pour améliorer la qualité des soins dans leurs établissements. Cet atelier appliqué est appuyé par la communauté de pratique de soins aux personnes âgées. Chacun des sujets suivants fera l'objet d'une brève présentation, suivie de questions et d'une discussion : 1) Évitement du service d'urgence ; 2) Éducation en soins de longue durée ; 3) Soin des plaies ; 4) Expérience du résident et de la famille ; 5) Aide médicale à mourir ; 6) Planification préalable des soins ; 7) Soins palliatifs ; 8) Internet et technologie de communication.

S415 **Teaching Social Accountability in Practice: Translating theory to practice**
10:00–12:15 Elizabeth Parenteau, MD; Ian Alexander, MD, CCFP; Anne Andermann, MD, CCFP; Ritika Goel, MD, CCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 711
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Define social accountability by exploring health inequities and their impact on a population's well-being
2. Demonstrate a variety of teaching techniques to help promote health advocacy competencies for all stages of medical learners
3. Identify ways in which current programs may be improved to better develop critical awareness of medical trainees around social accountability

Description:
The Social Accountability Working Group (SAWG) is a group within the College of Family Physicians of Canada (CFPC) that aims to foster and support socially responsible medical practice. In other words, this group yearns for a society where doctors and other stakeholders are mindful of social concerns and committed to reducing health inequities. This workshop will: Explore existing socially accountable practices in use by many practitioners; Broaden the scope of those interested in providing socially accountable care; Build the skills required to translate theoretical concepts into practical changes for a variety of medical learners. It is widely believed that social accountability is difficult to teach. However, at the end of this workshop, you will believe that it is possible to incorporate these principles in the medical curriculum and that they are as important to share with our learners as traditional medical teaching.

S417 **Uncertainty in Medical Education and Practice: An intergenerational look at the "good enough" doctor**
10:00–12:15 Katherine Larivière, MD, MSc, CCFP; Alison Eyre, MD CM, CCFP, FCFP; Rebecca Warmington, MD CCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 604
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Define uncertainty in the context of clinical practice and medical teaching
2. Compare sources of uncertainty in teaching and practice for early, middle and late career physicians
3. Discuss techniques to leverage and manage uncertainty throughout a career in family medicine

Description:
Our current competency-based educational environment requires clinicians to maintain and teach a set of clinical skills that is constantly evolving. Also required are the consultation skills required to synthesize history taking and information gathered during the physical exam, and to incorporate this with the broad variety of external factors in a therapeutic plan. Do we

believe that we have these skills? Many of us teach in order to help us maintain our competency. Finding effective ways to help our learners and ourselves manage uncertainty can assist with time management, selectivity, early diagnostic closure, and improved confidence levels. In this session, we will explore the concepts of diagnostic and therapeutic uncertainty, what it means to be a "good enough" doctor, and how to apply these in both didactic and clinical teaching contexts throughout our full careers. In these times of uncertainty for many in medical practice, we will also explore possible effects on resilience during residency, in practice and beyond.

S448 **Opioid Crisis Simulation Workshop**
10:00–12:15 Edward Xie, MD, CCFP (EM); Jennifer Hulme, MD CM, MPH, CCFP (EM); Rabia Bana, MD, CCFP (EM); Gillian Kolla, MD, CCFP

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Identify public health principles comprising a comprehensive substance use disorder (SUD) strategy including: prevention, treatment, harm reduction, enforcement
2. Build understanding and empathy for people suffering from SUD. Describe the role of different stakeholders involved in developing SUD policies
3. Estimate resources required and communicate to relevant stakeholders. Construct a city-wide action plan to respond to the opioid crisis

Description:
Opioid abuse is widespread and commonly managed by family physicians. The health and social impacts are profound, and have reached 'crisis level' with rising mortality from overdoses. Within this simulation workshop, participants will assume stakeholder roles to address individual and systemic policy responses to the opioid crisis. The goal of this simulation is for participants to collaboratively achieve consensus on resource allocation and policy response to the opioid crisis in a mid-sized city. Specific learning objectives aim to build capacity in advocacy, heath policy and planning. This workshop introduces a novel method of simulation education for public health and primary care that is supported by evidence from other fields.

S19 **Keeping the Flame Burning! Ten critical rules to prevent physician burnout**
Entretenir la flamme! Dix règles cruciales pour prévenir l'épuisement
11:15–12:15 Jason Profetto, MD, CCFP

ROOM / SALLE : Hall F
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Apply principles that help effectively mitigate against physician burnout
2. Detect and predict potential signs (obvious or subtle) for physician burnout
3. Determine the best strategies available for their individual situation and practice to help rekindle the flame

Description:
This presentation and session will be a highly integrative talk focusing on important principles that may lead to and cause physician burnout. Physician burnout at present is a very prevalent issue affecting all levels of doctors including medical learners, residents, new-in-practice physicians and more senior doctors. The talk is broken down and presented by way of "10 critical rules" that are both evidence-based and relatable to almost all family physicians. Additionally, considerations related to psycho-social-legal-political aspects of practice will be integrated and presented in an easy-to-understand way. Audience input and discussion will be encouraged via stimulating prompts from the speaker. The overall focus and feel to this session will be positive, optimistic and pragmatic. In the end, the delivery of medical care in Canada is primarily done through front line physicians, namely family doctors, and as a result it's critical that as a group we reflect and move forward in a productive way.

Objectifs d'apprentissage :
1. Les participants devraient pouvoir appliquer les principes qui aident à atténuer l'épuisement professionnel chez les médecins
2. Les participants devraient pouvoir détecter et prévoir les signes potentiels (évidents ou subtils) d'épuisement professionnel

3. Les participants déterminent les meilleures stratégies à utiliser dans leur situation et se pratiquent à raviver la flamme

Description :
Cette présentation et séance se veut une conversation très intégrée sur les principes importants pouvant entraîner et causer l'épuisement professionnel chez les médecins. L'épuisement professionnel chez les médecins est un problème très répandu qui touche les médecins de tous les niveaux, y compris les étudiants en médecine, les résidents, les médecins qui débutent leur pratique et ceux qui pratiquent depuis longtemps. La présentation est divisée en « 10 règles cruciales » fondées sur les données probantes qui sont pertinentes à presque tous les médecins de famille. De plus, la présentation intègre et présente en toute simplicité les aspects psychologiques, sociaux, juridiques et politiques dont il faut tenir compte. La présentation encourage les commentaires et la discussion par l'entremise de questions posées par le conférencier. Cette séance sera en général positive, optimiste et pragmatique. Pour finir, la prestation des soins médicaux au Canada est assurée principalement par les médecins de première ligne, soit les médecins de famille, il est donc crucial que notre groupe réfléchisse et aille de l'avant de manière productive.

S24 **What You Need to Know About ACS/STEMI/NSTEMI in Women!**
11:15–12:15 Vu Kiet Tran, MD, FCFP (EM), MHSc (Ed), MBA, CHE

ROOM / SALLE : 713AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Recognize the distinguishing features of acute chest pain in women
2. Recognize the atypical ACS presentations in women
3. List the causes of higher morbidity and mortality in women presenting with ACS

Description:
This is a case-based presentation discussing the different atypical features of ACS in women. Women presenting with ACS have a higher morbidity and mortality because they present atypically. ACS in women are often missed. Understand why and recognize these gaps to avoid missing the diagnosis in women.

S113 **Treating Acute Pain in Patients With Opioid Use Disorder in the Emergency Department**
11:15–12:15 Jonathan Gravel, MD, MSc; Bjug Borgundvaag, MD, PhD, CCFP (EM); Michelle Klaiman, MD, FRCPC; Nam Le, MD, FRCPC; John Foote, MD, CCFP (EM); Aaron Orkin, MD, MSc, MPH, CCFP (EM), FRCPC

ROOM / SALLE : 716AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Provide an overview of the importance of successfully identifying patients with opioid use disorder and those on opioid agonist therapy
2. Compare and contrast the pharmacological properties of opioid agonist therapy (buprenorphine/naloxone and methadone) and how these affect analgesic choices
3. Implement an evidence-based and patient-centred systematic approach to the treatment of acute pain in patients with an opioid use disorder

Description:
This workshop will introduce participants to a reasonable and reproducible approach to managing acute pain in the context of the current opioid crisis. The prevalence of opioid use disorder has increased in our practices; this and other opioid-related harms now represent a national crisis in Canada and internationally. Effective pain management is a priority for all physicians, and the treatment of acute pain is a daily imperative for family and emergency physicians. Managing acute pain in patients with an opioid use disorder and patients on opioid agonist therapy (methadone or buprenorphine/naloxone) introduces unique challenges for clinicians. These patients may require higher doses of opioid analgesia due to increased pain sensitivity and opioid cross tolerance, and/or alternative approaches to managing their pain. Inadequate pain management in this population has been associated with relapse and other harms. In the context of the escalating opioid crisis, all family and emergency physicians should be familiar with this problem, and equipped to respond. Yet, there is no common approach, nor clearly articulated standards to guide providers. The appropriate response combines evidence-based practice with clinical creativity and a commitment to the principles of harm reduction and patient- centred care. We will introduce participants to an evidence-based approach that combines a patient- centred, judicious, and minimalist approach to opioids in these

high-risk patients with the the creative use of non-opioid adjunctive pharmacological options and non-pharmacological pain management strategies. This includes successfully identifying patients with an opioid use disorder and an understanding of the unique pharmacological properties of opioid agonist therapy. Non-opioid pharmacological analgesic options discussed will include primary short-term analgesics (e.g., NSAIDs, acetaminophen, ketamine, regional blocks), intermediate to long-term adjuncts (e.g., lidocaine, SSRI/SNRI, anticonvulsants, steroids) and less common but re-emerging therapies.

S152 **Office Management of Patients With Borderline Personality Disorder**
11:15–12:15 James Goertzen, MD, MClSc, CCFP, FCFP

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe key principles for maintaining an effective and compassionate physician-patient relationship with borderline personality patients
2. Identify strategies to assist with the management of patient self-harm and self-mutilation behaviours
3. Demonstrate dialectical behavioural 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, "heart sink" and burnout. Although the role of pharmacotherapy is limited, there is growing evidence that with effective treatment most 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, applied within their clinical settings, and support the development of resiliency in both physician and patient. 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.

S188 **Abnormal Uterine Bleeding**
11:15–12:15 Christiane Kuntz, MD, CCFP, FCFP, NCMP

ROOM / SALLE : 601AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define abnormal uterine bleeding (AUB) in pre-, peri- and postmenopausal women and explore the etiology and pathophysiology
2. Review assessment tools and discuss treatment options
3. Apply evidence-based learning pearls through a review of cases

Description:
The session will define abnormal uterine bleeding (AUB) in pre-, peri- and postmenopausal women. It will explore the etiology and pathophysiology of AUB at various stages of a woman's life cycle. Assessment tools will be described and treatment options will be discussed. Evidence-based learning pearls will be applied through a review of clinical cases.

S263 **Questions About Teaching You Were Always Scared to Ask**
11:15–12:15 Keith Wycliffe-Jones, MBChB, FRCGP, CCFP; Shirley Schipper, MD, CCFP, FCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 1

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. Recognize that many of the challenges faced by teachers are common and, through sharing, these can also be normalized

Description:
"What if I don't like my resident?" "How do I respond when a student makes it clear he/she is 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?" This open-format, highly interactive workshop gives both new and experienced teachers the opportunity to anonymously pose questions about specific teaching challenges. 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 these approaches 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.

S264 **Locuming: A guide for the early-career physician**
11:15–12:15 This session will be presented by the Section of Residents.

ROOM / SALLE : 603
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Learn the pros and cons of working as a locum physician
2. Learn how provincial regulations apply to the locum physician
3. Gain insight into what physicians who have worked as locums wish they had known before embarking on this career decision

Description:
Working as a locum physician is becoming a more common choice for new graduates. What do you need to know before starting out as a locum physician? This panel presentation aims to share the experiences of others as well as answer your questions. Learn from physicians who are currently working or have worked as locum physicians during their initial years of practice. This session is aimed to engage residents as well as early career physicians.

S368 **Things You Didn't Learn in Residency: Medical-legal tips for early-career physicians**
11:15–12:15 Shirley Lee, MHSc (Ed), MD, CCFP (EM), FCFP

ROOM / SALLE : 714AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Identify the key scenarios that place a physician at medical-legal risk in their early career
2. Implement methods to mitigate the potential for instances and prevent that most commonly pose a risk for family physicians
3. Prepare for incidents that could potentially arise and integrate protection strategies against potential risks in practice

Description:
A representative of the CMPA will address physician risk management by highlighting the most prevalent incidents that pose medical-legal issues for physicians new to practice and the key methods that should be employed in order to mitigate those risks. The Canadian Medical Protective Association (CMPA) has been invited to speak to attendees in their first five years of practice to outline the key areas of concern for family physicians and offer insight and strategies to promote safe care and help reduce medical-legal risk within their practice. The session will feature an overview of the most common medical-legal complaints against family physicians, including case studies, and will demonstrate methods of prevention to protect oneself and the course of action that should be taken in the event of a complaint. The session will conclude with an interactive portion, allowing attendees to ask questions and seek guidance on specific issues related to the medical-legal risks of practicing family medicine.

S376 **Melanoma Skin Cancer: An overview and practical approach**
11:15–12:15 Jessica Hunter-Orange, MD, CCFP, DipPDerm

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Highlight the growing incidence of new diagnoses of melanoma skin cancer in Canada
2. Review the common clinical presentation of various types of melanoma lesions
3. Define role of the FP in diagnosing these lesions and how/who to refer to & what to do next

Description:
Incidence of melanoma skin cancers is on the rise in Canada. Family physicians are instrumental in providing front-line care to patients presenting with a new, changing or concerning lesion. This talk will highlight the epidemiology of melanoma skin cancer in North America and provide an overview of the common presentations of these potentially aggressive skin cancers. The ideal role of the family physician in diagnosis will be highlighted and biopsy techniques will be briefly reviewed. Referral is key for the ongoing assessment, treatment & ongoing management of these patients in many cases. A practical approach regarding who, when and where to send our melanoma patients will be suggested.

S382 **Reducing Harm From Opioids in Family Practice: Sharing successes and challenges**
11:15–12:15 Margarita Lam Antoniades, MD, MScCH, CCFP; William Watson, MD, CCFP, FCFP; Jonathan Hunchuck, PharmD, BCACP, BC-ADM

ROOM / SALLE : 803AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe root causes of the opioid crisis and the challenges it presents for the primary care provider
2. Identify and implement strategies to reduce harm from opioids in their own practice
3. Explore opportunities for interdisciplinary collaboration in addressing challenges in opioid prescribing

Description:
Canada is in the midst of an opioid crisis, with escalating overdose deaths in multiple provinces and the second highest rate of per capita opioid consumption in the world. Prescription opioids are an important therapeutic tool, however they carry risks, even when prescribed and used appropriately. Recent guidelines have provided some clinical guidance around safer opioid prescribing for chronic non-cancer pain. Guidelines, however, can be challenging to implement in practice. Creating systems to support prescribers in implementing guidelines in a complex clinical environment can be an enabling force. Using interactive case scenarios, this session will demonstrate an approach to reducing harm from opioids in a large inner city academic family health team using a Quality Improvement framework, which entails: 1) Understanding the problem through reviewing prescribing and dispensing data and qualitative interviews with prescribers and patients; 2) Identifying measures to allow us to quantify improvement and 3) Implementing a multi-faceted approach to address the problem from a variety of angles.

S423 **Canadian Cardiovascular Society Heart Failure Guidelines: Key messages for primary care practitioners**
11:15–12:15 Adam Grzeslo, MD, CCFP, FCFP; Michael McDonald, MD

ROOM / SALLE : Hall G
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss an evidence based approach to diagnosis and etiology of HF, and timing of key novel pharmacologic therapies
2. Review common comorbidities in HF and what to do when considering treatment options
3. Determine how to approach the advanced HF patient including timing of referral for palliative care, mechanical support, or transplantation

Description:
Heart failure (HF) remains a common diagnosis and continues to be associated with significant morbidity and mortality. It presents in many different guises and circumstances which requires individualized therapy. The CCS 2017 Comprehensive Heart Failure 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) the diagnosis of HF and how to assess risk factors and common etiologies; 2) initial referral and follow-up frequency; 3) how to optimally titrate medications, and when to add ivabradine or convert patients to ARNI; 4) the role of comorbidities and what to consider during treatment; and 5) advanced therapies and what you need to know about therapeutic options for patients with very advanced HF.

S499 **Navigate Evidence Around a Research Question**
11:15–12:15 Tanvir Turin Chowdhury, MBBS, MSc, PhD; Donna Manca, MD, MCISc, FCFP; Maeve O'Beirne, MD, PhD, FCFP

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Participants will have the opportunity to identify and explore their own questions
2. Participants will then learn how to navigate evidence
3. Participants will create their own strategy toward systematic search and scoping review

Description:
In this workshop, the participants will be guided to develop a research question from their research idea. How to develop an scoping plan will be shown and mentors will be working with the participants toward developing a systematic search and scoping review plan based on the research question in small groups. Participants don't need to have any research experience but will need to have a research idea which they want to develop further.

S757 **Hot Topics in Atrial Fibrillation (Ancillary Session)**
12:30–13:30 Peter Lin, MD, CCFP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the similarities and differences among anticoagulants currently available in Canada for stroke prevention in atrial fibrillation (AF)
2. Recommend appropriate, guideline-recommended anticoagulants at appropriate doses based on patient and drug characteristics
3. Use recommended tools to help manage anticoagulation around surgical or invasive procedures

Description:
This interactive learning session will examine some of the latest "Hot button themes" in the management of Atrial Fibrillation. Interactive Polling will be used to gauge the audience's knowledge and opinions on cases and topics that discuss a variety of current themes. Topics include the differences in current Anticoagulant medications, which medication to use for which patient type, the importance of appropriate dosing of Oral Anticoagulants BOAC) for the right patients and perioperative management of OAC.

S761 **Get to Target: Considerations for adding long-acting GLP-1 RAs (Ancillary Session)**
12:30–13:30 Sorin G Beca MD

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

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.

S40 **How Did You Do It? Team Subban's vision for success**
Comment réussir ? La vision de l'équipe Subban
13:30–14:30 Karl Subban

ROOM / SALLE : Hall F/G
Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:
1. Consider their confidence around leadership, investigate their own leadership capabilities, and identify and enhance their existing leadership strengths
2. Measure their own resilience, and produce a plan to swiftly and effectively overcome obstacles in the workplace
3. Prepare a personal plan for professional success based on Karl's proven signature framework

Description:
Wisdom. Humour. Leadership experience. Memorable stories. These are the hallmarks of a Karl Subban keynote. Drawing on his experience as a coach, a principal, and the father of "Team Subban," Subban talks about vision, perseverance, teamwork, and what it means to lead. He uses pointed anecdotes and powerful metaphors to tell a larger narrative about defining, and achieving, success. As a principal, Subban would often give a room full of students a simple command: "Anyone who wants to be better, raise your hand." Every hand shot up. That came as no surprise. Who doesn't want to be better? Everybody wants to be better. The problem, Subban saw, was that too many people didn't think they could be. Since those days, he has held the firmly-rooted belief that anyone can—and everyone should—reach their true potential. To that end, Subban shares a proven framework for success that resonates with everyone from educators to business and community leaders.

Objectifs d'apprentissage :
1. Considérer leur confiance en matière de leadership, s'informer sur leurs propres capacités en tant que leader, et identifier et améliorer leurs forces existantes en ce qui a trait au leadership
2. Mesurer leur propre résilience, et produire un plan pour surmonter rapidement et efficacement les obstacles en milieu de travail
3. Préparer un plan personnel pour la réussite professionnelle en fonction du cadre de signature éprouvé de M. Subban

Description :
Sagesse. Humour. Expérience en leadership. Récits mémorables. Voici les points saillants d'une conférence de Karl Subban. Tirant profit de son expérience en tant qu'entraîneur, directeur d'école et père de « l'équipe Subban », M. Subban parle d'une vision, de persévérance, de travail d'équipe et de ce que ça veut dire d'être un meneur. Il utilise des anecdotes tranchantes et des métaphores fortes pour parler à un plus grand auditoire de la définition et de l'atteinte du succès. En tant que directeur d'école, M. Subban donnait souvent une seule consigne simple à une salle de classe remplie d'élèves : « Que tous ceux qui veulent s'améliorer lèvent la main ». Chaque élève levait la main. Ce qui n'était pas une surprise. Qui ne veut pas améliorer son sort ? Tout le monde veut être meilleur. Le problème que M. Subban a remarqué est que trop de personnes croyaient qu'ils n'en étaient pas capables. Depuis, il croit fermement que chaque personne peut — et devrait pouvoir — atteindre son plein potentiel. À cette fin, il partage un cadre éprouvé pour la réussite qui interpelle tout le monde, des éducateurs aux dirigeants d'entreprises et communautaires.

S92 **Approach to Bipolar Disorder in Primary Care**
15:00–16:00 Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe how to make the diagnosis of bipolar disorder in primary care setting in a time-efficient manner
2. Demonstrate how to use psychopharmacology to treat bipolar disorder substantiated by the evidence-based guidelines
3. Identify issues with respect to bipolar disorder, psychopharmacology and pregnancy

Description:
Bipolar disorder is being increasingly recognized as prevalent in the primary care population. It is now seen as something that can be diagnosed and treated in the primary care sector. However, many people with this disorder remain undiagnosed or misdiagnosed. In this session, we discuss how to make the diagnosis in a time-efficient manner, using succinct screening questions. We will discuss the definitions around the different phases and types of Bipolar Spectrum Disorders. The pharmacologic treatment of bipolar disorder will be presented, focusing on the proper treatments of the different phases of bipolar, including depression, mania, and protection from relapses (prophylaxis). We will focus on the proper workup, side effects, and dosing of Lithium, Valproic Acid, and Lamotrigine. We will comment on the use of Atypical Antipsychotics. This will be based upon the most current psychopharmacologic guidelines. Issue around the use of psychopharmacology for bipolar disorder during pregnancy will also be discussed. Questions from the audience will be taken throughout the presentation to promote interactive learning.

S144 **Changes in Management of COPD 2018**
15:00–16:00 **Changements dans la prise en charge de la MPOC 2018**
Suzanne Levitz, MD CM, CCFP

ROOM / SALLE : 718A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Review the new 2018 Canadian Thoracic Society position paper, focusing on changes from 2008 CTS guidelines
2. Identify the differences in presentation of COPD, ACOS, and ILD
3. Implement new recommendations into COPD management in the office setting

Description:
Multiple new inhaled medications for COPD have been introduced over the past 5-7 years, making it difficult to determine the optimal therapy for our patients. The CTS position statement on the management of pharmacotherapy in patients with COPD was released at the end of 2017, outlining important changes in the management of COPD patients. In this session, the updates will be reviewed, with a focus on case presentations. A review of the presentation of lung disease in office practice will help consolidate both the presentation and management of this condition in the office setting.

Objectifs d'apprentissage :
1. Prendre connaissance du nouvel énoncé de position 2018 de la Société canadienne de thoracologie, en s'attardant aux changements par rapport aux lignes directrices 2008 de la SCT
2. Relever les différences du tableau clinique de la MPOC, du syndrome de chevauchement de l'asthme et de la MPOC (ACOS) et de la pneumopathie interstitielle
3. Mettre en pratique les nouvelles recommandations en matière de prise en charge de la MPOC dans son bureau

Description :
Depuis 5 à 7 ans, de nombreux nouveaux inhalateurs contre la MPOC sont entrés sur le marché, et il est maintenant difficile de déterminer quel est le traitement optimal pour nos patients. L'énoncé de position de la SCT sur la prise en charge de la pharmacothérapie chez les patients atteints de MPOC a été publié à la fin de 2017, il souligne les changements importants dans la prise en charge des patients atteints de MPOC. Durant cette séance, nous allons examiner les mises à jour à l'aide de présentations de cas. Une étude du tableau clinique des maladies respiratoires en pratique clinique aidera à consolider la présentation et la prise en charge de cette affection en contexte clinique.

S241 **Top 10 Family Medicine Papers to Change Your Practice**
15:00–16:00 Jock Murray, MD, CCFP (EM); Jennifer Leverman, MD; Mandi Irwin, MD

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review 10 potentially practice changing articles relevant to family medicine
2. Apply the findings to the practice of family medicine in Canada
3. Address barrier to implementing evidence based changes to practice

Description:
This is a session which has been presented to large audiences at the prior FMF's. It is a fast paced review of 10 potentially practice changing articles from the recentfamily medicine relevant literature. The articles will be critically appraised with a focus on absolute over relative benefit. The risk and benefits of interventions will be clearly discussed. Each of the three presenters will present 3-4 articles for approximately 5 minutes.

S259 **Transition to Residency: A medical student's guide**
15:00–16:00 Sabrina Dzafovic, MD

ROOM / SALLE : 602AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Prepare for the transition from medical student to resident physician
2. Benefit from the recommendations of resident physicians regarding the CaRMS process, financial concerns and self-care
3. Discover answers to questions about being a new family medicine resident

Description:
This session for medical students will present recommendations for preparing for residency. It will touch upon the many steps along this natural continuum including: selecting and preparing for electives, getting ready for CaRMS, selecting a family medicine residency program, and dealing with financial concerns, lifestyle issues, and adjustment into your new role of being a doctor. This session is presented by current residents in family medicine with participation from the Section of Medical Students and the Section of Residents of the CFPC.

S356 **The Cost of Caring: Addressing grief among health care professionals in palliative care**
15:00–16:00 Katherine Bell, MD, CCFP

ROOM / SALLE : 701B
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Define cumulative grief, disenfranchised grief, compassion fatigue, and burnout in the context of HCPs providing palliative care
2. Use tools and strategies to recognize HCP grief and its sequela in themselves and their colleagues
3. Employ personal/systemic strategies that promote emotional resiliency and mitigate the impact of HCP grief upon patient care

Description:
Health care professionals (HCPs) providing palliative care experience grief on a daily basis. They witness the grief and loss experienced by their patients and their families as illness progresses (anticipatory grief), at the time of death, and in bereavement. HCPs face challenges in addressing their own grief – the cumulative and repeated nature of the grief they face, the paradox of emotional involvement with patients and families and yet not feeling "allowed" to grieve, and the need to put personal feelings aside in order to move on to care for the next patient. In rural communities, these challenges are intensified by the dual relationships that exist between HCPs and their patients, where the lines between professional and personal lives are blurred. The emotional toll on HCPs providing palliative care is great, both to the HCPs personally and to the quality of care they are able to provide to their patients. Yet ongoing psychosocial supports addressing HCP grief are rarely offered consistently. In this 60 minute presentation, the HCP experience, including cumulative/disenfranchised grief, compassion fatigue and burnout, will be explored along with strategies that can be implemented on personal and system-wide levels to allow HCPs in palliative care to address their grief, and to continue to provide excellent palliative care, by reducing the "cost of caring".

S358 **Origami: Understanding the (not-so) ancient art of evaluation in rural research training**
15:00–16:00 Cheri Bethune, MD, MClSc, CCFP, FCFP; Cameron MacLellan; Thomas Heeley, MASP; Wendy Graham, MD, CCFP; Shabnam Asghari, MD, MPH, PHD

ROOM / SALLE : 605

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explain the importance of program evaluation for rural faculty development programs
2. Define an evaluation logic model, list its components, and recognize how they are associated
3. Define an evaluation matrix and recognize how it guides the entire evaluation process

Description:

Background: Doctors from rural and remote Canada face unique barriers to conducting research. To address these barriers, Memorial University of Newfoundland has taken decisive action with '6for6,' a research-focused faculty development program (FDP) that teaches rural and remote doctors to design and carry out sound research. After a three year pilot (2014-2017), the 6for6 team is conducting a comprehensive evaluation of the FDP. **The workshop:** 6for6 team members will describe the importance of evaluation to rurally-focused research FDPs, illustrating with examples from the ongoing evaluation of 6for6. Attendees will engage in several hands-on activities that use origami folding, worksheets and real examples form the 6for6 evaluation to put the meaning and use of program evaluation tools (eg. logic models, evaluation matrices), in perspective. These activities will culminate with attendees working in groups to apply their insights to programs at their own institutions. After the conclusion of these activities, the floor will open for questions about the evaluation process. **Teaching method:** This workshop uses a combination of group discussions and breakout activities presented by key investigators from the 6for6 research team. **Learning objectives:** At the conclusion of these activities, participants will be able to: 1) Explain the importance of program evaluation for rural faculty development programs 2) Define an evaluation logic model, list its components, and recognize how they are associated; 3) Define an evaluation matrix and recognize how it guides the entire evaluation process.

S25 **Introduction to System-Level Advocacy for Family Physicians**
15:00–16:00 Samantha Green, MD, CCFP; Ritika Goel, MD, CCFP

ROOM / SALLE : 713AB

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 toward 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.

S407 **Canadian Cardiovascular Society Dyslipidemia Guidelines: A case-based approach to review new evidence**
15:00–16:00 Rick Ward, MD; Jean Grégoire, MD, FRCPC, FACC, FACP

ROOM / SALLE : 713AB

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Incorporate new evidence embedded in the CCS dyslipidemia guidelines to address common patient presentations
2. Identify patients who would benefit from new pharmacotherapies such as PCSK9 inhibitors

3. Differentiate the CCS dyslipidemia guidelines from other Canadian dyslipidemia guidelines

Description:
One of the major risk factors of cardiovascular disease (CVD) is dyslipidemia and it commonly coexists with other comorbidities such as diabetes and hypertension. Fortunately dyslipidemia is modifiable through lifestyle changes and/or medications. While new evidence improves outcomes for patients and increases our knowledge of dyslipidemia, the ever-changing landscape of lipid treatment poses challenges for: primary care physicians, appropriate risk assessment, treatment, and surveillance options of our at-risk population. In this interactive workshop members of the CCS Dyslipidemia Guideline Panel will present Dyslipidemia cases from their practice and walk physicians through outcomes and treatment options using the CCS Dyslipidemia Management guidelines. Themes discussed with include: 1) treatment decision making; 2) screening and risk stratification; 3) lifestyle intervention: non-pharmacological therapy options and patient adherence; 4) results of new drug trials with PCSK9 inhibitors and other relevant clinical trial evidence that has emerged since publication of the 2016 guidelines. New studies will inform more aggressive treatment goals for the highest risk patients.

S438 **Practising Anti-Oppression in Medicine**
15:00–16:00 Ritika Goel, MD, MPH, CCFP

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Discuss key concepts such as power, privilege, oppression, intersectionality and allyship
2. Discuss how power and privilege plays out in medicine and how to engage in anti-oppressive practice
3. Analyze our own social locations as pertain to power and privilege

Description:
Family medicine is, at its core, about the doctor-patient relationship. While we may learn skills pertaining to communication, professionalism and ethics, a deeper discussion about the social structures that impact our patients' lives as well as our relationships is rare. 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 allyship in a supportive and respectful environment. We will discuss how these concepts pertain to the practice of family medicine, as well as the reality of unconscious bias. Participants will leave with concrete examples of how to engage in anti-oppressive practice to ensure we best meet the needs of our patients.

S222 **Motivational Interviewing to Support Opioid Tapering**
15:00–17:15 Lori Montgomery, MD, CCFP; Todd Hill, PhD, RPsych

ROOM / SALLE : 718B
Mainpro+ Group Learning certified credits = 2

Learning objectives:
1. Use basic motivational skills to introduce the idea of an opioid taper
2. Practice motivational skills that can help a patient to plan a taper
3. Troubleshoot potential barriers to an opioid taper

Description:
Most Canadian family physicians are aware by now of new guidelines on opioid prescribing for non-cancer pain which encourage opioid tapering whenever possible for patients on high doses. But we also know that patients should not be tapered without their consent. A conflict arises when some patients are more ready than others. How can you help a patient to embrace the idea? Evidence suggests that one of the most effective tools to help patients make changes in behaviour is motivational interviewing. This experiential workshop will outline motivational interviewing and other clinical tools that are useful to help patients make changes in the ways they use opioids. Participants will have an opportunity to practice MI skills and to craft a plan for an opioid taper.

S454 **Assessing the Quality of Guidelines to Choose for Your Practice**
15:00–17:15 James Dickinson, MBBS, PhD, CCFP; Neil Bell, MD, SM, FCFP; Roland Grad, MD, CM, MSc, FCFP; Ainsley Moore, MD, MSc, CCFP

ROOM / SALLE : 714AB

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Understand the role of guidelines in assisting evidence-informed practice
2. Detect bias in guidelines and reject those badly affected by bias
3. Quickly apply a method to assess guidelines to decide which are preferable for their practice

Description:

Much medical wisdom is expressed in guidelines that inform us about what to do at times of challenging clinical decision making. Consequently, we often look them up when we are unsure. However, in many fields there are competing and sometimes conflicting guideline recommendations, some of which some are based on strongly held opinions without good supporting evidence. How do we choose a high quality guideline appropriate for our patients? A group of guideline developers will discuss the process of guideline creation, and how errors and bias can occur in the process. We will focus on how understanding that process assists users to decide the quality and utility of a guideline. To aid in making decisions about which guidelines to use, workshop participants will learn about a modified AGREE scheme for assessment of guidelines, including the process of their development, their scientific rigour and incorporation of patient values and preferences. Participants will then work in small groups to assess selected guidelines on the same topic to decide how trustworthy they are. Participants can choose a group assessing guidelines on a variety of topics, including Mammography screening, hypertension and cardiovascular disease, and sinusitis.

S76 **Top 10 Emergency Medicine Articles of 2017–2018**
16:15–17:15 **Médecine d'urgence : Les 10 meilleurs articles de 2017–2018**
Constance LeBlanc, MD, CCFP (EM), MAEd; Mark Mensour, MD, CCFP (EM) (FPA), FCFP; Jock Murray, MD, CCFP (EM); Amy Mason; Vu Kiet Tran, MD, FCFP (EM), MHSc (Ed); Jenny Leverman, MD

ROOM / SALLE : 718A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review ten great practice changing articles of the year in EM
2. Apply the findings to EM practice in Canada
3. Address barriers to implementing the changes suggested by this literature

Description:

This fast-paced high-level review of ten practice changing articles from 2017-2018 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.

Objectifs d'apprentissage :

1. Prendre connaissance de dix excellents articles transformateurs de la pratique publiés durant l'année en médecine d'urgence
2. Appliquer les conclusions à la pratique de la médecine d'urgence au Canada
3. Faire tomber les obstacles à la mise en œuvre des changements proposés dans les publications

Description :

Cet examen rapide et de haut niveau de dix articles transformateurs de la pratique publiés en 2017-2018 sur la médecine d'urgence présente une évaluation critique — les termes absolus et relatifs seront utilisés ; l'on discutera des risques et des bienfaits nets à la fin de chaque article. Cette séance est une revue complète, cependant une étude en profondeur et étendue a eu lieu avant la présentation de chaque article pour veiller à ce que les bonnes conclusions soient communiquées clairement et de façon succincte. Venez voir ce qui est nouveau et repartez avec quelques pratiques exemplaires fondées sur les données probantes en médecine d'urgence. La séance compte divers présentateurs ayant révisé 1 ou 2 articles chacun dans une approche rapide de 10 minutes se limitant aux faits avec 1 minute réservée aux questions.

S91 **Approach to Psychotherapy in Primary Care**
16:15–17:15 Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : 715AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Compare the models of supportive and cognitive behavioural psychotherapy
2. Identify how to decide when to use specific forms of psychotherapy
3. Apply specific techniques that are central to cognitive behavioural therapy

Description:
Twenty-five to thirty-five per cent of visits to a family physician may involve predominantly psychological issues. Due to their longitudinal relationship with their patients, family doctors have lots of opportunities to do meaningful psychotherapy with their patients. In this session, we discuss the two different types of psychotherapy, those being "supportive" therapy vs "change" therapy. We discuss how to choose the appropriate therapy for the appropriate person, at the appropriate time. We discuss "supportive" therapy and how to best apply this in the primary care setting. We then will focus in some detail on "change" therapy, particularly Cognitive Behavioural Therapy (CBT). We discuss techniques of CBT, including setting up cognitive logs, and how to challenge distorted thinking patterns. We go on to discuss setting up behavioural homework as a therapeutic modality to complement the cognitive work. Finally, we look at how psychotherapy can be incorporated in a practical way into primary care. Questions from the audience will be taken throughout the presentation to promote interactive learning.

S105 **Screen Time and Young Children: Promoting health and development in a digital world**
16:15–17:15 Michelle Ponti, MD, FRCPC; Stacey Belanger, MD, PhD, FRCPC

ROOM / SALLE : 701A
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Describe the current evidence and trends of digital media use and its impact on Canadian children
2. Determine the potential benefits and risks of digital media use in children under 5 years using bio-psycho-social domains
3. Implement key recommendations from the Canadian Paediatric Society for counselling parents of young children about healthy screen use

Description:
Screen-based media are a constant presence in the lives of young children - from traditional television to mobile devices and apps created for them to their parents' smartphones. What limits should parents place on screen use for infants and young children? Does using digital technology in the early years have lasting physical, cognitive or developmental effects? What advice should clinicians provide to families for healthy screen use? This interactive slide presentation will highlight current research on the potential benefits and risks of screen time in children 0-5 years and review the Canadian Paediatric Society's (CPS) new recommendations to help physicians provide anticipatory guidance about healthy screen use. Evidence-based guidance to optimize and support children's early media experiences involves four principles: minimize, mitigate, mindful use and model. Clinical tools developed by the CPS will also be introduced including the "4-M" counselling guide, office poster and parent hand-out.

S145 **Treatment of Asthma in Canada: What are Canadian physicians doing?**
16:15–17:15 Suzanne Levitz, MD CM, CCFP; Alan Kaplan, MD, CCFP (EM), FCFP

ROOM / SALLE : 801AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Review the results of the transcanada survey on asthma management conducted in 2017
2. Review management of asthma in canada, using the most recent CTS and GINA guidelines
3. Incorporate change into practice

Description:

Asthma is a common chronic respiratory condition, affecting more that 3 million canadians, and causing approximately 500 deaths per year. It affects all ages and is seen in all family practice settings. There have been recent developments in guidelines for management. In 2017, the communities of practice respiratory group of the CFPC undertook a survey of family physicians across Canada, in order to understand current practice and where to target future education. Over 300 physicians responded to the survey amoung the CFPC members and the results were encouraging. In this session, the results of the survey, as well as the most recent guidelines will be discussed. At the end of the session, the learner will better understand the recent changes in guidelines and how they impact the care of our adult asthmatic population.

S292 **Applying the 2018 Diabetes Canada Guidelines in Your Practice: Pregnant and peripartum patients**
16:15–17:15 Janine Malcolm, MD, FRCPC; Denise Feig, MD, MSc, FRCPC

ROOM / SALLE : 717AB
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Understand the implications of the latest recommendations in the latest Diabetes Canada guidelines for your pregnant and peripartum patients
2. Utilize the various resources available at guidelines.diabetes.ca to support diabetes care in day-to-day practice
3. Work more effectively with different members of the diabetes care team to improve pregnancy outcomes

Description:
This case-based session covers pregnancy-related topics from the 2018 Diabetes Canada Clinical Practice Guidelines in a practical and memorable format for primary care. Each case will highlight specific challenges in patient care related to diabetes for women of child-bearing age. Resources and tools available from Diabetes Canada to help you in your practice will be demonstrated. The cases will discuss management of patients with diabetes prior to pregnancy, as well as gestational diabetes. We will cover the latest recommendations regarding screening and diagnosis as well as the latest evidence on glucose management in pregnancy. The session will also discuss tips and tricks for helping patients implement changes so that they achieve their diabetes-related goals. In particular, it will focus on key take-home messages that will help you to i) reduce risk of diabetes complications, ii) keep patients safe from medication-related harms, and iii) support patients in their self-management.

S350 **Scholarly Writing in Family Practice: Finding your oasis**
16:15–17:15 Cheri Bethune, MD, MCISc, CCFP, FCFP; Wendy Graham, MD, CCFP; Shaban Asghari, PhD, MD; Thomas Heeley, MASP; Cameron Maclellan

ROOM / SALLE : 605
Mainpro+ Group Learning certified credits = 1

Learning objectives:
1. Create a mind-map for their writing project
2. Develop a conceptual framework for their writing project
3. Apply free writing to bypass writer's block

Description:
Background: While the CanMEDS 'scholar' role has made scholarly writing an essential skill for every physician, it is also an exercise in reflection and an introspective oasis from the demands of practice. Unfortunately, medical school does not devote much time to scholarly writing and the strategies to engage in it effectively. **The workshop:** Taught by experts from 6for6 (a research training program for rural doctors), this session, will teach attendees key strategies to facilitate their scholarly writing, and empower them to engage in a scholarly writing project of their own as an exercise in creativity, academia, translation of medical knowledge and self-exploration. **Teaching methods:** We ask that attendees bring a small piece of work to the session; this can be something they are already working on or a new idea they would like to articulate. Attendees will participate in small-group breakout activities to conceptualize their writing idea, plan their project with mind mapping, and put pen to paper with free writing. In so doing, they will bypass their own barriers to writing and make a tangible progression in their writing work, all the while engaging with other participants in the creative process. For those without a specific piece of work or idea, a selection of content such as photographs, audio-tracks, quotes, and lyrics will be available as inspiration so anyone can enjoy the many benefits of writing.

S473 **Women and Heart Disease: Sex- and gender-specific risk assessment in primary care**

16:15–17:15 Karen Fleming, MD, MSc, CCFP, FCFP; Debbie Elman, MD, CCFP, FCFP

ROOM / SALLE : 701B

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Interpret and integrate evidence based clinical practice guidelines to identify and manage sex-specific CVD risk factors in primary care
2. Devise strategies to identify at-risk women in primary care practices early through the electronic medical record
3. Devise strategies to engage at-risk women early to reduce their risk of cardiovascular disease

Description:

Cardiovascular disease (CVD) is the leading cause of death in women and the opportunity to identify risk factors early to impact outcome is attractive. Many female-specific risk factors commonly go unrecognized by both women and their primary care providers. In addition to traditional risk factors women have unique risk factors for heart disease such as pregnancy complications, hormone therapy, breast cancer therapy, and autoimmune diseases which need to be considered during a sex specific cardiovascular risk assessment. Recently, the Canadian Cardiovascular Society updated their screening criteria for Dyslipidemia to include women with a history of hypertensive disorders of pregnancy as one of the at-risk populations for CVD, which is an important step in improving current practice. McDonald et al. identified a significant knowledge and practice gap in health care providers and concluded that at-risk women must be informed by their obstetrical care provider and family physicians thereafter to start CVD risk management. This session will provide family physicians with updated evidence-based information on what a sex-specific CVD risk assessment looks like and updated management in women based on the updated CCS clinical guidelines for comprehensive care to women. Pregnancy related complications, menopause, prior chest radiation, prior breast cancer (chemotherapy and radiation treatments), migraines (with aura), collagen vascular diseases traditional risk factors and CVD in women will be discussed. The value of the electronic medical record (EMR) to identify and capture risk factors early to impact outcome will be explored further in this session.

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

S733 **911 Office Emergencies**
07:30–12:00 Richard Waldolf, MD, CCFP (FPA); Alain Michon, MD, CCFP (EM); George Montgomery, MD, FRCP
③ credits per hour

ROOM / SALLE : 203C

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. Recognize and manage critical situations pertaining to neurological, respiratory or cardiac disorders in an outpatient setting
2. Explore the essential elements and main obstacles to effective communication and collaboration in a crisis

Review and manipulate emergency equipment that should be available in outpatient clinics Description:

The 911 Office Emergencies Course is a 4-hour CFPC accredited simulation-based workshop designed to help physicians develop an approach to managing crisis situations in their clinic. Participants will discuss various tools and strategies that can be implemented in their own setting and will be given the opportunity to participate in four realistic simulation scenarios to put their skills into practice. Each simulation is followed by a structured debriefing exercise to encourage reflection and discussion on both medical management and non-technical skills such as leadership and communication. Participants will leave this interactive workshop with tools and ideas to help address the challenges of an out-of-hospital crisis.

S33 **CASTED: Fracture Clinic—The follow-up MSK injury course for family doctors**
07:30–18:00 Arun Sayal, MD, CCFP (EM)
③ credits per hour

ROOM / SALLE : 206EF

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 the relevant orthopaedic principles to the assessment and management of patients recovering from acute MSK injuries
2. Describe which patients' fractures are 'safe' for a family physician to manage, and which are at higher risk of complications
3. Describe (with practice) the indications, application and removal of various fibreglass casts and immobilization options

Description:

CASTED: Fracture Clinic is the 'hands-on' follow-up orthopedics course. This course is intended for family doctors in smaller centres who follow-up patients with fractures and acute MSK injuries. The case-based lectures highlight practical and important management principles one needs to know in order to properly manage these patients. Numerous cases will be reviewed to show how these principles inform our approach. You will learn (a) which patients are 'safe' to treat, (b) which need closer attention, (c) which are 'red flags' that warrant early specialist referral, (d) when to follow-up, (e) when to X-ray, and (f) when to discontinue immobilization. Understand when a fracture has healed, when to 'return to sports', which complications to watch out for along with strategies to manage them. For soft tissue injuries, the lectures review which patients need further imaging (U/S, MRI, CT, or bone scan), referral (to ortho and/or physio) or simply need some more time to heal. The 'hands-on' sessions focus on tips and tricks to properly apply and mould fiberglass casts. Cast removal is also practiced. The indications for removable splints are reviewed. Additionally, a detailed review of the MSK physical exam is invaluable in understanding how to 'put it all together'. By managing 'safe' fractures and injuries locally, you will significantly reduce both health care costs and patient inconvenience – while still ensuring your patient heals well. CASTED: Fracture Clinic covers adults and peds; upper extremity and lower; fractures and soft-tissue injuries. Numerous clinical pearls are offered; the results are increased understanding of MSK injuries and improved clinical confidence in managing these patients. The course will help you find the balance between over-casting and under-protecting!

S36 **The Hemodynamic Instability Course (Repeat Session)**
07:30–18:00 Arun Sayal, MD, CCFP (EM)
(3) credits per hour

ROOM / SALLE : 206C

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. Demonstrate the motor skill of central line insertion
2. Identify and diagnose critically ill (and potentially critically ill) patients in the acute setting
3. Develop appropriate management plans (investigations, treatment and referral) for critically ill patients

Description:

Now in its 11th year, HIC is an intense one day program focused explicitly on advanced vascular access and the management of critically ill, hypotensive patients. HIC is highly interactive and combines case-based lectures with small group, hands on sessions using simulation mannequins. By the end of the day, participants should have mastered not only the motor skill of central line insertion, but also the 'where, when, why and how' of caring for hypotensive, critically ill patients. The case-based lectures help you appreciate when to consider central lines and why we use the pressors we do. The hands-on sessions tell you the 'how' - you will place line after line, see the value of ultrasound, practice IO insertion and review transvenous pacemaker insertion. Managing critically ill, hypotensive patients are amongst our greatest clinical challenges. HIC helps with those challenges. You will optimize patient care prior to transfer. Your confidence in managing these sick, hypotensive patients will be significantly greater by end of the day. HIC has been offered since 2009 to many hundreds of physicians across the country. The course is of value to doctors in all settings - from rural to urban and from emergency department work to anesthesia and critical care. Instructors are all physicians with extensive critical care

experience. They are selected for both their clinical and teaching excellence.

S751 **CASTED: Primary Care—The MSK course for family doctors (Repeat Session)**
07:30–18:30 Arun Sayal, MD, CCFP (EM)
(3) credits per hour

ROOM / SALLE : 205C

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. Discuss orthopedic principles as they apply to family medicine/primary care
2. Describe joint injection techniques as they pertain to family medicine
3. Discuss and demonstrate the key clinical points in the assessment and diagnosis of various office MSK complaints

Description:

CASTED: Primary Care is the 'hands-on' orthopedics course designed specifically for family physicians. During this full day course, you will learn (a) keys to an efficient orthopedic history, (b) high-yield physical exam tips with hands-on practice, (c) clinical pearls on X-ray ordering and interpreting, (d) MSK management principles, (e) tips to identify the 'red flag' patients, (f) who needs an MRI, who needs physio and who needs to see a surgeon, (g) how to perform various joint injections, including hands-on practice, (h) practical, office based immobilization options. CASTED: Primary Care combines practical case-based lectures, with various 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.

S393 **Family Practice Quality Improvement: Significant events and analysis**
08:00–12:30 David Moores, MD, MSc, CCFP, FCFP; Mirella Chiodo, John Maxted, MD, MBA, CCFP, FCFP; Keith Wycliffe-Jones, MBChB, FRCGP, CCFP

ROOM / SALLE : 205D

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. Participants will be able to identify significant events in their practices
2. Participants will have modeled a Significant Analysis process
3. Participants will have developed a Quality Improvement Project

Description:

In 2018 it is estimated that over 45,000 Canadians will die as a result of medical error, poor quality or unsafe processes. These deaths are usually ascribed to the hospital sector. By comparison, the ecology of quality and safety in family practice/primary care in Canada is not so well known. Conventional Reporting and Learning Systems (RLS), in our hospitals, remain limited in informing practice process change and don't include primary care. This workshop borrows from the Quality and Safety experiences of faculty and practices from the University of Alberta (Moores, Chiodo), University of Toronto (Maxted) and University of Calgary (Wycliffe-Jones). Significant Events and their Analyses remain a largely untapped resource for the development of Quality Improvement Projects in a clinical practice. To improve the quality and safety of health services in Canada, more effective attention and activity must be paid to family practice/primary care, where the vast majority of health services are provided. Family physicians and their patients have the potential to revolutionize how errors and/or close calls are addressed and exemplary services and processes are promoted. We need to learn (1) what happened? (2) why did it happen? (3) what can be learned? (4) what needs to be done to prevent or promote it happening again? This workshop

consists of a series of brief presentations/videos and significant engagement of participants through PollEverywhere, small group work and reporting. Reflecting on clinical practice, participants will individually identify a significant event, share it, and in a small group choose one for more in-depth analysis. This analysis will be shared with the full group. Utilizing a Quality Improvement Framework, groups will develop a project initiative that could be used to improve quality and safety in their respective practices. Anticipated barriers to change will be identified as will strategies to deal with these barriers.

S388 **Practising Wisely: Reducing unnecessary testing and treatment**
08:00–16:30 Peter Kuling, MD, FCFP, CCPE; Jobin Varughese, MD, CCFP (COE)
③ credits per hour

ROOM / SALLE : 203B
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 to reduce "too much medicine"
2. Access and assess reliable, renewing online resources
3. Communicate and build consensus with patients to reduce over-medicalization

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. This program is a Signature Program of the Ontario College of Family Physicians one of the first to receive three-credit per hour Mainpro+ certification.

S214 **Ten-Minute CBT: No-BS techniques for real doctors (three-credit-per-hour workshop)**
08:30–12:00 Greg Dubord, MD, CMCBT; Pankaj Chand; Peter Duffy; Angie Hong; Hima Murty; Christine Uchida
③ credits per hour

ROOM / SALLE : 206AB
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-credit-per-hour workshop, Dr. Greg Dubord and senior CBT Canada faculty teach you the essentials of a skill 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). We examine 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 this workshop every year since. Thanks to the kind and constructive feedback of physician attendees, it is now a mature offering. Head instructor Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and the prime developer of medical CBT. He has presented well over 400 workshops, including over 50 for the College of Family Physicians of Canada, and is a University of Toronto CME Teacher of the Year. Workshop sponsor CBT Canada was recently awarded the National CME Program Award by the College of Family Physicians of Canada for the "exceptional learning experiences" of the Certificate in Medical CBT (CMCBT) program, and was Canada's first three-credit-per-hour certified organization. See www.cbt.ca for further details.

S391 **Treating Poverty**
08:30–15:00 Larisa Eibisch, MD, CCFP, MPH; Esther Ernst, MD, CCFP; Samantha Green, MD, CCFP
③ credits per hour

ROOM / SALLE : 205A
This Group Learning program has been certified by the College of Family Physicians of Canada for up to 13.5 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:
1. Intervene in patients' poverty using the Poverty Tool
2. Critically assess income benefit programs that require physician input
3. Build and empower a team to address poverty and social determinants of health

Description:
Poverty represents a significant and reversible risk factor for poor health. This practical, active learning workshop supports the development of relevant clinical skills, a deeper understanding of the federal and provincial income security systems, and other related resources. Participants are asked to bring a laptop or tablet to participate fully. This program is open to family physicians and allied health care professionals including nurses, nurse practitioners, social workers, and others who work closely with those living in poverty. **This program is a Signature Program of the Ontario College of Family Physicians one of the first to receive three-credit per hour Mainpro+ certification.**

S112 **Managing Chronic Non-Cancer Pain: Assessment, treatment, and responsible prescribing**
08:30–16:00 Robert Hauptman, BMSc, MD, MCFP; Alan Kaplan, MD, CCFP (EM), FCFP
③ credits per hour

ROOM / SALLE : 203A
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. Choose the most appropriate medical treatment to achieve an optimal balance between pain relief and secondary effects
2. In collaboration with the patient, to establish realistic therapeutic objectives according to the patient's needs and clinical condition
3. Assess for addiction risk and set boundaries as appropriate based upon risk

Description:
Chronic non cancer pain is common and afflicts 20% of Canadians. However the assessment and management of chronic pain remains challenging for many primary care providers. This is especially true in the current climate of illicit opioid deaths. It is essential that primary care physicians are comfortable with pain and addiction assessment as well as developing treatment plans for patients with pain optimizing both non pharmacological and pharmacological strategies. This program will equip primary care providers with the tools needed to fell comfortable managing patient with chronic pain.

S265 **Buprenorphine/Naloxone for the Treatment of Opioid Use Disorder**
13:30–17:00 Kirstie Peden, MD, CCFP; Nikki Bozinoff, MD, CCFP

ROOM / SALLE : 205B
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. Explain the pharmacology and pharmacodynamics of buprenorphine-naloxone
2. Determine when buprenorphine-naloxone compared with methadone is appropriate in the treatment of OUD
3. Understand how to complete an office-based induction with buprenorphine-naloxone without precipitating opioid withdrawal

Description:
In the midst of an opioid-crisis, improving capacity of primary care providers to manage clients with opioid use disorder is of urgent importance. This workshop will focus on office-based management of opioid use disorder (OUD) with buprenorphine-naloxone. Participants will be asked to complete online modules prior to the presentation and we will spend the bulk of the workshop on small group discussion of case studies highlighting clinical presentations in office-based management of OUD including induction of buprenorphine-naloxone, choice of buprenorphine naloxone versus methadone, and a review of harm reduction tools including naloxone.

S280 **Managing the Suicidal Patient (three-credit-per-hour workshop)**
13:30–17:00 Greg Dubord, MD, CMCBT; Pankaj Chand; Peter Duffy; Angie Hong; Hima Murty; Christine Uchida
(3) credits per hour

ROOM / SALLE : 206AB
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 the science of screening for suicidality
2. Learn which suicide interventions are truly evidence-based
3. Practice tools to reduce the odds of a patient suiciding

Description:
Most physicians have a sense of despair regarding the topic of suicidality. There is a widespread lack of confidence in screening, a deep uncertainty about how to manage the risk, and often a feeling of shame (accompanied by nasty self-criticism) when something Bad happens. In this highly anxiolytic workshop, we begin with a review of the science and the clinical practice guidelines (CPGs) regarding suicide risk factors, suicide screening, and suicide-prevention interventions. We then focus on what really matters: precisely what to say (and how to say it) in the here & now with the suicidal patient to reduce their motivation to act. Several dozen strategies are reviewed and practiced within the workshop. After completing this module, many physicians report they wish they'd taken it at the start of their careers, asserting that they could have spared themselves a significant amount of stress & heartache. NOTE: This popular workshop has recent been revised & updated, and is now accredited for three-credits-per-hour. Head instructor Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and the prime developer of medical CBT. He has presented well over 400 workshops, including over 50 for the College of Family Physicians of Canada, and is a University of Toronto CME Teacher of the Year. Workshop sponsor CBT Canada was recently awarded the National CME Program Award by the College of Family Physicians of Canada for the "exceptional learning experiences" of the Certificate in Medical CBT (CMCBT) program, and was Canada's first three-credit-per-hour certified organization. See www.cbt.ca for further details.

S273 **911 Au Bureau**
13:30–18:00 Richard Waldolf, MD, CCFP (FPA); Alain Michon, MD, CCFP (EM); George Montgomery, MD, FRCP
(3) crédits par heure

ROOM / SALLE : 203C

Ce programme d'apprentissage en groupe a reçu la certification du Collège des médecins de famille du Canada et donne droit jusqu'à 12 crédits Mainpro+ (Catégorie 1 pour les non membres du CMFC).

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Objectifs d'apprentissage :

1. Reconnaître et intervenir dans les situations cliniques critiques au bureau telles qu'un trouble hémodynamique ou une insuffisance respiratoire
2. Expliquer les éléments essentiels et les principaux obstacles à une communication et une collaboration efficaces en situation d'urgence
3. Procéder à un examen clinique sommaire et rapide des systèmes neurologique, cardiaque et pulmonaire

Description :

Êtes-vous prêt à gérer des situations d'urgence au bureau ? La littérature démontre que leur incidence est généralement sous-estimée par les médecins et que les cliniques sont mal préparées. Les lacunes se situent au niveau de l'éducation, de l'équipement disponible et du maintien des initiatives de préparation. « 911 au bureau » est un atelier interactif axé sur la simulation de situations critiques dans un contexte communautaire où les ressources sont hautement limitées. Cette formation de quatre heures s'adresse à des professionnels de la santé et des médecins en formation ou en pratique. Tous les scénarios de simulation sont réalistes. Ils impliquent la manipulation de mannequins haute-fidélité et incluent des acteurs dans chaque scène (infirmières, paramédicaux, patients, secrétaires, professionnels de la santé, etc.). Avec un ratio de deux instructeurs pour huit participants, cet atelier pratique expose les participants à quatre scénarios touchant les troubles hémodynamiques, les troubles respiratoires et les troubles neurologiques. De plus, chaque scénario est suivi d'une séance de débreffage propice à la réflexion et à la consolidation des acquis.



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LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

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THE BESROUR CENTRE
LE CENTRE BESROUR

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

The Besrour Forum:

Join us on Wednesday, November 14, 2018 in Toronto, Ontario

Participants will have opportunities to:

- Learn from international and Canadian experts about innovative approaches for family medicine programs
- Exchange ideas about how family medicine can contribute to high-quality primary health care around the world
- Participate in interactive discussions with Canadian and international academic leaders focusing on concrete strategies to advance social accountability in medical schools

We welcome you to join the Besrour Community.
To learn more, register today!

The Besrour Centre is a hub of international collaboration dedicated to advancing family medicine globally.

Le Forum Besrour :

Soyez des nôtres le mercredi 14 novembre 2018 à Toronto (Ontario)

Les participants pourront :

- Découvrir les approches novatrices des experts canadiens et internationaux pour le développement de programmes de médecine familiale
- Échanger des idées sur la façon dont la médecine familiale peut contribuer à la prestation de soins primaires de grade qualité partout au monde.
- Participer à des discussions interactives avec des chefs de file d'universités canadiennes et internationales portant sur des stratégies concrètes qui permettraient d'accroître la responsabilité sociale des facultés de médecine

Nous vous invitons à vous joindre à la communauté du Centre Besrour.
Pour en savoir plus, inscrivez-vous dès aujourd'hui !

Le Centre Besrour est un lieu d'échange international voué à l'avancement de la médecine familiale à l'échelle mondiale.

Foundation for Advancing Family Medicine
Fondation pour l'avancement de la médecine familiale

FONDATION Dr Sadok Besrour

Floor Plans

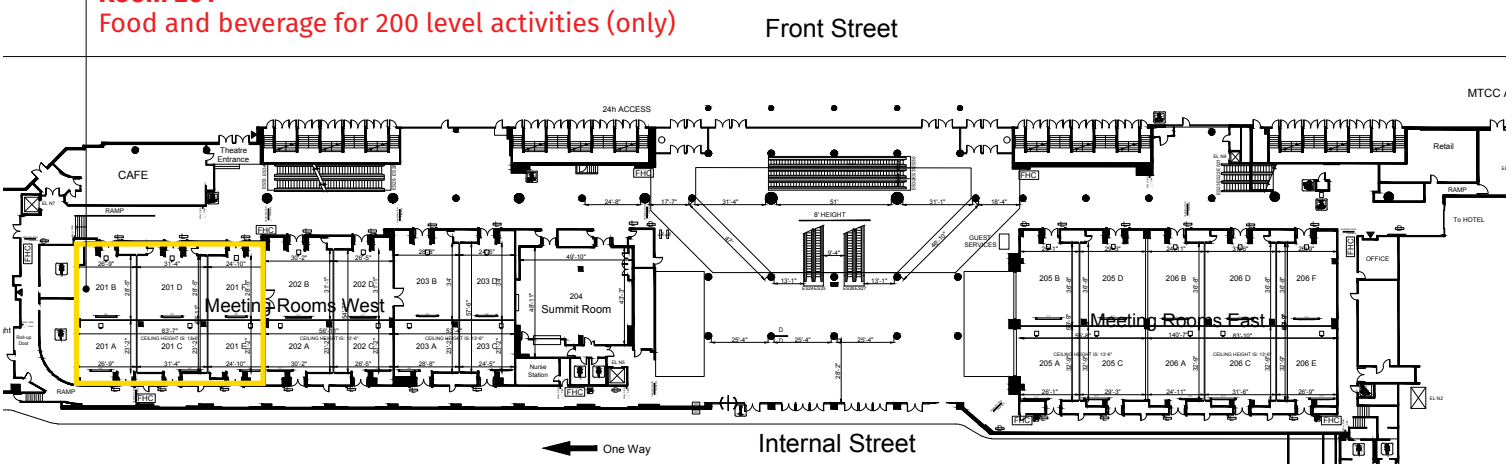
Metro Toronto Convention Centre

MTCC North Building
200 Level

- **Sessions**
- **Meetings**
- **Mainpro+ 2- & 3-credit per hour workshops**

N

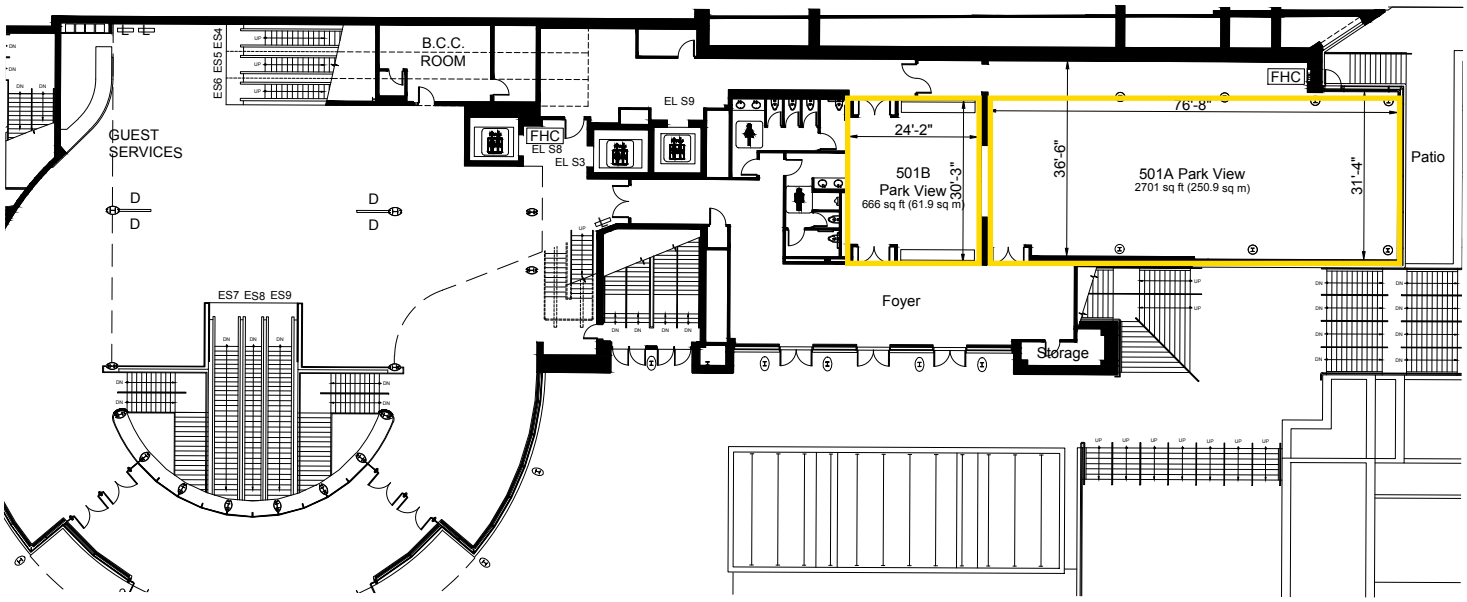
Room 201
Food and beverage for 200 level activities (only)



MTCC South Building
500 Level

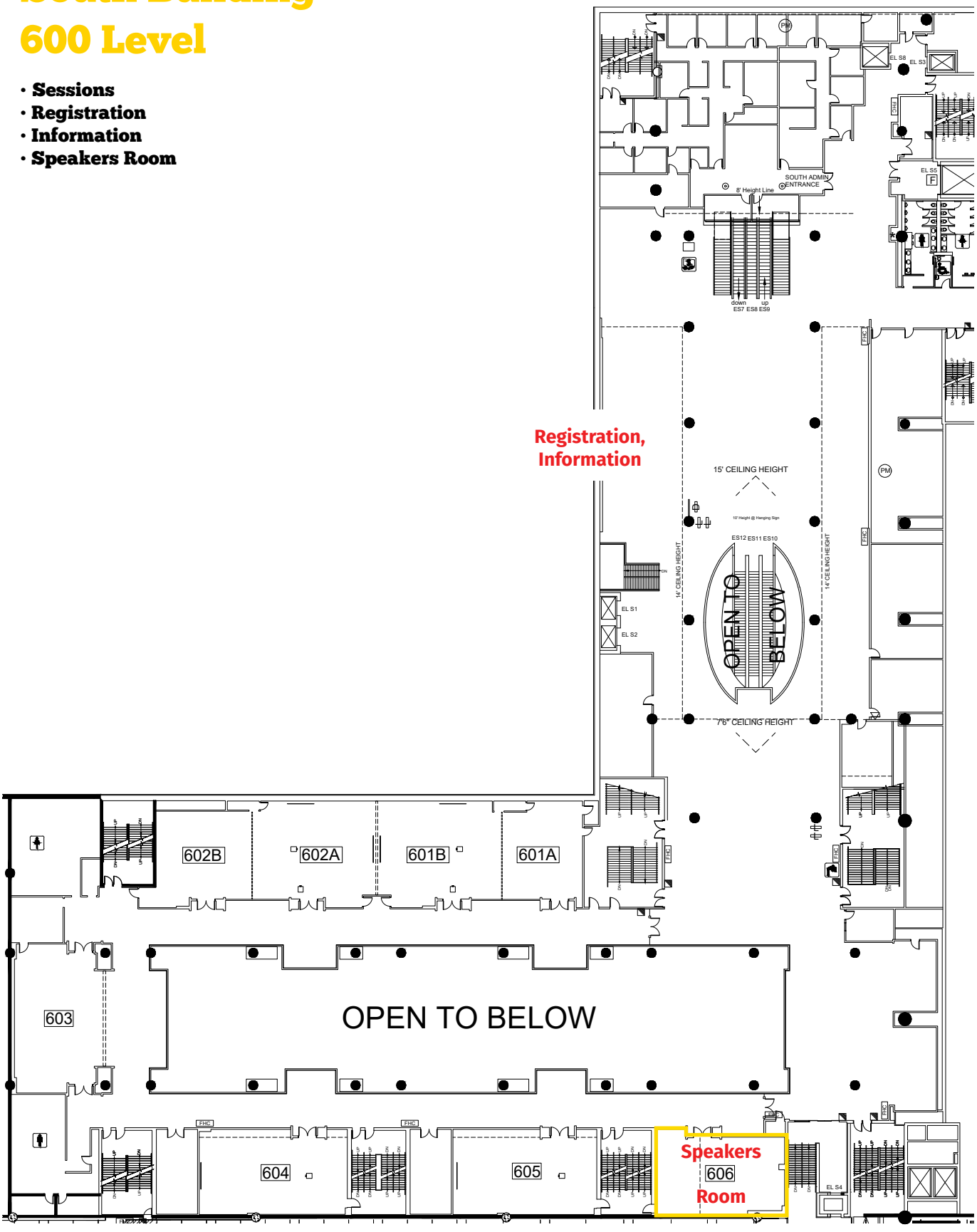
- **Sessions**
- **Meetings**

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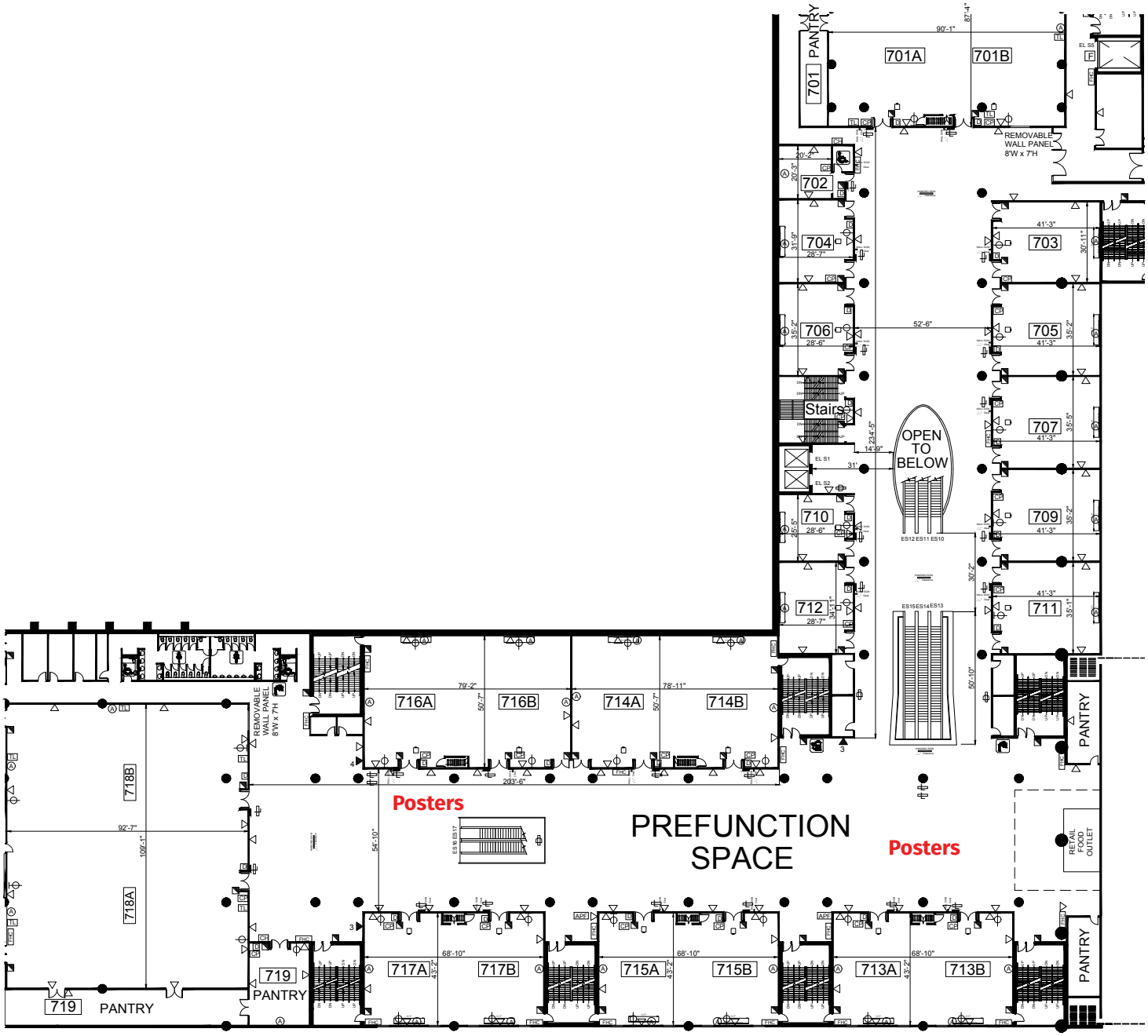
MTCC
South Building
600 Level

- **Sessions**
- **Registration**
- **Information**
- **Speakers Room**



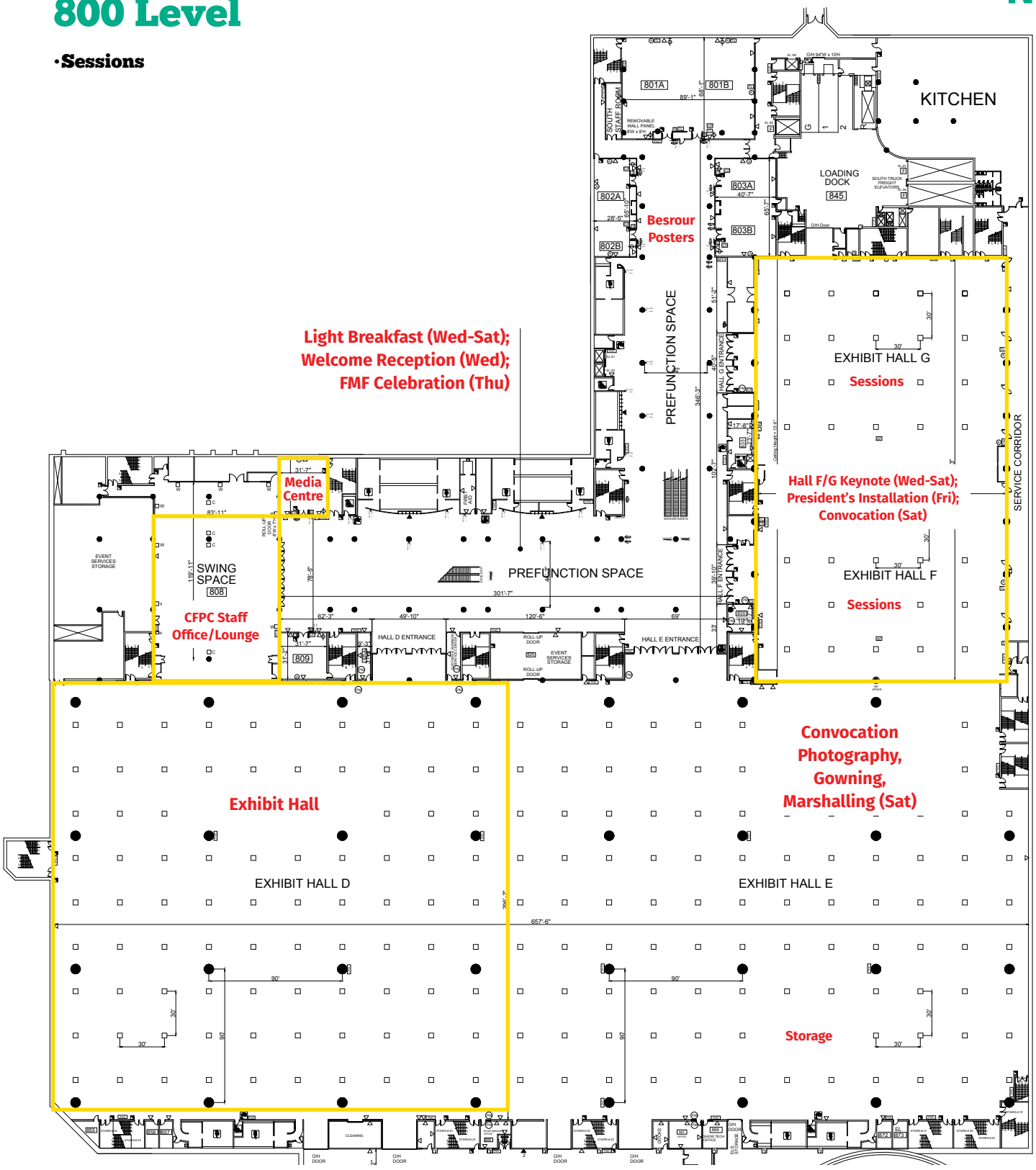
700 Level

- **Sessions**
- **Posters**
- **CFPC A.M.M.**



MTCC
South Building
800 Level

- **Sessions**





FMF

Family Medicine Forum
Forum en médecine familiale

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

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2019

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DU 30 OCT. AU 2 NOV.

2019

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