The 28th Annual Rural and Remote Medicine Course • April 23rd to 25th, 2020 in Ottawa, ON.
'Rural Physician Advocacy – How to Save the World in Your Spare Time'
*Subject to change - updated weekly - March 5, 2020

Workshop Descriptions and Objectives

Session: 94 ***Dr. Bruce Chater***	**(TBC)**
Session: 100 ***Dr. Jill Konkin***	**Rural Health Delivery & Rural Medical Education Through the Lens of Structural Urbanism & Geographic Narcissism**
Session: 101 ***Dr. Chris Patey*** ***Dr. Shane Stratton***	**Big Reds and Mustangs – Unique Rural Emergency Cases** **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 rural emergency care through a different lens while also expanding their medical knowledge and list of differential diagnoses.** *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.*
Session: 102 ***Dr. Dan Eickmeier*** ***Dr. Sean Moore***	**Transport Medicine: How to Survive Being in the Back of an Ambulance** **Dr. Moore and Dr. Eickmeier will discuss the transport of critically ill patients in the rural setting. They will present cases and discuss ways to anticipate common issues and how to troubleshoot problems when you may find yourself in the back of an ambulance, helicopter, or airplane transporting a patient. They will discuss issues of responsibilities, equipment, and medication for these journeys. Finally, there will be an opportunity to discuss situations that participants have found challenging, and have the speakers and other participants weigh in on approaches that work for these memorable cases.** *1. Describe the EMS and transport systems across the country , and hospital resources for transporting patients from rural settings.* *2. Describe high yield interventions to rapidly and safely transport critically ill patients.* *3. List the equipment needed for common transportation emergencies.* *4. Understand the dynamics of a "shared care" model and delegation issues that can arise.*
Session: 103 ***Dr. Mike Allan*** ***Dr. Mike Kolber*** ***Dr. Tina Korownyk***	**What's New, True and Poo: PEER Team's Review of the Top Studies of the Last Year** **In this session, we will review 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.** *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.*

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Session: 104 ***Ms. Brittany Mathews***	**Jordan's Principle: Putting Children First** **Jordan's Principle is a child-first principle ensuring First Nations children get the services they need when they need them. Learn about how we can all ensure First Nations young people can access public services in a way that is reflective of their distinct cultural needs, takes full account of the historical disadvantage linked to colonization, and without experiencing any service denials, delays or disruptions because they are First Nations.** *1. Link Jordan's Principle to substantive equality and child rights.* *2. Learn about the Canadian Human Rights Tribunal orders and their impact on Jordan's Principle.* *3. Ongoing challenges/concerns.* *4. How to support families in accessing Jordan's Principle.*
Session: 105 ***Dr. Roy Kirkpatrick***	**Surgical Management of Perianal Disease** **A one hour interactive presentation based on cases and a discussion of the specific cases evolving into a more general discussion of the management of a number of conditions.** *1. To review the clinical presentation, pathophysiology, and treatment of common perianal conditions for which ESS/OSS surgeons might be consulted.*
Session: 106 ***Dr. Gregg Bolton***	**Management of Self/Team in Crisis** **This case-based discussion is designed to identify and describe Human Factors and Non-technical variables that pertain to Crisis Resource Management and how these factors can impact the outcome in a crisis.** **Through this interactive session, participants will develop and apply strategies to overcome personal and team-based variables during their next critical incident or crisis in order to improve patient management.** *1. Identify ways in which physiologic responses to stress can impede optimal performance in crisis.* *2. Demonstrate strategies to mitigate physiologic responses to stress.* *3. List strategies and apply techniques to overcome cognitive barriers that impede success in crisis.* *4. Recognize the importance and identify barriers to managing a team during crisis.* *5. List strategies and apply techniques to improve managing a team during crisis.*
Session: 107 ***Dr. Erika Cheng***	**Resiliency & Practice Enhancement Through Complex PTSD-based Trigger Management** **Most physicians are frustrated at times during work, and we may often be triggered by certain clinical scenarios (ie codes), patient behaviours, or other aspects of our work or personal lives. This can be especially true when we are working in highly stressful situations, or when working with trauma survivors. Yet, triggering negatively affects our ability to deliver patient care and can substantially increase medical-legal risk, exacerbate burn-out, cause patient dissatisfaction and complaints, and delay the healing path of our trauma survivor patients. The neurobiology-based principals reviewed in this workshop is applicable to our interactions with colleagues, learners, and employees; and forms a basis for understanding principals of self-care, as well as reviews essential aspects of trauma-informed care (TIP) that is not covered in traditional TIP training.** *1. Explain the role of understanding complex trauma (Complex PTSD) and increasing resiliency.* *2. Explain the neurobiological basis of why Physician Triggering increases medico-legal risks, decreases physician effectiveness, and increases physician and patient dissatisfaction.* *3. Practice a neurobiologically-based framework for Triggering management to shift exacerbating patient encounters into fulfilling and satisfying therapeutic opportunities.*

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Session: 108 ***Dr. Andrew Kotaska*** ***Ms. Gale Payne***	**Diabetes and Obesity in Pregnancy: A Radical Approach** **Obesity and diabetes are becoming more prevalent in pregnant women. This talk explores the impact of obesity and diabetes on pregnancy and the metabolism of carbohydrate and fat during pregnancy. We will discuss NWT recommendations that differ from conventional guidelines and the rationale behind them:** **1. Avoidance of weight gain in obese pregnant women.** **2. Identification of a new diagnostic group of women with early gestational diabetes (eGDM) based on a 2h GTT performed in the first or early second trimester. 3. Initiation and continuation of medical treatment of diabetes with metformin instead of insulin when required.** **We will discuss our territory-wide approach to managing gestational diabetes in a pragmatic and collaborative way, and present outcome data we have gathered over the last three years.** *1. Describe why avoiding weight gain in obese pregnant woman is advisable and safe.* *2. Explain the relationship between early screening for gestational diabetes and birth outcomes.* *3. List the advantages of metformin compared with insulin for the initial medical treatment of GDM if diet and exercise are inadequate.* *4. Explain why ketones are to be desired and not feared in most diabetic women.* *5. Appreciate the advantages of a centralized, no frills approach to diabetes management in pregnancy.*
Session: 109 ***Dr. Jessica Howard***	**Dermatology in the Emergency Room** **This sessions aims to help generalists identify and treat common conditions seen in the ER such as pruritis, rashes, pigmented lesions and viral eruptions.** *1. To develop an approach to the diagnosis of dermatological conditions seen in the ER.* *2. To develop an approach to the general treatment of dermatological conditions seen in the ER.*
Session: 110 ***Dr. Cait O'Sullivan***	**COPD/Inhaler Prescribing** **The list of approved inhaled products for COPD in Canada has increased dramatically over the past few years. This presentation reviews the regulatory basis of approval for inhaled therapies and what we know about their effect on how people feel, function, and survive.** *1. Examine contemporary guideline recommendations for intensifying inhaled therapy in COPD.* *2. Identify the regulatory basis of approval for inhaled therapies.* *3. Discuss whether intensifying inhaled therapy in COPD affects how people feel, function, and survive.*
Session: 111 ***Dr. Trish Uniac***	**Dealing With the Yellow Flags of Complex Pain in the Office** **The same concepts used in motivational interviewing can be applied to our patients who demonstrate yellow flags of chronic pain. Having an approach of curiosity will make these encounters more comfortable. Case-based review of the literature to provide practical tools that you can use right away.** *1. Develop an approach to the psychosocial aspects of chronic pain.* *2. Review scales and tools available.* *3. Strategize prior to entering the room to move your patient through the stages of change needed to improve their own well being.*

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Session: 112 ***Dr. Anna-Theresa Lobos***	**The First-5 Minutes! (To be repeated)** **During this one-hour hands-on simulation workshop, you will learn how to keep calm and manage the first 5 minutes of a pediatric crisis.** *1. Establish management priorities for the deteriorating child during the first 5 minutes of a crisis.* *2. Use the First 5 minutes and PALS concepts to stabilize and initiate transfer of a sick child in your office.*
Session: 113 ***Dr. James Purnell***	**Remote Presence Technology: Impact in Remote Saskatchewan Indigenous Community** **I've been doing a remote or in person clinic once a week in a remote nursing station for the past 1.5 years and it's helped improve continuity of care and access to physician services.** *1. Gain Awareness of available technology for clinical delivery.* *2. Learn how to overcome communication barriers using remote presence/telehealth.* *3. Understand the experience of the provider and community when using remote presence technology to augment care delivery.*
Session: 114 ***Dr. Kyle Sue***	**Supervised Ultrasound Scanning (To be repeated)** **Already taken an ultrasound course but needing more practice? Wanting to challenge the Independent Practitioner exam but don't have enough supervised scans? Here is your chance to get your supervised scans completed. Core applications covered: pneumothorax, pleural effusion, abdominal free-fluid, first-trimester, subxiphoid cardiac, aortic. Advanced applications pending instructor availability.** *1. Practice bedside ultrasound scanning and improve your confidence with instructor guidance.* *2. Increase your supervised scan numbers, for Canadian Point of Care Ultrasound Society (CPOCUS) certification eligibility.*
Session: 120 ***Dr. Sarah Goulet***	**You Cannot Be What You Cannot See** **What is our role in recruiting and supporting students from rural and remote areas to access health care professional training?** **Nearly 50% of civilians worldwide live in remote or rural areas, but these areas are served by less than 25% of the total physician population. With only 9-10% of these nations' physicians serving the healthcare needs of the rural communities, the health status of rural residents is thought to be lower than that of their urban counterparts (Raghavan et al 2011). This is particularly true in northern communities which are inhabited by several Indigenous peoples, many of which have very limited access to physicians and other health care providers. Indigenous peoples account for more than 4.3% of the Canadian population with less than 1% of those being Indigenous physicians and medical students (Mian et al 2019). For these reasons, the recruitment of more Indigenous physicians and students has become a priority for many of Canada's medical schools and the Truth and Reconciliation Committee (TRC). The TRC highlights the need for Indigenous physicians, medical students and other health care professionals to address the needs of Indigenous peoples in Canada and decolonize the healthcare system to improve access to culturally appropriate health care. Recruiting rural and Indigenous physicians as well as medical students has been a challenge for medical institutions for years. With this workshop we will explore the ways we can support, recruit, and facilitate the youth in the communities to consider a career as a health care professional. We will demonstrate what programs are in place in the communities and how we can work with each other and these communities to facilitate recruitment. We will also take a close look at programs developed by other universities to train healthcare professionals and health leaders to work in rural and remote areas.** *1. Discuss how to recruit and retain rural/northern practitioners.* *2. How to grow our own?* *3. Role of Medical education to shift to the need of rural/northern students.*

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Session: 121 ***Dr. Jesse Guscott***	**Human Factors in Airway Management** **Much of our training in airway management has focused on technical aspects from pharmacology to laryngoscopy. This session will use the scariest of rural airway cases to explore the human factors that impact our decision making in airway emergencies. The focus will be on practical tips to improve individual and team performance in these high stakes situations.** *1. Identify human factors that contribute to sub optimal management of airway emergencies.* *2. Describe strategies to improve the management of human factors in airway emergencies.* *3. Apply strategies to improve team communication in airway management.*
Session: 122 ***Dr. Amita Dayal*** ***Dr. Sarah Gower***	**MAID in Rural & Remote Canada – "Basic"** **Interested in getting involved in MAID but a bit unsure? Does it feel like one too many things to add into your practice? Happy to assess but not sure about provision? This session will be led by two experienced assessor & provider GPs who fit MAID into their comprehensive practices in smaller towns. We'll cover: history and current status of MAID in Canada, how to assess eligibility for MAID, how to provide MAID, and special considerations of MAID in a rural and remote areas. Everyone is welcome.** *1. To provide a background on history and current state of MAID in Canada.* *2. To demystify assessment and provision of MAID.* *3. To encourage & support rural physicians to incorporate MAID into their practice.* *4. To discuss special considerations of MAID in rural & remote areas.*
Session: 123 ***Dr. Mike Allan*** ***Dr. Mike Kolber*** ***Dr. Tina Korownyk***	**Jeopardy by PEER Team** **This talk is a fast-paced review of answers to common clinical questions. The audience will select the questions from a list of 28-32 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.** *1. Be able to incorporate best evidence in the management of a number of clinical questions in primary care.* *2. Be able to differentiate between interventions with minimal benefit and those with strong evidence for patient oriented outcomes.*
Session: 124 ***Dr. Wade Mitchell***	**Skin Cancer 101** **General overview of an approach to skin lesions ie) benign/malignant (not rashes) in rural primary care practices.** *1. Provide an overview of basic dermoscopy and how it can aid in determining which lesions to biopsy or simply follow.* *2. Review benign vs malignant lesions both non-pigmented and pigmented.* *3. Discuss approaches to biopsy and treatment - current consensus on margins for different skin cancer types.*
Session: 125 ***Dr. Peter Miles***	**Wound Management for Rural ESS/OSS FPO's** **Review of the management of acute and chronic wounds.** *Attendees will learn the aetiology, pathophysiology, and surgical management of wounds and ulcers.*

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Session: 126 ***Dr. Madeleine Cole*** ***Dr. Katie Matthews***	**Conscientious Provision: Mifegymiso for Medical Abortion and Miscarriage Management** **Abortion is a common experience for women. Approximately 1 in 4 pregnancies end in miscarriage and 1 in 3 women choose to have a therapeutic abortion at some point in their reproductive lifetime. Since 2017, mifepristone, a drug which has been used in some countries for over 30 years, became available to Canadian women who wish to have a medical abortion rather than a surgical abortion. In combination with misoprostol (brand name Mifegymiso), it gives women more choice and control over how to end an early pregnancy. As well, for the medical management of early failed pregnancies, compared to misoprostol alone, premedication with mifepristone decreases the need for subsequent surgical evacuation of the uterus. Family medicine, and specifically rural MD's, NP's and pharmacists, can do more to improve reproductive health services and lower barriers to care and choice for rural women. This presentation supports that aim through education.** *1. Learn about resources to overcome barriers to offering medication abortion in rural settings.* *2. Understand the pros and cons of medication and surgical abortion methods.* *3. Become familiar with the mechanism and use of mifepristone.* *4. Review the evidence for using mifepristone in addition to misoprostol for miscarriage management.* *5. Become better able to support women seeking abortion care through expertise, provision of medical abortion care or appropriate timely referral.*
Session: 127 ***Dr. Erika Cheng*** ***Dr.***	**The Difficult Historian - Neurobiology of Trauma and History Taking** **Facing yet another "difficult" historian can be trying for a physician, as well as limiting for an appropriate workup of presenting complaints. Patients who are survivors of complex trauma (Adverse Childhood Experiences) are often difficult historians. Find out the neurobiological basis of why, and learn and practice some tips, based upon neurobiology, to help enhance the history that you can ilicit in these situations.** *1. List neurobiological effects of childhood trauma that can affect the quality of history.* *2. List several neurobiological tips for enhancing the history.* *3. Practice some of these tips.*
Session: 128 ***Dr. Andrew Kotaska***	**Beyond The Cervix - Practical Tips for IUD Insertion and Endometrial Bx** **Practical tips on the recognition and management of common cervical and vaginal pathology; techniques to maximize ability, confidence and safety of endometrial biopsy and IUD insertion.** *1. Recognize eight common cervical and vaginal lesions and describe their management.* *2. Describe the no-touch technique for intrauterine instrumentation.* *3. List the eight "S's" of endometrial Bx technique.* *4. List the hard and soft equipment needed to effectively manage office gynecological problems effectively.*
Session: 129 ***Dr. Jessica Otte***	**Everyone Poops: Here's What To Do If Your Patient Can't** **A discussion of an often overlooked topic: constipation. Pharmacologic prevention and management of functional and opiate-inducted constipation in adults, the elderly, and those receiving palliative care, will be the focus of this session** *1. Recognize medications that commonly cause constipation and confidently de-prescribe these.* *2. Offer preventative bowel care in all patients receiving opiates.* *3. Appreciate the modalities of bowel care and feel confident employing medications to treat constipation.*
Session: 130 ***Dr. Michael Young***	**Fever in Young Infants – Practice and Evidence** **Fever in children is a common presenting problem, with differences in management across different age groups. Young infants with fever are less common but perhaps more stressful. The presentation is intended as a review of the current evidence and guidelines, and a discussion on how to make this work whereever you practice.** *1. A review of the current evidence on the management of fever in young infants: how do I make this work where I work?*

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Session: 131 ***Dr. Luis Pinelo***	**Hepatitis Viral C in Family Rural Practice** **Risk stratification, screening, diagnostic ,treatment and follow up. Most recent therapeutic recommendations/guidelines will be discussed.** *1. Understand demographics/prevalence of HCV.* *2. Know the structure and different genotypes.* *3. Risk factors, stratification, transmission.* *4. Diagnostic of HCV infection.* *5. Demystification of HCV management in family practice.* *6. Treatment and monitoring.*
Session: 132 ***Dr. Anna-Theresa Lobos***	**The First-5 Minutes! (Repeat)** **During this one-hour hands-on simulation workshop, you will learn how to keep calm and manage the first 5 minutes of a pediatric crisis.** *1. Establish management priorities for the deteriorating child during the first 5 minutes of a crisis.* *2. Use the First 5 minutes and PALS concepts to stabilize and initiate transfer of a sick child in your office.*
Session: 133 ***Dr. James Purnell***	**La Loche School shooting: 4 Years On...** **La Loche School shooting: 4 years on... I was one of four physicians in La Loche January 22, 2016 and was actively involved both in the mass casualty event as well as in advocating for change and responding to community and staff needs after the event.** *1. Gain an understanding and appreciation for the management and coordination of a mass casualty event as a rural physician.* *2. Recognize and analyze how to respond to the aftermath of a mass tragedy as a rural physician care delivery.*
Session: 134 ***Dr. Kyle Sue***	**Supervised Ultrasound Scanning (Repeat)** **Already taken an ultrasound course but needing more practice? Wanting to challenge the Independent Practitioner exam but don't have enough supervised scans? Here is your chance to get your supervised scans completed. Core applications covered: pneumothorax, pleural effusion, abdominal free-fluid, first-trimester, subxiphoid cardiac, aortic. Advanced applications pending instructor availability.** *1. Practice bedside ultrasound scanning and improve your confidence with instructor guidance.* *2. Increase your supervised scan numbers, for Canadian Point of Care Ultrasound Society (CPOCUS) certification eligibility.*
Session: 140 ***Dr. Sarah Newbery*** ***Dr. Marita Cowie***	**The Rural Generalist Pathway (3 hours)** **The Rural Generalist Pathway is a new concept in Canada and NOSM is embarking on a process to enable a formalized pathway from admission through to practice, using the great work done in Australia as a foundation for the pathway. The Australian RGP will be presented and the NOSM pathway will be shared as well. The potential enablers of success in the Canadian context, as well as barriers, will be discussed. Much of the Rural Generalist Pathway is informed by the actions in the national Rural Road Map for Action and at the end of the session, we will establish interest in a national collaborative that can support the development of a Rural Generalist Pathway at other Canadian medical education institutions.** *Participants will understand the elements of success of the Rural Generalist Pathway in Australia. Participants will be able to name key features of NOSM's proposed Rural Generalist Pathway. Participants will explore opportunities to enable the RGP in their own contexts, and at the end of the session we will discuss a collaborative group through which work can happen across Canada to enable shared success.*

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Session: 141 ***Dr. Sarah Giles***	**Writing as Advocacy** **If the pen is indeed mightier than the sword then we must sharpen our writing skills! Learn a few tricks on how to write effective advocacy pieces AND get them published.** *At the conclusion of this activity, participants will be understand various options for publishing advocacy pieces. Participants will be able to formulate a pitch. Participants will demonstrate an ability to distinguish an opinion piece from a reported piece. Participants will understand the process of working with an editor once a pitch is accepted. Participants will learn to avoid a few common grammar errors.*
Session: 142 ***Dr. Amita Dayal*** ***Dr. Sarah Gower***	**MAID in Rural & Remote Canada – "Advanced"** **Had a bit of exposure to MAID already and interested in more in-depth issues? Already assessing and/or providing MAID and starting to run into some complex situations? This session will be led by two experienced assessor & provider GPs who fit MAID into their comprehensive practices in smaller towns. We'll have some special guests who have dealt with issues like organ donation, VSED, competency, opposition from colleagues and/or family members, and more. Participants are also encouraged to bring their own challenging cases so we can all learn from each other. As always, we'll keep the rural & remote context front and centre. Everyone is welcome.** *1. To provide concrete experiences of more challenging issues with MAID assessment & provision.* *2. To open up discussion around participants' experiences and fears.* *3. To encourage & support rural physicians to incorporate MAID into their practice.* *4. To discuss special consideration of complex MAID situations in rural & remote areas.*
Session: 143 ***Dr. Mike Allan*** ***Dr. Mike Kolber*** ***Dr. Tina Korownyk***	**What Works for Osteoarthritis Pain: PEER Team Review** **In this PEER team talk, we will review the efficacy of commonly prescribed interventions for osteoarthritis including: exercise; topical and oral NSAIDs; intra-articular steroids; glucosamine / chondroitin; SNRIs; opioids and others. We will present an improved method of explaining improvements in pain (responder analysis) to help improve communication of potential benefits (and harms) of these interventions with patients.** *1. To review the relative efficacy of commonly prescribed interventions for osteoarthritis, presented by responder analysis (ex. proportion achieving 30% improvement in pain).* *2. To understand the limitations of the current body of evidence pertaining to osteoarthritis treatments.* *3. To review tools that help patients to understand relative benefits and harms of osteoarthritis treatments.*
Session: 144 ***Dr. Claudette Chase*** ***Dr. Becky Neckoway***	**Allyship: More Than Good Intentions** **An introductory workshop that explores the concept of Allyship in the context of working with Indigenous Peoples and marginalized populations. It will suggest methods that participants may use to self-evaluate and continue their journey as an Ally.** *1. Participants will differentiate between good intentions and effective allyship.* *2. Participants will have a checklist of ally characteristics deemed valuable by oppressed peoples.*
Session: 145 ***Dr. Andrew Kotaska***	**Vacuum and Manual Rotational Assisted Vaginal Delivery** **Rotational operative vaginal delivery sounds difficult and dangerous, and rotational forceps have largely been abandoned. However rotational vacuum and manual rotation can be easily learned and safely performed. This workshop draws on European and Australian expertise to share skills for assisted vaginal birth.** *1. Describe different vacuum instruments and their advantages and disadvantages for rotational and non-rotational assisted vaginal birth.* *2. Correctly identify the flexion point on a fetal manikin and explain its importance to safe, effective vacuum use.* *3. Demonstrate correct application of a suitable vacuum cup for rotational delivery.* *4. Outline an approach to manual rotation for fetal malposition in the second stage of labour.*

Session: 146 ***Dr. Fuad Alnaji***	**ORNGE Peds** **Enjoy a discussion of how critical care transport is conducted in Ontario and how Ornge is supporting remote and rural communities. Using a case, discuss the simplified approach to pediatric sepsis using the new pediatric surviving sepsis guidelines.** *1. Describe the history of transport at Ornge and current capabilities for paediatric transport.* *2. Pearls and pitfalls in patient management in remote settings.* *3. Discuss the simplified approach to pediatric sepsis using the new pediatric sepsis guidelines.*
Session: 147 ***Ms. Nathalie MacKinnon***	**CaRMS How-To** **This is an informal talk where final year students will run through all that is CaRMs and some tips to master it. We hope that after this talk you walk away with a better understanding of how CaRMs works, what you can do to prepare ahead of time, and how you can succeed in the thick of your final year. Come with any questions and our team of presenters will be happy to help you feel confident tackling #thematch. This presentation is aimed at first, second and third year medical students.** *1. Discuss an overview of rural residency programs in Canada.* *2. Gain an understanding for how CaRMs and residency matching works.* *3. Develop some skills to prepare for CaRMs prior to your graduating year.* *4. Learn some tips for the actual CaRMS application including CV structure, strategies around reference letters, interview preparation, the aftermath etc.*
Session: 148 ***Dr. Stefan Grzybowski***	**Climate Change and Sustainability** **Anthropogenic activity has gradually altered the earth's climatic systems and change is accelerating. Compelling climate science research suggests average global warming predicted to reach more than 1.5oC above pre-industrial levels by 2030 to 2052.1 Ecosystem implications are projected to include significant sea level rise, melting glaciers, loss of species diversity, along with extreme and unusual weather events which may disproportionately impact rural communities and vulnerable populations. Various institutional, community, and individual-level responses have been proposed to prevent and mitigate these changes but there is little evidence that meaningful effectiveness has been achieved to date. Adaptation strategies will be an important response of rural communities to manage the health challenges associated with climate change which include higher incidences of extreme hazards like fires and floods, infectious and vector-borne diseases, increased food and water insecurity, heat related morbidity and mortality, increased respiratory illnesses and climate-related psychological distress. Rural health services and rural community resiliency can be enhanced by strategic planning and targeted research designed to generate the data needed to inform the planning.** *1. To discuss strategies that would strengthen rural community resiliency to the challenges of climate change.* *2. To outline a pragmatic approach of mitigation and adaptation to climate change for rural communities.* *3. To consider research and data that might inform the refinement of the approach.*
Session: 149 ***Dr. Dayre McNally***	**Knowledge Synthesis Project Using insightScope**

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Session: 150 ***Dr. Michael Young***	**Pediatric Sedation and Analgesia** **For many providers, looking after children can be a stressful experience, especially for those working in centres with less pediatric-specific resources and experience. The assessment and management of children presenting with acute illness and injury can be additionally challenging due to pain and distress. Although most physicians are comfortable and experienced in providing analgesia and sedation, developmental and physiologic differences in children provide an additional challenge. Pediatric Sedation and Analgesia is a case-based opportunity to discuss various options for sedation and analgesia in children presenting with acute illness and injury. Techniques, equipment, medications, safety and monitoring will be reviewed. The cases will also touch on common pediatric problems, with the provision of tips and suggestions for management. Evidence associated with the cases and medications will be briefly reviewed. This is intended to be an interactive session with opportunity for questions and discussion** *1. Review common pediatric acute care scenarios where sedation and analgesia are appropriate.* *2. Discuss specific medication options, dosing and administration.* *3. Review appropriate safety and monitoring.*
Session: 151 ***Dr. Dale Dewar***	**De-escalating Confrontation** **Dealing with difficult patient encounters can be a real challenge. This workshop will offer practical tips for effectively communicating and de-escalating tension and an opportunity to practice them. (Hands-on)** *1. Analyze conflict styles.* *2. Identify assumptions, their own and others.* *3. Distinguish between feelings, needs and judgments.* *4. Respond effectively within difficult encounters.*
Session: 152 ***Ms. Patti Kemp***	**SRPC Reads** **Join us as we build on the success of our initial meeting in Halifax. Anyone is welcome to join the SRPC Book Club. We only meet once a year, but like every good book club, we talk about books and enjoy good fellowship. We discuss books from Canada Reads, CBC's annual "battle of the books" that ultimately determines the one title that the whole country should read that year. It doesn't matter if you read one title, read none or read them all – everyone is welcome. We aim to enjoy a lively and engaging chat about books, Canada Reads and Canada's literary landscape.** *1. Engage in a wellness-related activity to enhance their experience at the conference.* *2. Reduce practice-associated isolation and encourage social bonds with fellow book club members.* *3. build a sense of continuity from one conference to the next through an annual session.* *4. Learn a bit about Canadian literature.*
Session: 153 ***Dr. Wade Mitchell*** ***Dr. Peter Wells*** ***Dr. Matt Distefano***	**Advanced Skin Excision/Repair (2 hours)** **This 2 hour workshop is ideally for those who have already developed some skills in advanced skin repair (flaps) but wish to extend their knowledge and capacity. Extensor tendon repair will also be covered. The session will attempt to address the needs of the group and provide case-based approaches to these topics - ie) technique/ suture choices/ needles etc./ subcutaneous buried sutures to reduce tension – improve healing./ scar. Advanced repairs: V on Y ? Rotational Flap/ Advancement /Burrows /Bi-lobed/ Ext Tendon Repair – Discuss 'danger areas' Temporal Artery /parotid gland / lips – vermilion border/ strategies for upper lip/ perilip/nasal repairs.** *Goal: for each attendee to leave with 2-3 new skills by end of the session.*
Session: 154 ***Dr. John Soles*** ***Ms. Delia Dragomir***	**Rural Critical Care - Chest Tube Insertion (To be repeated)** **Participants will learn how to place chest tubes using Seldinger technique. There will be opportunity to practice this technique.** *1. To list the indications for closed chest drainage.* *2. To recognize when Seldinger technique is appropriate.* *3. To demonstrate the technique in a model.* *4. To gain better interpretation of the use of 'underwater' drainage systems.*

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Session: 160 ***Dr. Sarah Newbery*** ***Dr. Marita Cowie***	**The Rural Generalist Pathway (3 hours)** **The Rural Generalist Pathway is a new concept in Canada and NOSM is embarking on a process to enable a formalized pathway from admission through to practice, using the great work done in Australia as a foundation for the pathway. The Australian RGP will be presented and the NOSM pathway will be shared as well. The potential enablers of success in the Canadian context, as well as barriers, will be discussed. Much of the Rural Generalist Pathway is informed by the actions in the national Rural Road Map for Action and at the end of the session, we will establish interest in a national collaborative that can support the development of a Rural Generalist Pathway at other Canadian medical education institutions.** *Participants will understand the elements of success of the Rural Generalist Pathway in Australia. Participants will be able to name key features of NOSM's proposed Rural Generalist Pathway. Participants will explore opportunities to enable the RGP in their own contexts, and at the end of the session we will discuss a collaborative group through which work can happen across Canada to enable shared success.*
Session: 161 ***Dr. Gavin Parker***	**The Management of the Intubated Patient in the ED** **Rural emergency practitioners need to have comfort with establishing a definitive airway for care and transport of high acuity patients. Much of the focus is on capturing the airway, but what do you do with the patient while awaiting the transport team. This talk will focus on a simplified algorithm in managing an intubated patient in the rural ED, common pitfalls and their management, and best practices to help prevent the consequences of being ventilated.** *1. Describe principles of monitoring of an intubated patient.* *2. Describe the basics of ventilator settings.* *3. Develop an approach to the deteriorating intubated patient.* *4. Discuss the need for adequate analgesia and sedation.* *5. Apply strategies to prevent ventilator associated pneumonia (VAP).*
Session: 162 ***Dr. Bruce Mohr***	**Shoulder Dislocation** **Shoulder dislocation: the sexiest and most gratifying condition you will ever get to treat.** *1. Review history and epidemiology.* *2. Review presentation and examination of the patient.* *3. Discuss and demonstrate methods of reduction.* *4. Discuss radiology of shoulder dislocation.* *5. Discuss treatment and follow up.* *6. Discuss unusual presentations and how to stay out of trouble.*
Session: 163 ***Dr. Brady Bouchard***	**You Can Do This! Opioid Use Disorder for Rural and Remote Docs** **Dr. Bouchard works in the Battlefords Union Hospital Emergency Department as well as the Opioid Addiction Recovery Services (OARS) clinic in North Battleford, SK, which is itself integrated in a comprehensive family practice. As the first site in Saskatchewan to initiate buprenorphine (Suboxone) in the Emergency Department for Opioid Use Disorder, Dr. Bouchard will share his experiences with managing opioid use disorder in a rural setting, and will hopefully provide a few practical tips to incorporate into your own practice.** *1. Review the pharmacokinetics, dosing, safety, and monitoring of buprenorphine (Suboxone) for opioid use disorder (OUD).* *2. Compare and contrast differences in treating OUD in a rural, comprehensive family practice setting.* *3. Review newer evidence for buprenorphine induction in the Emergency Department setting for patients who are in acute withdrawal, and discuss modes and methods for achieving this in your own setting, including in-department induction and take-home induction protocols.*

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Session: 164 ***Dr. Kerry-Lynn Williams*** ***Dr. Paul Crocker***	**Development of an Acute Care Simulation Curriculum for Rural and Remote Practitioners** **Herein we describe the development and implementation of a comprehensive simulation curriculum based off the 2018 Priority Topics for the Assessment of Competence in Rural and Remote Family Medicine. Comprised of fifteen simulations, ultrasound sessions, and 3D-printed or other locally-made skill stations, it may help mitigate barriers to simulation training, improve rural practitioners' comfort in critical care situations, and eventually help facilitate its use in rural, remote, and fly-in centres.** *1. Learn about the 2018 Priority Topics for the Assessment of Competence in Rural and Remote Family Medicine.* *2. Have gained an appreciation for simulation as a way to teach high acuity low occurrence (HALO) skills in rural and remote centres.* *3. Learn about starting a locally-developed simulation curriculum.* *4. Learn about open-access resources available to start a simulation curriculum.*
Session: 165 ***Dr. Bret Batchelor***	**6 Best Articles This Year** **Dr. Batchelor will delve into a few of his favorite papers from the last few years.** *1. To review 6 articles pertinent to Rural Surgery and Obstetrics.*
Session: 166 ***Dr. James Rourke*** ***Dr. Ruth Wilson*** ***Dr. Ivy Oandasan***	**Creating a National Social Accountability Approach to Improving Rural Health Care Using Effective Recruitment and Retention Strategies** **There is good evidence to suggest that if learners are admitted to medical school with backgrounds from rural communities, have generalist qualities, are offered meaningful exposure and learning experiences in rural practices in medical school and complete a family medicine residency program in a more rural/small town community they will more likely to be recruited into a career in rural and remote family medicine. The underpinning of this successful recruitment strategy lies with the family physicians who are willing to mentor, precept, and integrate family medicine education into their clinical practices. Most often this has been done on the side of rural family physician's busy practices. They often do it because they recognize the value teaching has on recruitment. Participants will have the opportunity to explore a) what supports are needed for rural family physicians to successfully integrate family medicine education into their family medicine practices b) what strategies have been effective to provide rural family physician teachers the support they need c) how the Canadian Rural Road Map for Action, developed by the College of Family Physicians of Canada and Society of Rural Physicians of Canada, has helped to highlight key roles of teachers, universities, accrediting bodies, health system leaders and government to support rural family medicine education. The College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC) formed a joint implementation committee in 2018, with the goal to improve the health of rural Canadians by producing and sustaining an increased number of family physicians practicing comprehensive rural generalist medicine. The committee's mandate advocates a social accountability mandate with recommendations for a renewed approach to physician workforce planning for rural Canada and the importance of generalism in the rural Canadian context. Educational pathways are essential components for producing and supporting enough rural generalist physicians to care for Canada's rural communities. They consider necessary factors, starting with early educational opportunities in rural communities continuing through medical training and into practice. The need for well-trained generalist physicians with enhanced skill sets defined by community need—working in well-supported teams. These principles apply to family physicians and other specialists alike. There is a need to identify specific competencies for rural family medicine and rural specialist medicine, and to provide support for obtaining these competencies throughout training and practice. Not only do such measures produce appropriately trained physicians, but the inclusion of training in rural locations has also been demonstrated to be an effective recruitment and retention tool.** *1. Explore what supports are needed for rural family physicians to successfully integrate family medicine education into their family medicine practice.* *2. Identify what strategies have been effective to provide rural family physician teachers the support they need.* *3. Highlight how the Canadian Rural Road Map for Action has helped to highlight key roles of teachers, universities, accrediting bodies, health system leaders and government to support rural family medicine education.*

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Session: 167 ***Dr. Benjamin Langer*** ***Dr. Steve Ferracuti*** ***Dr. Karl Stobbe*** ***Dr. Ray Markham*** ***Dr. Aimee Kernick*** ***Dr. Onuora Odoh***	**But Should We Even Be There!? Canadian Rural Medicine and Global Health** **What are a group of Canadian Rural Generalists doing in Global Health anyways? Is there really anything we can offer? Through case scenarios and breakout sessions, we will explore the promise and peril of Canadian Rural Medicine in Global Health.**
Session: 168 ***Dr. Declan Fox*** ***Ms. Tanya Ellsworth***	**Virtual Care - What About the Wetware?** **Interactive workshop kicked off by two rural practitioners with acute experience of virtual care, warts and all. Some slides 'n stories but mainly there to inspire conversation, discussion and debate.** *1. Share experiences of implementing and using virtual care.* *2. Explore the human factors involved.* *3. Working out what works?*
Session: 169 ***Dr. Chuck Su*** ***Dr. Farhad Motamedi***	**Tips and Pitfalls of Teaching Procedural Skills in Rural Settings** **Small groups will create brief simulations using simple simulation models, with clear objectives and assessment methods to give learners feedback. Hands on use of models, and low cost model creation will occur. Participants will be coached on how to give appropriate debriefs that help learners group and develop.** *1. Describe the most (and least!) effective ways to teach procedural skills in the medical office.* *2. Create simple procedural skills simulation to prepare learners for real world scenarios.* *3. Give appropriate debriefs and feedback to help the learners reflect, and grow their confidence and skills.*
Session: 170 ***Dr. Francisco Garcia***	**How to Save the World: One Penis at a Time** **Presenting a practical approach to male sexuality and sexual medicine for the generalist. Update on current practices and understanding in male sexual medicine, review of current therapies and management. There will be a strong focus on what diagnoses and therapies are available in an outpatient scenario, with a brief review of the rare instances where referral may be necessary. Emphasis will be placed on demographics, prevalence, early disease management and patient/partner education.** *1. Be familiar with the domains of male sexual dysfunction (MSD).* *2. Be able to identify common disorders of each sexual domain.* *3. Be able to educate patients on their disorder/dysfunction.* *4. Be able to initiate 1st line therapies for common MSD diagnoses.* *5. Be able to initiate advanced outpatient erectile dysfunction management.* *6. Be familiar with anatomical diseases of the penis.* *7. Be familiar with low testosterone diagnosis, risks and therapy.*

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Session: 171 ***Dr. Jonathan Thomas***	**Rural ER Quick-Access Kit System** **Critical procedures in rural emergency departments are predictable but infrequent. Despite adequate training and efforts to maintain skills, the low volume and minimal opportunity for practice makes each incident a stressful time. Some of the cognitive load can be reduced by preparing, in advance, kits containing all necessary equipment for many of the known procedures. This inexpensive and easy-to-implement approach can significantly decrease stress in during periods of acuity. The main goal of this talk is to share our work, so that you can implement in your home department quickly and easily. We will run through kits for Rapid Sequence Intubation, Flutter Valve for Open Pneumothorax, Pericardiocentesis for Cardiac Tamponad, Chest Tube Thoracostomy, Surgical Crichothyroidotomy, Needle Cricothyroidotomy and Major Bleeding.** *1. Share our work in creating kits for specific critical procedures.* *2. Provide ability for quick implementation within your own ER.* *3. Decrease the cognitive load in your ER during acute presentations.* *4. Increase quality of care with improved outcomes.*
Session: 172 ***Ms. Laura Soles***	**Pride and Peril (2 Hours)** **This is a two-part session and is an informal and engaging session suitable for all those interested in life in a rural community. There will be ample opportunity for questions, discussion and suggestions for how to deal with situations that arise when living as a medical family in a small community. The second hour will focus on opportunities for making connections, sharing resources and other topics decided upon by the group in the first hour.** *1. Provide participants with information about life in rural medicine.* *2. Provide an opportunity for questions, discussion and problem solving for situations that arise living life in a small community.* *3. Provide resources for networking and support.*
Session: 173 ***Dr. Wade Mitchell*** ***Dr. Peter Wells*** ***Dr. Matt Distefano***	**Advanced Skin Excision/Repair (2 hours)** **This 2 hour workshop is ideally for those who have already developed some skills in advanced skin repair (flaps) but wish to extend their knowledge and capacity. Extensor tendon repair will also be covered. The session will attempt to address the needs of the group and provide case-based approaches to these topics - ie) technique/ suture choices/ needles etc./ subcutaneous buried sutures to reduce tension – improve healing./ scar. Advanced repairs: V on Y ? Rotational Flap/ Advancement /Burrows /Bi-lobed/ Ext Tendon Repair – Discuss 'danger areas' Temporal Artery /parotid gland / lips – vermilion border/ strategies for upper lip/ perilip/nasal repairs.** *Goal: for each attendee to leave with 2-3 new skills by end of the session.*
Session: 174 ***Dr. John Soles*** ***Dr. Kara Perdue***	**Rural Critical Care - Chest Tube Insertion (Repeat)** **Participants will learn how to place chest tubes using Seldinger technique. There will be opportunity to practice this technique.** *1. To list the indications for closed chest drainage.* *2. To recognize when Seldinger technique is appropriate.* *3. To demonstrate the technique in a model.* *4. To gain better interpretation of the use of 'underwater' drainage systems.*
Session: 180 ***Dr. Sarah Newbery*** ***Dr. Marita Cowie***	**The Rural Generalist Pathway (3 hours)** **The Rural Generalist Pathway is a new concept in Canada and NOSM is embarking on a process to enable a formalized pathway from admission through to practice, using the great work done in Australia as a foundation for the pathway. The Australian RGP will be presented and the NOSM pathway will be shared as well. The potential enablers of success in the Canadian context, as well as barriers, will be discussed. Much of the Rural Generalist Pathway is informed by the actions in the national Rural Road Map for Action and at the end of the session, we will establish interest in a national collaborative that can support the development of a Rural Generalist Pathway at other Canadian medical education institutions.** *Participants will understand the elements of success of the Rural Generalist Pathway in Australia. Participants will be able to name key features of NOSM's proposed Rural Generalist Pathway. Participants will explore opportunities to enable the RGP in their own contexts, and at the end of the session we will discuss a collaborative group through which work can happen across Canada to enable shared success.*

Session: 181 ***Dr. Yogi Sehgal***	**ER Tricks Tips and Hacks for Communication with Patients** **You know that patient that shows up at 3 am with a hangnail, and the nurse hands you the chart while rolling her eyes? Here are some practical tips to help reduce frustration on both sides of the equation and to help make the most of your limited time.** *The learner will hopefully gain some practical phrases and tips to improve the patient encounter and efficiently get to the meat of the matter. There will also be a review some evidence on things we can improve.*
Session: 182 ***Dr. Bruce Mohr***	**Low Dose Ketamine for analgesia in the ED** **Discuss the use of Low Dose Ketamine for pain management in the ED.** *1. Summarize ED LDK research.* *2. Suggest when it might be most useful.* *3. Suggest when to avoid it.* *4. How to use it.* *5. Provide some case examples.*
Session: 183 ***Dr. Aaron Johnston***	**Giving Great Feedback!** **Have you ever struggled with what feedback to give the learners in your practice? How to approach giving difficult feedback? How to fit observation and feedback into a busy clinical day? If you said yes, than this workshop is for you! High quality feedback can help medical learners identify gaps and make improvements quickly. Although feedback is recognized as a key educational strategy the task of meaningful observation and feedback in a busy clinical environment can be challenging! In this session the micro-feedback model will be introduced. Using a combination of video vignettes and fun hands on activities participants will get to discuss and practice a model of feedback that can be effectively used in a busy clinical practice.** *1. Understand and use the model of 'micro-feedback'.* *2. Practice prioritizing feedback for your learners.* *3. Develop strategies for common 'difficult-feedback' scenarios.*
Session: 184 ***Dr. Amanda Bergman***	**Beyond NRP - What To Do Next** **Case-based discussion on what to do with a sick neonate that you have stabilized but needs further care.** *1. To discuss the next steps after the NRP algorithm with a critically ill newborn while awaiting transport.* *2. To discuss considerations when preparing to transport a critically ill newborn.* *3. To discuss considerations for transporting a critically ill newborn.*

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Session: 185 ***Dr. Ryan Falk*** ***Dr. Nicole Ebert***	**Careers in Rural Surgery (ESS/OSS) for Family Physicians (Intended for Students and Residents)** **This workshop is intended for student and residents.** **Surgical services in rural and remote communities are often provided by family physicians with additional surgical training. These physicians either provide a broad scope of services which includes cesarean sections, appendectomies, hernia repairs, laparoscopic tubal ligations, etc (Enhanced Surgical Skills - ESS), or they provide surgical obstetrics alone (Obstetrical Surgical Services - OSS). This is an exciting career path for rural family physicians who want to support and maintain rural hospital programs and is soon to be designated a Category 1 program with its own Certificate of Added Competence, on par with Family Practice Anaesthesia.** *1. What Enhanced Surgical Skills and Obstetrical Surgical Skills is in rural Canada.* *2. What a "a day in the life" as an ESS and OSS physician is like.* *3. What training options are available for those interested in ESS and OSS.* *4. What a Category 1 Program and Certificate of Added Competence mean.*
Session: 186 ***Dr. James Rourke*** ***Dr. Ruth Wilson*** ***Dr. Ivy Oandasan***	**A Canadian Systematic and Social Accountability Approach to Improve Access to Rural Health Care** **Rural and remote communities in Canada are entitled to equitable health care. In 2017, a Rural Road Map for Action (RRM) was launched by the College of Family Physicians of Canada and Society of Rural Physicians of Canada providing a pan-Canadian way forward for interjurisdictional, interorganizational and intersectoral collaboration. Endorsed by national medical organizations, with input and support from provincial and federal governments, the RRM highlights how education, practice, policy and research can enhance rural and remote healthcare. The RRM addresses the themes of collaborative health care improvement partnerships, rural health human resources, rural primary health care and rural healthcare policies. The College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC) formed a joint implementation committee in 2018, with the goal to improve the health of rural Canadians by producing and sustaining an increased number of family physicians practicing comprehensive rural generalist medicine. The committee's mandate advocates a social accountability mandate with recommendations for a renewed approach to physician workforce planning for rural Canada and the importance of the rural generalist in the rural Canadian context.** **The panel will share examples of how the RRM has catalyzed rural healthcare improvements within and across organizations and jurisdictions. Participants will reflect upon the role of medical education as a health services intervention, when meaningfully situated and supported in rural and remote communities. It can support a long-term sustainable rural health workforce. Panelists will identify policies that have acted as barriers and share initiatives that are showing signs of success. Specific attention will be placed discussing how the Rural Road Map Implementation Committee, consisting of multiple national organizations has catalyzed action by engaging strategically, capitalizing on opportunities, participating in advocacy efforts and disseminating the use and intent of the RRM. The RRM's use by all levels of government in Canada, policy-makers, national medical organizations and universities will also be highlighted. Participants will have an opportunity to dialogue about best practices and how to build further collaborations collaboratively to catalyze further action.** *1. Highlight how the RRM can be used across organizations & jurisdictions to support policy initiatives enhancing rural healthcare close to home.* *2. Be inspired with ideas from the experiences shared by leaders in education, practice, research and government on how the RRM can be used to improve recruitment and retention, build networks of care and improve rural health outcomes within international rural contexts.* *3. Provide examples of how effective collaborative leadership at national, provincial and regional levels can stimulate health system change enabling improved access to care in rural and remote Canada.*
Session: 187 ***Dr. Rochelle Dworkin***	**The Frustration of Itchy, Old People** **Pruiritus in the elderly is a chronic, frustrating and difficult to treat problem. Come to this presentation to find out how best to investigate and treat this common problem** *Objectives of this talk is to outline a common sense approach to diagnosis and treatment of pruritus, especially in the elderly.*

Session: 188 ***Dr. Declan Fox*** ***Ms. Tanya Ellsworth***	**36 Ways to End a Consultation** **Slides, verbiage, audience participation in a tongue-in-cheek presentation on a bunch of ways to bring a consultation to a prompt end, allowing better use of physician time/energy as well as reducing patient sabotaging of our ability to provide care. Last time I gave this presentation they weren't quite rolling in the aisles but they weren't far off it. In other words, a heady mix of medical humour and useful tips.** *Work through a variety of ways of managing long-drawn out consultations in primary care.*
Session: 189 ***Dr. Kyle Sue***	**FASD Isn't Just About the Brain!** **This talk aims to help the rural physician understand FASD as a whole body diagnosis that affects all organ systems, not just the brain. It will go over epidemiology and common pitfalls. It will also explain how to make FASD diagnoses in adults without requiring psychology, SLP, and OT, avoiding tertiary care centres.** *1. The importance of FASD as a whole body diagnosis.* *2. Debunk myths.* *3. Barriers to health.* *4. Diagnosing FASD by yourself.* *5. How to help.*
Session: 190 ***Dr. Francisco Garcia***	**How to Save the World: One Vagina at a Time** **Presenting a practical approach to female sexuality and sexual medicine for the generalist. Update on current practices and understanding in female sexual medicine, review of current therapies and management. There will be a strong focus on what diagnoses and therapies are available in an outpatient scenario, with a brief review of the rare instances when referral may be necessary. Emphasis will be placed on demographics, prevalence, interdisciplinary medicine and disease awareness.** *1. Be familiar with the domains of female sexual dysfunction (FSD)* *2. Be able to identify common disorders of each sexual domain.* *3. Be familiar with the current understanding of female anatomy as it pertains to FSD.* *4. Be familiar with the non-linear female sexual response cycle.* *5. Be able to educate patients on their disorder/dysfunction.* *6. Be able to initiate 1st line therapies for common FSD diagnoses.* *7. Understand the importance of multidisciplinary medicine in FSD.* *8. Discuss importance of sexual quality of life at different life stages*
Session: 191 ***Dr. Kate Miller***	**Twitter 101: Getting Started on and Making the Most of Twitter** **Thinking about joining Twitter but not sure what you will get out of it? This session will introduce you to myriad of ways in which Twitter can benefit physicians both in terms of knowledge and collegial support. While stepping newbies through the process of creating your Twitter presence and how to follow the people that will create the experience your are looking for, this session will also be useful for those already on Twitter who can't figure what all the fuss is about. We will also cover some common pitfalls that can lead to unpleasant experiences and tips for avoiding them.** *1. How Twitter can be beneficial for learning, building a network, and entertainment.* *2. Getting started on Twitter and basic platform navigation.* *3. Learn important tricks for making Twitter a safe and enjoyable place.*

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Session: 192 ***Ms. Laura Soles***	**Pride and Peril (2 Hours)** **This is a two-part session and is an informal and engaging session suitable for all those interested in life in a rural community. There will be ample opportunity for questions, discussion and suggestions for how to deal with situations that arise when living as a medical family in a small community. The second hour will focus on opportunities for making connections, sharing resources and other topics decided upon by the group in the first hour.** *1. Provide participants with information about life in rural medicine.* *2. Provide an opportunity for questions, discussion and problem solving for situations that arise living life in a small community.* *3. Provide resources for networking and support.*
Session: 193 ***Dr. Lara Wieland*** ***Dr. Andrew Kirke*** ***Dr. Sarah Lesperance*** ***Dr. Erin Cameron***	**Becoming Rural, Staying Rural: Recruitment, Retention, Resiliency** **Four presentations in one, examining efforts and ideas on recruiting and retaining physicians, including the importance of resiliency in the healthcare field. Presentations include: Rural Clinical School in Western Australia: Successes and challenges (Andrew Kirke); Educational Strategies in Rural Medical Education: A Scoping Review (Erin Cameron); Elements of a Robust Rural Practice: Resilience and Generalism Examined (Sarah Lesperance); Retention of Remote Doctors in Canada & Australia (Lara Wieland).** *1. Discuss the utility of programs that have been designed to encourage medical students to become rural practitioners.* *2. Examine what factors are involved in retaining rural physicians.* *3. Describe how rural family physicians define and use resilience strategies to maintain their roles as generalists.* *4. Identify how organizational supports and systems may play a role in supporting rural generalists.*
Session: 194 ***Dr. Kara Perdue*** ***Ms. Delia Dragomir***	**Rural Critical Care - Chest Tube Insertion (Repeat)** **Participants will learn how to place chest tubes using Seldinger technique. There will be opportunity to practice this technique.** *1. To list the indications for closed chest drainage.* *2. To recognize when Seldinger technique is appropriate.* *3. To demonstrate the technique in a model.* *4. To gain better interpretation of the use of 'underwater' drainage systems.*
Session: 197 ***Dr. Jeff Turnbull***	**Health and Health Care for the Homeless: Speaking out for the Voiceless** **Our healthcare system has failed in providing appropriate, high quality, person centered care to vulnerable populations. A strong and unified voice is needed to promote innovative approaches to care that will address this growing health care inequity. A community focused, health care system for the homeless is described as a new model of care, including the ongoing challenges of advocacy.** *1. To understand the impact of inequity in health care faced by vulnerable populations.* *2. To recognize the need for new models of person centred care that address the social determinants of health.* *3. To use homelessness as an example of a vulnerable population and to describe an effective integrated health and healthcare system.* *4. To understand the responsibility and challenges of advocacy.*

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Session: 198 ***Natan Obed, President of Inuit Tapiriit Kanatami***	**Working towards Health Equity for Inuit Nunangat Communities** **Despite Canada's universal healthcare system that commits to protecting the health of all citizens, Inuit do not have access to an equitable level and quality of care. Inuit in Canada face significant health challenges as a result of the social, economic, and cultural inequities that persist between Inuit and most other Canadians. As a result, health outcomes for Inuit are often poor and include high rates of chronic and infectious disease, mental health challenges, high infant mortality and low life expectancy that far supersede that of the Canadian population. The significant health challenges facing Inuit necessitate improved access to healthcare, irrespective of population size or location. Across areas of Inuit health research, early childhood, housing and tuberculosis elimination, Inuit are pursuing self-determination so that we can define our own path towards better health and well-being.** *1. Understanding the health injustices and disparities experienced in Inuit communities.* *2. Appreciating how Inuit self-determination can change the balance of social equity and how healthcare operates.* *3. Understanding the utility of culturally appropriate care closer to home.* *4. Identifying the necessary solutions to improve the health and well-being of Inuit across Inuit Nunangat.*
Session: 200 ***Dr. Samantha Green***	**An Introduction to Advocacy** **It is well recognized that social determinants such as race, gender, gender identity, sexual orientation, income, ability and housing are predominant drivers of health inequities. Family physicians are uniquely positioned to identify and respond to these inequities with a trusted voice, through advocacy. Family physicians regularly act as health advocates for individual patients; yet this CanMEDS-FM role bestows a responsibility to also advocate for changes that will promote the health of communities and populations, especially those that are more vulnerable. Advocacy is foundational to family physicians' social accountability, which exists at the individual patient (micro), community and institutional (meso), and systemic (macro) levels. These broader advocacy efforts towards governments and systems can seem outside the scope of physician training, since medical school and residency curricula are inconsistent and often inadequate. In this session, participants will explore the role of meso- and macro-level advocacy in family medicine using specific case examples. Participants will gain tangible tools for embarking on community- and systems-level advocacy. Participants will leave with a framework for addressing health inequities in their communities.** *1. Define advocacy and recognize its critical role in family medicine, with a particular focus on rural 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, with a particular focus on rural and remote environments.*
Session: 201 ***Dr. Brianne Clouthier*** ***Dr. Kate Miller***	**'Breast' Evidence: Updates in Breastfeeding Medicine** **Breastfeeding – as both an art and a science – can be challenging for new mothers and their families. Due to the longitudinal nature of their practice, family physicians are in a unique position to care for patients at every stage of their breastfeeding journey. With an abundance of conflicting information available, it can be difficult for patients and physicians alike to tease out the 'good' advice from the 'bad'.** *1. Formulate an evidence-based approach in managing and troubleshooting common clinical presentations in breastfeeding patients.* *2. Debunk certain myths as they relate to breastfeeding medicine.* *3. Become more confident in the use of pharmacologic and non-pharmacologic interventions for a variety of conditions in the breastfeeding patient.* *4. Learn how to support families in their breastfeeding journey as a family physician.*
Session: 202 ***Dr. Jacinthe Lampron***	**How to Stock a Rural/Remote ER for Trauma** **Discussion around what basic material is suitable for trauma resuscitation in rural-remote ER, awareness of trauma system to support resuscitation and how to implement change in introducing material.** *1. To discuss basic resuscitation material for trauma.* *2. To develop awareness on available resources.* *3. To explore how to expand the resources.*

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Session: 203 ***Dr. Kelsi Cole***	**QI for Residents by Residents** **In this workshop, you will participate in didactic and group learning to understand the basic principles of Quality Improvement, how this relates to health care and your residency, and how to begin utilizing QI effectively in your residency and future practice.** *1. Understand the basic principles and importance of Quality Improvement in health care.* *2. Understand how QI is applied in residency education and primary care.* *3. Explore the recommendations to becoming QI-ready, developed by the CFPC Section of Residents* *4. Know where to locate and how to utilize appropriate QI resources and tools.*
Session: 204	
Session: 205 ***Dr. Stu Iglesias*** ***Dr. Andrew Kotaska*** ***Dr. Jamet Boyd*** ***Dr. Lesperance*** ***Ms. Lee Yeates*** ***Dr. Vicki Van Wagner*** ***Ms. Kim Williams*** ***Ms. Gisela Becker***	**Co-Creating Sustainable Rural Maternity Care (2 hours)** **This continues a conversation between midwives, OB's, RN's, and FP's about sustainable rural maternity care. The focus this year addresses the maternity care models in the 1B communities(local C/S staffed by FP's) which could support both a mother's choice of provider and a sustainable local C/S service. This 2 hour workshop will be followed by a networking rural maternity care lunch to which all stakeholders are invited.** *1. To continue a conversation between rural FP's, OB's, and MW's about sustainable rural maternity care.* *2. To examine, in a collaborative format, the issues that encourage and discourage collaboration between FP's and MWs in the larger rural communities (1B) with a local C/S service staffed by FP's with skills in anesthesia and surgery.* *3. To explore maternity care models in these 1B communities which support both mothers' choice of provider and a sustainable local C/S service.*
Session: 206 ***Dr. James Rourke*** ***Dr. Ruth Wilson***	**The Rural Road Map Collaborative: Progress Made and Action/Advocacy for the Future (2 hours)** **Striving to support equitable access to health care services and improve the health of individuals living in rural Canada, the College of Family Physicians of Canada and the Society of Rural Physicians of Canada released the Rural Road Map for Action in February 2017. The Rural Road Map Implementation Committee (RRMIC) has capitalized, over the last 18 months, on opportunities, engaging influential stakeholders, advocating strategically and disseminating the Rural Road Map for uptake. Activities include facilitating a national process to improve patient transfers, advocating with government and policymakers to elevate rural and remote healthcare as a priority issue, exploring strategies to facilitate networks of care for rural maternity care and mental health, virtual health care, and explore on how to sustain the work of the RRM after RRMIC sunsets in December 2020. In this workshop, after hearing progress made, participants will work to consider how progress can be scaled and spread across Canada, and what further can be done. With the forthcoming end of RRMIC's term in 2020, participants will also have the opportunity to debate its success and consider arguments to extend, enhance or conclude the committee's work. Outcomes from discussions will be shared with leadership.** *1. Understand progress made regionally and nationally related to the Rural Road Map.* *2. Identify opportunities to influence the scale/spread of best practices in rural education and practices gained from advancement of the RRM.* *3. Provide feedback on next steps for rural health action and advocacy beyond 2020.*
Session: 207 ***Dr. Shireen Mansouri***	**Cultivating Compassion in Health Care** **We are all expected to be compassionate, to provide compassionate care. But what is it? How is it different from Empathy? Some people argue that Compassion Fatigue in fact does not exist and that in fact Compassion is innate and can be cultivated.** *1. Learn the science and physiology of compassion.* *2. Differentiate between Empathy and Compassion.* *3. Review barriers and enablers of compassion in health care.*

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Session: 208 ***Dr. Brooke Edwards*** ***Dr. Alex Pearce***	**Transition to Rural Residency** **This panel will aim to provide aspiring rural residents with advice when transitioning to residency, as well as provide things to consider for medical students considering rural residencies in their future. Though all rural residencies might not be represented on the panel, we will hope to collect advice via email and present it to attendees. Come on out and hear about how awesome life is doing residency outta The Big Smoke(s)!** *1. Present advice from a variety of rural residents across the country.* *2. Answer any questions from medical students in attendance about rural residency.*
Session: 209 ***Dr. Bruce Mohr***	**Bier (IV Regional Anesthetic) Block in the ED Management of Wrist Fractures** **Discuss the use of intravenous regional block (Bier Block) in the management of wrist injuries.** *1. Short history of Bier Block.* *2. Discuss equipment and technique.* *3. Present cases.*
Session: 210 ***Dr. Jessica Otte***	**Proton Pump Inhibitors (PPIs): Breaking Up Is Hard To Do** **Proton Pump Inhibitors (PPIs) are both under- and over- used in Canada. The harms of PPIs are often in the headlines, but it seems like the evidence is constantly changing, so it is not clear which patients can benefit and which should steer clear. Enjoy this interactive session to help figure out when PPIs are needed, when they are not, and avoid getting an ulcer in the process!** *1. Distinguish appropriate and inappropriate indications for PPIs.* *2. Confidently discuss benefits and harms with patients.* *3. Initiate and monitor deprescribing of PPIs.*
Session: 211 ***Dr. James Goertzen***	**Time To Toss The Feedback Sandwich? How To Provide Critical Feedback That Helps Learners Excel** **The sandwich approach to feedback is employed in medical education and business. Sandwiching critical feedback between two positive pieces of feedback has been thought to cushion the blow of these difficult conversations. In truth, the feedback sandwich undermines the impact of positive feedback while simultaneously alienating the learner. Optimal feedback is a two way conversation with both preceptor and learner contributions. Evidence-based feedback approaches from business, medical education and coaching will be discussed. Participants (preceptors or learners) will be provided with strategies to improve feedback giving and receiving skills to spark improvement in their performance.** *1. Describe limits of physician self-assessment skills and rationale for critical feedback to improve performance.* *2. Demonstrate the role of the grow mindset in optimizing the feedback dialogue.* *3. Employ multiple strategies for giving and receiving critical feedback.*
Session: 212 ***Mr. Fraser Turner*** ***Ms. Laura Soles*** ***Ms. Patti Kemp*** ***Ms. Stephanie Welton***	**Rural Family Network - The Nitty Gritty and Moving Forward** **Our Rural Family Network is now up and running. During this session, members have the opportunity to connect with each other. We also welcome new members or those interested in the Network. We will be discussing Network features and development.** *1. Opportunity for members connect.* *2. Welcome new members or those interested in the group.* *3. Discuss possibilities for the future of the network.*
Session: 213	**Rural Critical Care - Basic Airways**

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Session: 214 ***Dr. Heather Lehmann***	**Womb Raiders - Family Medicine/Obstetrics Escape Room (to be repeated)** **Hands-on workshop - Obstetrical/general family med themed escape room!** *1. Learning can be fun.* *2. Participants experience fun ways to team build and tap into a variety of skills and problem-solving styles.* *3. Opportunity to review any number of low-moderate risk obstetrical topics in some depth.* *4. Opportunity to explore creating an escape room, how this can be used for any learner or team.*
Session: 220 ***Dr. Simon-Pierre Landry***	**When the Doctor Needs to Stop Thinking Like a Doctor : A Journey in the Jungle of Politics, Mainstream Media and Public Relations** **During this session, participants will be presented with the journey of a rural physician opposed to a provincial bill (Bill 20, in 2014) in order to understand how the government and mainstream media think. By understanding how public policy is dealt with by politicians, by physicians unions, and by the media, the participant will be able to think of ways to influence decision-makers, in the interest of his or her rural community.** *1. Help physicians understand how mainstream media and lobbying can influence politicians and decision makers.* *2. Help rural physicians be better advocates for their communities*
Session: 221 ***Dr. Victoria Mok Siu***	**Cultural Competency in the Provision of Healthcare to the Amish and Mennonite Communities in Canada** **This presentation will focus on cultural competency in provision of healthcare to the Anabaptist communities through understanding the factors which affect their acceptance of treatments and interventions.** *1. Outline the similarities and differences between the 4 main Anabaptist groups in Canada.* *2. Discuss strategies to engage and advocate for self-pay families seeking medical care.* *3. Describe the successful local implementation of newborn screening and adult carrier testing for diagnosis of genetic disorders in Ontario communities.*
Session: 222 ***Dr. Jacinthe Lampron***	**Managing Blood Loss in a Rural/Remote ER** **How to manage massive hemorrhage in a scarce resource environment with blood products and basic material.** *1. To discuss options for massive transfusion protocol in rural ER.* *2. To discuss basic hemostatic principles in absence of surgical option.*
Session: 223 ***Dr. Gavin Parker***	**Multi-Level Learners in Rural Practice** **Rural practices are increasingly popular sites for learners of all different levels; how do you cope with more than one learner at a time? Vertical integration of multi-level learners is something that can be done easily in any rural setting providing the framework can be built. This session will focus on how to use novel teaching approaches will help your site better accommodate multiple learners of different stages.** *1. Describe the organization feature of a successful learning environment for multi-level learners.* *2. Select teaching methods appropriate for your learner group.* *3. Identifying and shifting as necessary the cultural milieu in which learners interact.* *4. Discuss the benefits of informal versus formal teaching sessions.* *5. Create environments conducive to formal and informal vertical learning.*

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Session: 224 ***Dr. Rob Ohle***	**Acute Aortic Dissection** **Acute aortic dissection is a life threatening emergency that we consider in anyone presenting with chest pain. The miss rate is quoted as 1 in 3, and the mortality rises 1% per hour all the way to 90%, but its rare and can mimic more common condition such as acute coronary syndrome, pulmonary embolism or stroke. So who should you investigate? Who should you transfer for a CT to rule out aortic dissection? Which patients should you be calling the Surgeon directly? What if they can't be transported now? How do you manage while the weather is clearing? This talk is designed to be practical, recommendations will be given based on the current evidence, and at the end of the talk you will feel confident answering all of these questions!** *1. Understand the important signs and symptoms that are associated with aortic dissection.* *2. Apply these clinical findings to establish a pre test probability.* *3. Decide who needs advanced imaging.*
Session: 225 ***Dr. Stu Iglesias*** ***Dr. Andrew Kotaska*** ***Dr. Jamet Boyd*** ***Dr. Lesperance*** ***Ms. Lee Yeates*** ***Dr. Vicki Van Wagner*** ***Ms. Kim Williams*** ***Ms. Gisela Becker***	**Co-Creating Sustainable Rural Maternity Care (2 hours)** **This continues a conversation between midwives, OB's, RN's, and FP's about sustainable rural maternity care. The focus this year addresses the maternity care models in the 1B communities(local C/S staffed by FP's) which could support both a mother's choice of provider and a sustainable local C/S service. This 2 hour workshop will be followed by a networking rural maternity care lunch to which all stakeholders are invited.** *1. To continue a conversation between rural FP's, OB's, and MW's about sustainable rural maternity care.* *2. To examine, in a collaborative format, the issues that encourage and discourage collaboration between FP's and MWs in the larger rural communities (1B) with a local C/S service staffed by FP's with skills in anesthesia and surgery.* *3. To explore maternity care models in these 1B communities which support both mothers' choice of provider and a sustainable local C/S service.*
Session: 226 ***Dr. James Rourke*** ***Dr. Ruth Wilson***	**The Rural Road Map Collaborative: Progress Made and Action/Advocacy for the Future (2 hours)** **Description: Striving to support equitable access to health care services and improve the health of individuals living in rural Canada, the College of Family Physicians of Canada and the Society of Rural Physicians of Canada released the Rural Road Map for Action in February 2017. The Rural Road Map Implementation Committee (RRMIC) has capitalized, over the last 18 months, on opportunities, engaging influential stakeholders, advocating strategically and disseminating the Rural Road Map for uptake. Activities include facilitating a national process to improve patient transfers, advocating with government and policymakers to elevate rural and remote healthcare as a priority issue, exploring strategies to facilitate networks of care for rural maternity care and mental health, virtual health care, and explore on how to sustain the work of the RRM after RRMIC sunsets in December 2020. In this workshop, after hearing progress made, participants will work to consider how progress can be scaled and spread across Canada, and what further can be done. With the forthcoming end of RRMIC's term in 2020, participants will also have the opportunity to debate its success and consider arguments to extend, enhance or conclude the committee's work. Outcomes from discussions will be shared with leadership.** *1. Understand progress made regionally and nationally related to the Rural Road Map.* *2. Identify opportunities to influence the scale/spread of best practices in rural education and practices gained from advancement of the RRM.* *3. Provide feedback on next steps for rural health action and advocacy beyond 2020.*
Session: 227 ***Dr. George Kim***	**Physician Resilience – Burnout and the 7 Deadly Sins** **In the busy pace of a clinician's life our own priorities often fall to a lower priority. With the aid of current literature and stories from other seasoned clinicians, come for a refresher and reminder of common "sins" and a pathway to wellness.** *1. Identify individual and system factors that impact physician wellness.* *2. Increase awareness of factors that impact on Physician Burnout.* *3. Describe two strategies to replenish/recharge.* *4. Review the role of self-reflection in finding balance in your professional world.*

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Session: 228 ***Ms. Jasmine Waslowski***	**Rural Electives Across Canada** **Are you a medical student who's about to embark on clinical electives? Looking for the perfect rural elective to suit your hopes and dreams? Join us for a cross Canada rural electives tour! This session will provide an overview of the SRPC Student Committee's favourite rural elective experiences - in every province! We will also touch on some considerations when booking rural electives, briefly explore the process of applying, and allow for a Q&A period with folks who have completed some rural electives.** *1. Discover a variety of rural clinical elective opportunities.* *2. Review important factors in booking rural clinical electives.* *3. Acquire skills to seek further information on the availability of possible elective opportunities.* *4. Briefly explore rural elective application processes, including the use of the AFMC portal.*
Session: 229 ***Dr. Bruce Mohr***	**Management of Joint Dislocations** **Hands-on workshop to discuss and practice joint reduction techniques** *1. Review the clinical presentation of major joint dislocations.* *2. Outline an approach to investigation, and sedation and analgesia.* *3. Practical review of reduction techniques.* *4. Some tips and pearls.* *5. Review post-reduction management.*
Session: 230 ***Dr. Darlene Kitty***	**Moving Towards Cultural Safety and Reconciliation** **This session will review cultural safety and related concepts, the history and impact of residential schools and health and social issues affecting Indigenous populations. A holistic approach to culturally safe care will be presented and applied to interactive case discussions. Pearls in communication and collaboration with Indigenous patients, families and communities will be given.** *1. Define cultural awareness, cultural sensitivity, cultural competency, cultural safety and cultural humility.* *2. Explain the historical impact of residential schools and how the TRC Calls to Action contribute to reconciliation.* *3. Describe briefly the demographics, health and social issues that affect Indigenous populations.* *4. Participate in case discussions that use a holistic approach to culturally safe care.* *5. Learn pearls in communication and collaboration to interact effectively with Indigenous patients, families and communities*
Session: 231 ***Dr. James Goertzen*** ***Dr. Sarah Newbery***	**To Error is Human: Compassionate Collegial Conversations** **Adverse patient events are common in complex healthcare environments. Approximately 4-17% of hospital admissions are associated with an adverse event that cause potential patient harm. Rural physicians providing emergency, hospital, intraoperative, intrapartum or office care face increased adverse event risks which are compounded by human resource challenges and high patient morbidity burdens. In rural settings, the physician or member of the care team will more likely know the patient affected. Second victims are healthcare professionals who are traumatized or experience intense emotional distress from an unanticipated adverse event, medical error or patient related injury. They are susceptible to being negatively affected personally and professionally. Compassionate colleagues, both local and at a distance are key supports for second victims by providing safe spaces to debrief, explore and integrate an adverse clinical event.** *1. Describe personal and professional impact of adverse events on rural healthcare practitioners and their practice groups.* *2. Identify compassionate qualities key for supporting a rural colleague facing the impact of an adverse event.*

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Session: 232 ***Ms. Beckie Groves*** ***Ms. Rachelle Bemment*** ***Ms. Viola Woelk***	**Rural Life - Everything You Didn't Know You Should Ask** **"Everything you didn't know you should ask" will be a panel where we will answer any questions and offer advice and guidance from an emigration perspective.** *1. To be a resource for spouses and families of rural physicians who have made the decision to emigrate to rural Canada.*
Session: 233	**Rural Critical Care - Basic Airways**
Session: 234 ***Dr. Heather Lehmann***	**Womb Raiders - Family Medicine/Obstetrics Escape Room (to be repeated)** **Hands-on workshop - Obstetrical/general family med themed escape room!** *1. Learning can be fun.* *2. Participants experience fun ways to team build and tap into a variety of skills and problem-solving styles.* *3. Opportunity to review any number of low-moderate risk obstetrical topics in some depth.* *4. Opportunity to explore creating an escape room, how this can be used for any learner or team.*
Session: 240 ***Dr. Roy Kirkpatrick*** ***Dr. Keith MacLellan***	**Lessons Learned from Global Health** **A panel discussion which will examine ways in which medical personnel who have worked in global health are suited to work in rural and remote health care, and vice versa. This will be part of the greater theme of promoting generalism to meet the needs of patient populations in rural and remote areas in Canada and in LMIC's.**
Session: 241 ***Dr. Francisco Garcia***	**Leaving the bedroom - Non Sexual Benefits of Sexual Medicine** **Presenting available research and data on the downstream benefits of treating sexual dysfunctions for patients. Review of interpersonal, psychological and biological benefits of improved sexual functioning supported by data and clinical experiences. There will also be a discussion on advocacy for treatment of sexual medicine conditions both at the patient level and at the institution/government level.** *1. Be familiar with the benefits of hormone replacement in men and women outside of sexual dysfunctions.* *2. Be able to critically review important literature related to hormone supplementation.* *3. Be familiar with the how the pathophysiology of sexual dysfunctions can be a marker of biological disease.* *4. Be able to describe the mental health benefits of corrected sexual dysfunctions across all age demographics.* *5. To have an approach how to advocate for therapies on behalf of patients with insurance companies and governmental bodies.*
Session: 242 ***Dr. Jesse Guscott***	**5 Pearls for improving your Crisis Resource Management** **Rural clinicians must occasionally manage the most complex and challenging medical crises with limited resources available. This case based presentation will offer practical tips to get the most out of yourself and your team in your next crisis situation.** *1. Identify the importance of CRM/non technical skills in effective crisis responses.* *2. Apply strategies and techniques to improve crisis resource management.* *3. Describe ways that a physician's stress response can impair performance in crisis.*

Session: 243 ***Dr. Stefan Grzybowski***	**Enhancing Your Sustainability as a Rural Physician** **Concerns about the challenges of maintaining a balance between professional responsibilities and their personal and family life can influence new graduates in whether or not to work in a rural community and how to organize their clinical practice, family life and time away form work. Experienced rural physicians have made choices that have supported their sustainability. Many describe living and working in a rural community as a very satisfying and fulfilling choice at both the professional and personal level. Participants in this workshop will be invited to share their stories of sustainability and the challenges they have faced or face now in living and working in rural Canada.** **Participants will be encouraged to leave this workshop with a list of 3 strategies that they plan to invoke to enhance their sustainability and maintaining a balance between their professional and personal lives.** *1. Understand the issues that challenge personal and professional sustainability in rural practice from multiple perspectives.* *2. Workshop ideas for practical and innovative solutions to address these issues.* *3. Prioritize 3 recommendations in the areas of self care, family, and professional practice arrangement.*
Session: 244 ***Dr. Bill Ehman***	**Intrapartum Fetal Surveillance Made Easy – The 2020 SOGC Guideline** **This "clinically based session" will provide participants with an opportunity to practice and enhance their skill with intrapartum FHS. Key elements of the new 2020 SOGC Intrapartum FHS Guideline will be explained and examples given. The emphasis will be on the physiological bases of fetal heart rate patterns and the importance of interpreting the classified IA or EFM tracing in light of the entire clinical picture. Participants will have an opportunity to be engaged in real cases and "guess" the outcomes.** *1. Describe the "key changes" in the 2020 SOGC FHS Guideline.* *2. Describe the physiology of EFM patterns.* *3. Classify IA and EFM tracings using the updated definitions.* *4. Interpret the significance of EFM tracing classification within the clinical context.*
Session: 245 ***Dr. Lee Yeates***	**ROAM-SP (Rural Obstetric and Maternity Sustainability Program)**
Session: 246 ***Dr. Sara Dungavell*** ***Dr. Sarah Edwards***	**Effective Communication with Personality Disorders** **How can a fly-in psychiatrist best support GPs in providing psychiatric care to remote communities? What barriers are the psychiatrists facing to provide this care? This session looks at the specific context of northern Saskatchewan and what strengths and weaknesses are involved in the current provision of psychiatric care, and what changes we can make. We will also be exploring similarities and differences with the provision of other specialist care, and how we can learn from each other.** *1. Recognize different styles of communication.* *2. Practice different approaches to communication.*
Session: 247 ***Dr. Joe Vipond*** ***Dr. Mike Benusic***	**MD Advocacy on Climate Change** **It is becoming increasingly evident that the climate crisis has serious implications for ecosystems, communities, and civilization itself. To date, the health frame has been underused as a method of creating understanding and engagement on the issue. Health professionals, as trusted members of society, can play an outsized role in creating the changes needed to allow for the speedy transformation of our energy systems. Case studies using the Alberta Coal Phase Our, Canadian Coal Phase Out, and creation of Alberta Health Service's Office of Sustainability will illustrate the discussion.** *1. To gain a greater understanding of the health implications of climate disruption and the health benefits from mitigation of greenhouse gas emissions.* *2. To understand the role health and medical professionals can play in successful advocacy on the climate crisis.*

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Session: 248 ***Dr. Kirsten Desjardins-Lorimer*** ***Dr. Seyara Shwetz*** ***Ms. Sheila Tucker***	**Innovative Tools for Patient Care** **Three presentations in one, examining novel clinical decision making tools designed to help practitioners in the management of various patient concerns. Presentations include: Development of Patient Decision Aid for Early Abortion Methods Available in Canada: Qualitative Study (Kirsten Desjardins-Lorimer); The TREKK Saskatchewan Roadshow: A novel approach to disseminating pediatric emergency medicine treatment tools in rural, regional, and remote Saskatchewan (Seyara Shwetz); Tackling TB in Canada: A Scoping Project for Evidence Needs (Sheila Tucker).** *1. Develop a comprehensive patient decision aid for early (<10 weeks gestation age) abortion validated for Canadian context.* *2. Discuss a novel approach to distributing, implementing, and utilizing prepared treatment algorithms in remote, rural, and regional centres.* *3. Discuss the Canadian Agency for Drugs and Technologies in Health (CADTH) scoping review intended to inform decision making about the management of tuberculosis in Canada.*
Session: 249 ***Dr. Richard Johnson*** ***Dr. Terence Brennan*** ***Dr. Vikas Bhagirath*** ***Dr. Todd Gauthier*** ***Dr. Eric Wooltorton***	**The Good, Bad and Ugly: Tips from Medical Educators on Overcoming Specific Challenges for Specific Types of Learners** **Busy rural teachers often describe challenges with being effective teachers related to the '4 T's' (time, trust, transient learners, and other tensions). In busy rural settings, it can be easy to recognize learners with specific challenges, but difficulty to find strategies and supports to help those trainees progress. After a brief presentation outlining common challenges faces by busy clinical teachers, three cases will be presented (of a very strong learner, a weak resident, and one facing professionalism challenges). Group discussions will be used to construct basic learning plans to help each learner progress.** *1. Outline practical strategies to address challenges facing busy clinical teachers, including "the 4 T's".* *2. Describe how strong medical learners, struggling learners, and learners with professionalism issues often 'present'.* *3. List experience and literature-based strategies to rapidly assess a learner's strengths and weaknesses and close specific gaps.* *4. Create quick and dirty learning plans for ALL learners, not just those in difficulty.*
Session: 250 ***Dr. Guylene Theriault*** ***Dr. Ainsley Moore***	**Canadian Task Force: Evidence-based Preventive Care in 2020** **The Canadian Task Force on Preventive Health Care was established by the Public Health Agency of Canada (PHAC) to develop clinical practice guidelines that support Canadian primary care providers in delivering preventive health care. Task Force guidelines are based on rigorous systematic review of the best possible evidence. The Task Force works with members of the College of Family Physicians of Canada to inform topic selection, review guidelines and facilitate dissemination of guidance with associated clinician tools that support implementation of recommendations. The Task force guidelines and tools are for any clinicians independent of their site of practice but we believe a reflection on their usability in remote areas is of interest. Activities: After a short presentation of the CTFPHC and its mandate and activities, participants will be divided in groups where they will have to reflect on different aspects of a few recent guidelines and how it pertains to their work in rural areas. They will also be asked to use some of the shared decision or information tools and reflect on their place in their remote practices. Key messages will be highlighted before the end of the workshop.** *1. Be able to describe the mandate and the activities of the CTFPHC* *2. Use recent evidence-based preventive screening strategies from the CTFPHC for example breast cancer, esophageal adenocarcinoma (among patients with GERD), thyroid dysfunction, and depression in pregnancy and postpartum.* *3. Engage in discussions regarding the development and rationale for recommendations (benefits and harms as tied to recommendations).* *4. Use practical tools in their practice (for these topics) to support screening discussions, including conversations when patients request an unadvised test.*
Session: 251 ***Dr. Sarah Newbery***	**Mentorship/Peer Support Panel**

Session: 252 ***Dr. John Reaume***	**Eat, Prey, Love: the Secret Lives of Spiders** **Spiders have a bad reputation but in reality these fascinating creatures are very valuable to us and have an amazing life history. Join this general interest topic that will review their general biology and interesting behaviours. For 380 million years (that's 150 million years before the dinosaurs) spiders have walked the earth - learning more about them will make you appreciate them more!** *Learn about Ontario's spiders, general interest topic though we will review spider bites from a medical perspective as well.*
Session: 253	**Rural Critical Care - Advanced Airways**
Session: 254 ***Dr. Shireen Mansouri*** ***Dr. Sarah Cook*** ***Dr. Andrew Kotaska***	**Introduction to Point of Care Ultrasound in OB (to be repeated)** **Point of care ultrasound has been evolving and becoming more prevalent in Obstetrics over the past decade. Many communities now have access to technology to perform Point of Care ultrasound. This session is an opportunity for people with little to no experience with ultrasound to get an introduction to the technology and the techniques required for obstetrical ultrasound. Participants will get an introduction to the HOUSE OB ultrasound course run by UBC CPD and be able to practice using an ultrasound machine with a live model supported by HOUSE OB instructors.** *1. Learn the basic features of an ultrasound machine.* *2. Learn the steps to acquire an image with point of care ultrasound.* *3. Review indications for point of care ultrasound in OB.* *4. Learn to rule in a cephalic presentation in a third trimester patient.*
Session: 260 ***Dr. Nancy Humber***	**Nesting Rural Procedural Care in Networks (2 hours)**
Session: 261 ***Ms. Rebekah Seidel***	**From the Ground Up: Health-care Provider Attraction and Retention in Rural Alberta** **The Rural Health Professions Action Plan (RhPAP) focuses a large part of its work on the attraction and retention of health care providers to rural Alberta communities. Over 20 years of experience gives RhPAP a comprehensive toolkit of best and promising practices that result in success stories in a growing number of Alberta's rural communities. Enhancement of rural community capacity to actively engage in the successful attraction and retention of health care providers is a significant focus of RhPAP's work. From supporting site visits of potential health care providers and their families, to initiating health care provider appreciation activities, to integrating those giving health care service and their families into the community, local committees play an important and rewarding role. RhPAP in turn collaborates with strategic rural focused provincial networks and organizations, ensuring further strengthening of communities' attraction and retention efforts. An interactive session will review what has shaped RPAP's community support work over the years, including strategic collaborations, and exploring how best communities can play an active part in the successful attraction and retention of rural health care providers. RhPAP's learnings will be shared with participants, offering the opportunity for other communities to learn of the value of supporting rural community attraction and retention work within a community development framework.** *1. To raise awareness of RhPAP's Community Development and Engagement program focused on supporting rural community committees engaged in the attraction and retention of health care providers.* *2. To share a range of related tools, practices and capacity building opportunities proven successful in the work of attraction and retention committees in rural Alberta communities.*

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Session: 262	**Rural Residency Tour – Program Fair for Medical Students (2 hours)** **Medical Students at all stages of training are highly encouraged to attend this event showcasing Rural and Remote Family Medicine Residency Programs across Canada. Programs will have booths setup for medical students to visit, and students will rotate through in a 'speed-dating' style. Programs will have current residents, faculty and/or support staff available at their booths to present the unique aspects of their program. This event is immediately followed by the Student/Resident/Mentor social.** *1. Participants will be able to catalogue the variety of rural and remote Family Medicine residency programs operating in Canada.* *2. Participants will be able to identify residency programs that are suited to meet their individual learning goals.*
Session: 263 ***Dr. Vanessa Cardy*** ***Dr. Eric Lee***	**How Do We Actually Stop the Bleeding? All TXA All The Time or Are There Other Steps We Can Take?** **Hands-on - Given the renewed focus on bleeding control this workshop will discuss and demonstrate different methods to control serious bleeding with a focus on troubleshooting and practical tricks for use in an isolated practice environment.** *At the end of the workshop participants will:* *1. Be comfortable with the use of basic tourniquets and pelvic binders.* *2. Be familiar with certain commercial hemostatic dressings.* *3. Understand the potential uses of TXA in a variety of acute and palliative contexts.*
Session: 264 ***Dr. Martha Riesberry*** ***Dr. Olga Ward*** ***Dr. Dale Dewar***	**Rural Critical Care - Suturing for Learners (2 hours)** **The workshop will be using pigs' feet to practice a number of different suture techniques including but not limited to subcuticular continuous and interrupted, mattress horizontal and vertical, superficial continuous and interrupted, and include indications for each. Students will have the opportunity to work with at least two types of suture material.** *1. Hold and handle suture equipment properly.* *2. Assess lacerations and open wounds and competently determine repair needs.* *3. Repair multiple layers in a wound.* *4. Depending upon the competency of the students, the session can also include some advance repair techniques.*
Session: 265 ***Dr. Steve Ferracuti*** ***Dr. Karl Stobbe*** ***Dr. Ray Markham*** ***Dr. Onuora Odoh***	**Panel: How to get a Rural Global Health Partnership Off the Ground** *Do you have an idea for a Global Health Partnership, but don't know where to start? Join our panel of rural physicians with active projects in Nepal, Zimbabwe, Nigeria and Ethiopia describing how they developed their partnerships. Topics will include how to work with funders, developing memoranda of understanding, maintaining relationships, and avoiding pitfalls such as medical tourism, asymmetrical relationships, and placing learners in ethically compromising positions.*
Session: 266 ***Dr. Sara Dungavell***	**Improving Psychiatric Care to Remote Communities** **How can a fly-in psychiatrist best support GPs in providing psychiatric care to remote communities? What barriers are the psychiatrists facing to provide this care? This session looks at the specific context of northern Saskatchewan and what strengths and weaknesses are involved in the current provision of psychiatric care, and what changes we can make.** *1. Spark discussion on how to best provide specialist psychiatric care to rural and remote communities.* *2. Explore the needs of GPs working in rural and remote communities.* *3. Explore the needs of the psychiatrists providing this care.*

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Session: 267 ***Dr. Joe Vipond***	**Evidence Based Analgesia** **The majority of physicians glean their preferred acute pain management algorithms from mentors as they train. But there is a wealth of evidence which can inform our oral analgesic prescribing practices. Using the Cochrance Database of Systemic Reviews as a guide, we'll look why acetaminophen with codeine, and ketorolac, should not be our go-to meds. Also, we'll look at ways to minimize narcotic prescribing without sacrificing the effectiveness of our analgesia, in turn minimize the risk of addiction in our vulnerable patients.** *1. To learn the most effective oral medications to be used for pain management in the acute setting.* *2. To learn some of the tricks for the most effective management of acute pain in the emergency department.* *3. To learn ways of minimizing the risk of opioid overuse and dependency from acute pain management.*
Session: 268 ***Dr. Cornelius Woelk***	**Palliative Care: Anticipating a Death at Home** **Studies suggest that the majority of Canadians want to die at home, but what does this really mean? Are those individuals and their families prepared for a death at home? Are we as health care providers prepared to help them achieve that goal? The wish for a death at home is often presented as meeting the goals of the individual and family. While some of their goals may be fulfilled through a death at home, it may not go as smoothly as they (or we) expect. This session will highlight some of the common challenges around the anticipation of a death at home, and encourage the "anticipation" component, one of preparedness. It will provide practical suggestions for those who care for individuals dying at home, to help make the goals of the individual and family become a reality.** *1. Understand the desire for dying at home in the context of the needs of dying individuals and their families.* *2. Describe the importance of being prepared for common challenges in supporting an expected death at home.* *3. Be more able to prepare individuals and families, as well as themselves, for an expected death at home.*
Session: 269 ***Len Kelly, MD*** ***Dr. Ruben Hummelen*** ***Mr. Ribal Kattini***	**Gestational Diabetes: Clearing (some of) the Confusion** *1. Understand the diverging definitions and screening protocols for GDM early screening in high risk patients treatment.*
Session: 270 ***Dr. Dave Jerome***	**Heat Injury - Prehospital And Hospital Mgmt** **This presentation will introduce the rural generalist to the diagnosis and management of heat illnesses and injuries. A variety of clinical presentations will be reviewed, ranging from mild to life threatening. The presentation will include clinical cases based in a variety of settings, including the clinic, the emergency room, as well as a wilderness/prehospital environment.** *1. Describe the spectrum of heat injuries and illnesses, from mild to life threatening.* *2. Recognize the presentation of a variety of heat illnesses and injuries.* *3. Describe the management of mild and life threatening heat illnesses and injuries.* *4. Be familiar with the Wilderness Medical Society and their Clinical Practice Guidelines.*
Session: 271 ***Dr. Kirstie Overhill***	**Coaching and Resiliency** **"Do not imitate others - seek what they sought" This interactive session will introduce the research, concepts and principles of the UBC RCPD coaching and mentorship programs to assist others in their own program design. Feedback on the programs will be shared as well as discussion of possible applications for individuals, teams and system change.** *1. To introduce the UBC RCPD programs on Coaching and Mentorship (CAMP) and the research behind them.* *2. To discuss how the development was based on Resiliency concepts incorporated into a CPD framework.* *3. To share key principles of the UBC Clinical Coaching model and how they assisted in iterative program design.*

Session: 272	
Session: 273	**Rural Critical Care - Advanced Airways**
Session: 274 ***Dr. Shireen Mansouri*** ***Dr. Sarah Cook*** ***Dr. Andrew Kotaska***	**Introduction to Point of Care Ultrasound in OB (Repeat)** **Point of care ultrasound has been evolving and becoming more prevalent in Obstetrics over the past decade. Many communities now have access to technology to perform Point of Care ultrasound. This session is an opportunity for people with little to no experience with ultrasound to get an introduction to the technology and the techniques required for obstetrical ultrasound. Participants will get an introduction to the HOUSE OB ultrasound course run by UBC CPD and be able to practice using an ultrasound machine with a live model supported by HOUSE OB instructors.** *1. Learn the basic features of an ultrasound machine.* *2. Learn the steps to acquire an image with point of care ultrasound.* *3. Review indications for point of care ultrasound in OB.* *4. Learn to rule in a cephalic presentation in a third trimester patient.*
Session: 280 ***Dr. Nancy Humber***	**Nesting Rural Procedural Care in Networks (2 hours)**
Session: 281 ***Dr. Sarah Giles*** ***Dr. Yogi Sehgal*** ***Dr. William (Ken) Milne***	**ER Snappers** **In this fast-paced two hour session, rural docs with ER expertise with review 5 topics with practice changing pearls and tips.** *Foreign bodies - more than meets the eye:* *1. If I can confidently remove a foreign body from an eye with my tremor, you can too.* *2. Review eye anatomy.* *3. Discuss the controversy about potential harm of topical anaesthetics.* *4. Review red flags, indications for referral.* *5. Reminder of slit lamp use.* *6. Traditional options for removal vs something new…or is it old? Regardless, it's amazing!* *7. Rust ring removal.* *8. Best practices for follow-up.* *TXA:* *1. What is TXA.* *2. How does it work?* *3. When is it TXA clinically indicated based on the evidence.*

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Session: 282	**Rural Residency Tour – Program Fair for Medical Students (2 hours)** **Medical Students at all stages of training are highly encouraged to attend this event showcasing Rural and Remote Family Medicine Residency Programs across Canada. Programs will have booths setup for medical students to visit, and students will rotate through in a 'speed-dating' style. Programs will have current residents, faculty and/or support staff available at their booths to present the unique aspects of their program. This event is immediately followed by the Student/Resident/Mentor social.** *1. Participants will be able to catalogue the variety of rural and remote Family Medicine residency programs operating in Canada.* *2. Participants will be able to identify residency programs that are suited to meet their individual learning goals.*
Session: 283 ***Dr. Chris Morash***	**Prostate Cancer Detection: Getting It Right** **Prostate cancer screening remains controversial but much of the data is not well known in primary care. There have been dramatic changes in assessment and treatment of men with abnormal screening tests and those diagnosed with prostate cancer. We will review key RCT data in prostate cancer screening. We will review the expanding role of improved detection including MRI and new biopsy technique. The contemporary focus on harm reduction in this field will be explained. Finally, updated screening recommendations will be discussed. This talk will be informative for all, including those who support, oppose or have no position on prostate cancer screening.** *1. Review and understand current prostate cancer statistics.* *2. Review key randomized trials in prostate cancer treatment and screening.* *3. Understand the current controversies in prostate cancer screening.* *4. Understand current concepts in prostate cancer assessment and harm reduction.*
Session: 284 ***Dr. Martha Riesberry*** ***Dr. Olga Ward***	**Rural Critical Care - Suturing for Learners (2 hours)** **The workshop will be using pigs' feet to practice a number of different suture techniques including but not limited to subcuticular continuous and interrupted, mattress horizontal and vertical, superficial continuous and interrupted, and include indications for each. Students will have the opportunity to work with at least two types of suture material.** *1. Hold and handle suture equipment properly.* *2. Assess lacerations and open wounds and competently determine repair needs.* *3. Repair multiple layers in a wound.* *4. Depending upon the competency of the students, the session can also include some advance repair techniques.*
Session: 285 ***Dr. Lalit Chawla***	**How to Use Magic in a Clinical Setting to Enhance Patient Care and Experiences** **This workshop will help individuals to learn how to use magic and illusions to help facilitate and enhance the patient-doctor interaction. It is a very entertaining and fun workshop. Specifically, the attendee will walk out having learned how to do a few amazing illusions they can use in the clinical setting. The presenter (a practicing physician and magician) will show: 1.How to Use Magic to Build Rapport with Patients. 2. How to Use Magic in a Rehabilitation Setting to help patients improve a disability. 3. How to Use Magic to demonstrate a Medical Principle such as Pathophysiology of diseases, medications etc. Participants have found this a valuable, fun and not intimidating workshop. It's been exceptionally well received at many medical conferences.** *1. The participants will learn amazing closeup illusions and how magic can be used to build rapport with patients quickly.* *2. The participants will learn how to use magic and illusions with patients in a rehabilitation setting.* *3. The participants will learn how to use magic to demonstrate a medical principle or an idea.*
Session: 286 ***Dr. Kweku Dankwa***	**Specialists Meeting**

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Session: 287 ***Dr. Ryan Patchett-Marble***	**The Clinical Application of Urine Drug Testing** **This session will cover the most practical aspects of urine drug testing in a clinical setting – how do we implement UDT in our practice? How do we interpret the results? How do we act on those results? Whether you are prescribing opioids to treat Chronic Non-Cancer Pain (CNCP), or as part of Opioid Agonist Treatment (OAT) for Opioid Use Disorder (OUD), the same challenges arise around urine drug testing. Guidelines recommend UDT in both scenarios, but numerous barriers prevent us from effective application. The presenter draws on years of clinical experience applying UDT in a resource-limited setting for both the CNCP population, and those with OUD being prescribed OAT. Tips and tricks will be presented to illustrate how to implement UDT in any clinical setting. Numerous real-life case examples will be presented that illustrate pearls for interpreting both immunoassay ("presumptive" testing) and liquid chromatography-mass spectrometry ("confirmatory" testing). And finally, it will be discussed how UDT can be applied to real-life patients using a simple and versatile framework. Winner of awards at the provincial and national levels for scalability and innovation, the HARMS Program and START-IT tool will be briefly demonstrated as practical tools to facilitate uptake of UDT in your primary care setting.** *After this presentation, participants will come to see UDT as a helpful tool – instead of a confusing obstacle – for both the CNCP population as well as those with OUD.* *1. Implement urine drug testing (UDT) in any clinical setting.* *2. Interpret UDT results effectively.* *3. Apply UDT results in real-life clinical scenarios.*
Session: 288 ***Dr. Cornelius Woelk*** ***Dr. Christopher MacKinnon*** ***Mrs. Viola Woelk***	**Building Resilience in Rural Practice: Online Grief Support for Healthcare Providers** **Co-led by a rural palliative care physician with more than 25 years experience, a national grief specialist and the spouse of a rural physician who has engaged rural healthcare providers to inform this project, this workshop will explore and normalize work-related grief and equip rural physicians with additional skills related to grief recognition, processing, and management as it relates to their daily practice and supporting colleagues. Whether it be the rural physician whose friend dies in their care; a nurse experiencing multiple deaths in a month; or a health aide working in long-term care whose favourite patient has died; grief is a common and silent struggle facing many working in healthcare. The impact of grief on healthcare providers is often unrecognized and unsupported. The nature of rural and remote practice presents special challenges for clinicians. Canadian Virtual Hospice is working with the Society of Rural Physicians of Canada, the Canadian Nurses Association, the Canadian Medical Association, and the Canadian Society of Palliative Care Physicians to develop free online learning modules to support healthcare providers understand grief impacts, learn strategies for working through their grief and build resilience. Topics include personal, relational and prganizational factors, attachment style, strategies and rituals, situations unique to rural and northern care, the cumulative impact of multiple deaths, and more. A diverse team of healthcare professionals are contributing to the modules and sharing personal stories through video interviews to address the most pressing issues relating to grief for healthcare providers. The discussion generated in this interactive session will direct exploration of a BETA version of the grief modules. Participant input and feedback will inform the final version of the tool.** *1. Identify common grief reactions in the context of being a health care provider and experiencing work-related grief.* *2. Reflect upon your own experiences with grief and identify personal strategies that have worked in the past or could be integrated into future practice.* *3. Summarize strategies for responding constructively to work-related grief and monitoring your mental health.* *4. Describe observable behaviours in colleagues that may suggest additional support may be needed.* *5. Summarize strategies for responding to feelings of powerlessness and reframing hope in difficult situations.*
Session: 289 ***Len Kelly, MD*** ***Ms. Stephanie Welton***	**New Obesity Treatment - Fasting, Exercise and Diet (NOT-FED)** *1. Understand the prevalence of obesity in Canada.* *2. Examine the evidence of intermittent fasting for weight loss.* *3. Examine the evidence of low carb diet for weight loss.*

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Session: 290 ***Dr. Paula Slaney***	**Where Have You Been And What Did You Do There? How To Assess An Ill Returning Traveler** **With the increasing popularity of international travel particularly to exotic locations the rate of illnesses in returning travelers presenting to primary care physicians is also increasing. It is important that rural generalists have a strong approach and a broad differential for patients who are presenting ill after recent travel as these patients can experience significant morbidity.** *1. Provide a framework to effectively and efficiently assess an ill returning traveler – avoiding common pitfalls.* *2. Review common and critical illnesses seen in an ill returning traveler using a case-based approach.*
Session: 291 ***Dr. Robert Riddell***	**Health Beyond: Tackling Healthcare Challenges in Remote Canada and in Deep Space** **Dr. Rob Riddell will discuss the similar challenges of deep space exploration and remote healthcare, and how the Canadian Space Agency and its partners are addressing these together for the benefit of humanity.**
Session: 292 ***Mr. Fraser Turner***	**The Uncertainty Principle: Limits of Scientific Knowledge from a Quantum Perspective** **This talk will begin with an overview of Quantum Mechanics, and why it's so difficult to interpret its results. We will then compare the way the uncertainty principle it is used in popular culture to how it's understood in the field of physics. Finally, we will explore other constraints that serve to limit our understanding of nature far more than the inherent uncertainty of the quantum universe.** *1. Participants will be able to use an intuitive rule of thumb to describe quantum behavior.* *2. Participants will be able to identify what scale is reasonable for quantum uncertainty.* *3. Participants will be able to list at least three common ways in which non-quantum uncertainty limits the precision of Scientific Knowledge.*
Session: 293 ***Dr. Jon Witt*** ***Dr. Marguerite Roy***	**Practice-Ready Assessment…Coming Soon to a Community Near You!** **This 50-minute session will introduce participants to the National Assessment Collaboration for Practice-Ready Assessment (NAC PRA). NAC PRA is the primary pathway for international medical graduate (IMG) family physicians to enter practice in Canada, including rural remote locations. This presentation will describe the NAC PRA collaboration, include an environmental scan of PRA programs across the country, and outline the process that assesses the readiness of physicians trained abroad to practice independently and safely in Canada. The session includes a brief didactic presentation as well as a case study on the route an IMG will take on their journey to becoming a rural family physician in Canada. This will be followed by active practice assessing video-based examples, and interactive discussion of practice-ready assessment skills and challenges. The target audience for this workshop includes healthcare professionals who work with IMG family physicians as well as individuals and organizations involved in planning and meeting rural and remote physician workforce needs. Previous experience with this topic in not required.** *1. NAC PRA and how it fits into efforts to meet rural needs.* *2. Competency-based in-practice assessment; its focus and limitations.* *3. What competencies are assessed for a new-to-Canada rural/remote physician.*
Session: 294 ***Dr. Gavin Parker***	**Introductions to Ultrasound** **Bedside ultrasound in increasingly available in rural emergency rooms and offices - but do you know how to turn the machine on? This will be a basic session on bedside ultrasound to 'wet' your appetite for a full course and eventual certification.** *1. Describe the simple physics of ultrasound imaging.* *2. A chance to familiarize yourself with the basic "knobology" of the machines.* *3. Enjoy an opportunity for hands-on practice.* *4. Overview to catalog probe choices.*

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Session: 298 ***Dr. Vanessa Cardy***	**"Let Me Tell You a Story": The Power of Narrative in Rural Medicine Advocacy** **This plenary will discuss how the use of case discussions and narrative medicine can help to break down barriers and professional silos in the world of medicine.** *1. Understand the power of narratives in the context of rural and remote medicine.* *2. Appreciate the role of story in rural/remote medicine advocacy.* *3. Understand how the sharing of stories can help to break down silos of care.*
Session: 299 ***Dr. Willaim (Ken) Milne***	**Urbansplaining** **Urbansplaining is when an urban clinician comments on or explains something to a rural clinician in a condescending, overconfident and often inaccurate or oversimplified manner. A number of cases of urbansplaining will be presented. This presentation will start a conversation on possible solutions to address this problem of urbansplaining.** *1. Define and describe urbansplaining.* *2. Suggest possible solutions to this issue.*
Session: 300 ***Dr. Nancy Humber***	**Quality and Evaluation in the Small Volume Programs - Do the Small Numbers Matter?**
Session: 301 ***Dr. William (Ken) Milne***	**Evidence for EVT Integration Rurally** **EVT is a game changer in acute stroke care. It is important to know the primary literature behind this new treatment modality. Implementation of EVT in rural and remote areas has unique challenges and questions. These should be considered prior to implementation.** *1. Understand acute stroke presentation.* *2. Present and discuss the evidence behind EVT.* *3. Consider how this could be applied to rural/remote communities.*
Session: 302 ***Dr. Kate Miller*** ***Dr. Lesley Barron***	**How to Write So Specialists Will Listen: Crafting a Consult Request** **The consult request letter is an important tool for accessing appropriate care for family practice patients but often does not get the results we hope for. Co-presented by a specialist and a family physician, this session will impart tips for writing consult request letters that consultants love and help lead to consults that give the answers you seek in a timely fashion.** *1. Write consult request letters that clearly communicate the consultation question and urgency of request.* *2. Identify the information that consultants require to properly triage and book a consultation.* *3. Tailor the amount of information contained in the consultation request to the situation.*

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Session: 303 ***Dr. Terri Aldred***	**Will the Real Racist Please Stand Up? An Uncomfortable Exploration of Indigenous Health in Canada** **This is not the regular ethical space and cultural competency curriculum often discussed at conferences. I deeply respect and value this approach; however, acknowledge it's limitations. This talk offers a different perspective on how racism/bias impacts us as Canadians and health care providers. All of us. The question is not IF it has an impact or WHY. The question is HOW and WHAT we can do about it.** *1. Discuss and explore the racist anonymous approach to Cultural Safety and Humility.* *2. Outline how implicit and explicit bias is determinant of health for Indigenous people in Canada.* *3. Describe why I recommend ACE/TIC and poverty assessments help address health inequity.* *4.How story and Indigenous ways of knowing have kept me resilience and healthy in Medicine.*
Session: 304 ***Dr. Paul Dhillon*** ***Dr. Simon Moore***	**Tips and Tricks for the CCFP Exam** **A 50 Minute talk directed to residents and medical students updated with the latest guidelines for 2020.** *1. Master simple, easy-to-remember tools to understand and efficiently apply the Patient-Centred Approach that underlies the CCFP exam.* *2. Identify recent guideline changes to major family practice topics and rural family medicine topics, and apply these to sample written exam questions during the session.* *3. Augment performance by implementing in-exam techniques that increase mental performance and aid in easily identifying common CCFP exam errors.*
Session: 305 ***Dr. Jesse Guscott***	**The Cases and Papers that have Changed my Approach to Emergency Airways** **Dr. Guscott will match important papers in the medical literature with cases from his clinical practice, medical legal work and work in simulation to describe his ever evolving approach to airway emergencies. This presentation will attempt to engage all clinicians from the occasional airway manager to the experienced rural anesthetist.** *1. Recognize patients who may represent physiologically challenging airways.* *2. Describe an evidence based approach to improving intubation success with video laryngoscopy.* *3. Integrate management strategies to minimize peri-intubation hypoxia and hypotension into their airway plan.*
Session: 306 ***Dr. Michael Fernando***	**Vasculitis - A Common Rare Disease** **Vasculitis as a group of diseases are surprisingly prevalent. We think of vasculitic diseases as rare but this is partly due to the way such diseases are classified. If you are a GP with a large practice, you likely have a handful of vasculitis patients even though you might not know it. As vasculitides are systemic diseases, their symptoms tend to be highly variable and they often take much longer to diagnose than other diseases. As a GP, particularly in the rural setting, you will be required to make the diagnosis most of the time. This talk outlines the major types of vasculitides, a simple path to diagnosis, how to treat them and when to refer.** *1. Background information on vasculitis - ie history and classification of vasculitides.* *2. Common presentations of vasculitides.* *3. How to diagnose vasculitis.* *4. How to begin treatment and when to refer.*
Session: 307 ***Ms. Jasmine Waslowski*** ***Ms. Mary Freymond*** ***Dr. Jennifer Hughes-Large*** ***Dr. Sarah Newbery***	**Mentoring Medical Students with an Interest in Rural Generalist** **This session will be set up as a panel with brief presentations focused on elements of success in establishing a mentoring program for students with interest in rural generalist medicine. We will explore issues in student recruitment, mentor matching, logistical challenges and how to address them, and evaluation. Specifically focused on the programs at UofT and Western University, we will also look at the evaluation information to date and consider issues in sustainability. There will be opportunity to share experiences of other participants in the session to build a broader understanding of the experience across Canada.** *1. Be able to identify issues to be considered in establishing a formal mentoring program for medical students.* *2. Using a couple of medical school examples, identify elements of success and some challenges in sustainability.*

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Session: 308 ***Dr. James Goertzen***	**Preceptor-Learner Boundaries: Optimizing Professional, Educational and Personal Relationships** **Appropriate preceptor-learner boundaries are essential for safe learning environments. Within preceptor-learner relationships there is a power dynamic which places learners at risk. Developing relationships with collegial qualities are important as learners take on greater responsibilities. Preceptors play key roles assisting learner's integration into the medical profession which requires a level of collegial and social closeness. Inappropriate closeness my compromise preceptor objectivity and discourage learners from considering rural practice. Strategies will be explored to assist rural preceptors in developing optimal professional, educational and personal relationships with their learners.** *1. Apply physician-patient boundary concepts to preceptor-learner relationships.* *2. Describe preceptor-learner boundary crossings and transgressions including risk factors.* *3. Identify strategies to assist preceptors and faculty in developing optimal professional, educational and personal relationships with their learners.*
Session: 309 ***Dr. Filip Gilic***	**Timber! A Common Sense Approach to Syncope** **Syncope is a confusing entity with many potential causes and lots of uncertainty. Using a physiology based approach, this talk will give you a structured, common-sense, low resource utilization approach to diagnosing and working up syncope. You will learn the common causes, the key questions and clinical exam manouvers, risk stratification and a structured approach to deciding whether a patient needs hospitalization.** *1. Separate seizure from syncope.* *2. Understand the physiology of syncope.* *3. Know the common causes of syncope.* *4. Perform a focused assessment of patients with syncope.* *5. Make appropriate referrals and investigations.*
Session: 310 ***Dr. Shani Tan***	**High Altitude Travel – Pre-trip Consultation** **Definition of High Altitude. Brief review of high altitude physiological changes. Risk stratification for Altitude sickness. Altitude travel and common diseases e.g. hypertension, CAD, asthma, COPD, anemia. "Tools" for patient self-care at altitude.** *1. To understand the physiological changes that occur with ascent to altitude and how to manage a pre-altitude trip consult.*
Session: 311 ***Dr. Jennifer Anderson***	**Cannabinoids in Pediatrics: A Case Series** **Case studies in several pediatric patients who have failed traditional medical treatment. How to navigate Cannabinoid therapy when all else has failed.** *1. Outline the pathophysiology of Cannabinoid medicine, review recent literature.*
Session: 312 ***Ms. Priscilla Everett***	**Beekeeping** **I would like to do a talk in a small setting of about 20 people. I will provide hands-on experience and will include a honey tasting.** *1. Honeybees: their biology, interactions with humans and an introduction to backyard beekeeping.*

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Session: 313	**Administrators Stream**
Session: 314 ***Dr. Heather Lehmann***	**Womb Raiders - Family Medicine/Obstetrics Escape Room (to be repeated)** **Hands-on workshop - Obstetrical/general family med themed escape room!** *1. Learning can be fun.* *2. Participants experience fun ways to team build and tap into a variety of skills and problem-solving styles.* *3. Opportunity to review any number of low-moderate risk obstetrical topics in some depth.* *4. Opportunity to explore creating an escape room, how this can be used for any learner or team.*
Session: 320 ***Dr. Nancy Humber*** ***Dr. Lauren Smithson***	**How to Support the Rural Hospitals**
Session: 321 ***Dr. Joel Meredith***	**Chronic Pain and Exercise** **Chronic pain is one of the most common causes of long-term disability. This talk will look at non-pharmacologic techniques for the management of some of the most prevalent chronic pain conditions, with a particular emphasis on exercise-based techniques. Attendees will be introduced to some simple tips to take home to their patients - such as some simple exercises for certain pain conditions, and some evidence to back it up.** *1. Review burden of chronic pain and demographics.* *2. Define exercise.* *3. Consider safety of exercise.* *4. Discuss exercise for key conditions.* *5. Identify possible benefits of exercise.*
Session: 322 ***Dr. Kate Miller***	**Second Stage of Labour – Tips and Tricks to Avoid Tight Situations** **The management approach to the second stage of labour is changing to allow more time for the process to unfold and with a view to improving outcomes by minimizing interventions. This session will review the evidence and techniques for this new more hands-off approach including passive second stage, hands-off delivery technique, the two-step approach for avoiding shoulder dystocia and management options for a tight nuchal cord.** *1. Describe the evidence for passive second stage and for hands on vs hands off approach to delivery.* *2. Demonstrate the two step approach to delivery for avoiding shoulder dystocia.* *3. Manage a nuchal cord including the use of the somersault maneuver.*

Session: 323 ***Dr. Andrew Everett***	**Concussions - Where We Are Today** **Looking to share an opinion on current standards of care in concussion management in Canada; how family and emergency physicians fit into this treatment paradigm; and reflect on some approaches to complicated concussion recovery. (And, talk about rugby.)** *1. To review an approach to concussion recognition, management and rehabilitation.*
Session: 324 ***Dr. Sarah Giles*** ***Dr. Audrey Giles***	**Exploring and Understanding Cultural Humility** **The First Nations Health Authority of British Columbia states "cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience." This session will review some of the work that the settler population must do to develop cultural humility.** *1. The difference between cultural competence and cultural humility.* *2. How cultural humility is linked to historical awareness.* *3. How cultural humility is critical in working towards health equity.* *4. Exercises to develop cultural humility.*
Session: 325 ***Dr. Gavin Parker***	**Procedural Sedation In The Rural ED** **Rural doctors are often challenged to handle both the procedural and sedation elements of care in under-serviced rural emergency rooms. This talk with focus on the common pharmacological agents, principles of monitoring, planning, and follow up care of patients requiring procedural sedation in the rural ED.** *1. Explain various policies on procedural sedation.* *2.Discuss pharmacology of sedatives/analgesics.* *3. Explain need and use of reversal agents.* *4.Discuss monitoring devices and requirements.* *5.Explore unique aspects of ED sedation Case based discussion.*
Session: 326 ***Dr. Michael Fernando***	**Exercise in Chronic Disease - The Free Wonderdrug** **The concept of exercise prescriptions is not new. However in practice there is little evidence to suggest they actually result in long term behaviour changes and few physicians actually use them. As primary care providers, we often act as lifestyle coaches to people with significant morbidities. Therefore we should have a good understanding of what exercise is proven to be safe and helpful in order to achieve a variety of patient centred goals. This talk aims to address some of the gaps in translation between exercise research and primary care.** *1. What is the role of lifestyle management in diabetes and chronic disease?* *2. What specific information do we have regarding exercise advice?* *3. How do we prescribe exercise?* *4. Contraindications/side effects?*
Session: 327 ***Dr. Benjamin Langer*** ***Dr. Steve Ferracuti*** ***Dr. Karl Stobbe*** ***Dr. Ray Markham*** ***Dr. Aimee Kernick*** ***Dr. Onuora Odoh***	**Global Health Interest Group Meeting** **Presentation of working group progress, networking, and feedback.** **Join the SPRPC Global Health Interest Group for a presentation of the progress we have made this year, discussion about what we are planning to do in the upcoming year, meet others interested in a rural and generalist angle in Global Health, and let us know what you'd like to see from the Working Group in the future**

Session: 328 ***Ms. Kathleen Walsh*** ***Ms. Alexandra Dozzi***	**Choosing Wisely** **During our presentation we will present the first iteration of the Choosing Wisely Recommendations List for rural physicians. The purpose of these recommendations is to highlight areas of resource misuse in rural medicine, and elicit feedback from rural physicians in attendance. This is the first time to our knowledge that Choosing Wisely recommendations have been explicitly applied to rural medicine. We believe this is important since rural communities already have unique challenges with limited human, diagnostic and financial resources.** *1. Discuss the purpose and goals of the Choosing Wisely campaign.* *2. Discuss the value of resource stewardship and how it relates to rural and remote areas.* *3. Present the first iteration of the new Choosing Wisely Recommendations List for rural physicians.*
Session: 329 ***Dr. Filip Gilic***	**Altered LOC** **Altered level of consciousness is a confusing entity with many potential causes and lots of uncertainty. Using a physiology based approach, this talk will give you a structured, common-sense, low resource utilization approach to diagnosing and working up altered LOC. You will learn the common causes, the focused clinical exam that allows for rapid assessment and risk stratification; and a structured approach to ordering tests in altered patients.** *1. Understand the physiology of loss of consciousness.* *2. Perform a focused assessment of a patient with LOC.* *3. Select appropriate investigations.* *4. Decide on safe and appropriate dispositions.*
Session: 330 ***Dr. Steve Roy***	**Limitations of Diagnostic Equipment and Medications in Environmental Extremes** **Medications and diagnostic equipment are largely designed for the controlled environmental conditions of hospitals and clinics. When providing care on expedition, wilderness rescue, and other remote settings, medical materials are subjected to environmental conditions which alter their normal properties. Clinicians who work in remote environments should therefore understand the specific interactions between the environment and medical materials which can dramatically alter the expected function of pharmaceutical, diagnostic tests, and electronics. This session will review how extreme environments impact the diagnosis and treatment of disease in remote settings as well as potential solutions.** *1. Participants will be able to identify envrionmental factors that affect pharamacological stability and how to mitigate them.* *2. Participants will be able to identify environmental factors that can affect the reliability and interpretation of point-of-care diagnostic tests.*
Session: 331 ***Dr. Robin Kennie***	**Sifting Through the Layers: Making 'Layered Learning' Work in Rural Sites** **Rural medicine training experiences help recruit and retain medical students and residents; however rural educators must often supervise multiple levels of medical learners (medical student, clinical clerk, resident) simultaneously in a process known as "layered learning". Successful approaches from the literature will be discussed, including enriched learning experiences, and incorporating senior learners to play leadership and teaching roles. Participants will share personal barriers / challenges and strategies / solutions to help overcome these barriers in break out groups.** *1. Identify challenges associated with multilevel learners in a rural clinical setting and strategies to help overcome barriers to multilevel learners.* *2. Describe strategies to make layered learning successful in a rural clinical settings.*
Session: 332 ***Ms. Stephanie Welton*** ***Mr. Fraser Turner*** ***Ms. Laura Soles*** ***Ms. Patti Kemp***	**Rural Family Network Leadership** **Are you interested in shaping the future of the Rural Family Network? This session is open to anyone interested in taking a role in building the Network. We are looking for Regional Representatives and members to join our Leadership Group.** *1. Form a leadership group to shape and grow the Rural Family Network over the coming year.* *2. Hold the first of monthly meetings of the leadership group.* *3. Designate Regional Representatives.*

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Session: 333	**Administrators Stream**
Session: 334 ***Dr. Heather Lehmann***	**Womb Raiders - Family Medicine/Obstetrics Escape Room (to be repeated)** **Hands-on workshop - Obstetrical/general family med themed escape room!** *1. Learning can be fun.* *2. Participants experience fun ways to team build and tap into a variety of skills and problem-solving styles.* *3. Opportunity to review any number of low-moderate risk obstetrical topics in some depth.* *4. Opportunity to explore creating an escape room, how this can be used for any learner or team.*
Session: 340 ***Dr. Jill Konkin***	**Wrap Up: Rural Generalists - Next Steps**
Session: 341 ***Dr. Dan Reilly***	**Inductions for All? Life after ARRIVE** **The ARRIVE trial has suggested that all patients having their 1st baby be induced at 39 wks. The trial and how it may apply to rural OB practice will be explored.** *1. Participants will understand the ARRIVE trial and how it may apply to their rural OB practice.*
Session: 342 ***Dr. Karen Hill***	**Traditional Indigenous Knowledge in Primary Practice: Advocating for Self and Community** **Findings from the CIHR research project evaluating Juddah's Place - a primary care collaboration between Traditional Indigenous Medicine Practitioners and Family Medicine located at Six Nations of the Grand River Territory.** *1. Understand determinants of health from an Indigenous perspective.* *2. Understand indicators of health from an Indigenous perspective.* *3. Recognize an emerging model of primary care for Indigenous people.*
Session: 343 ***Dr. Samantha Green*** ***Dr. Kate McKerracher***	**Poverty & Health** **Income is the single most important factor that determines whether someone is healthy or not. Poverty increases the prevalence and mortality of many diseases, including cardiovascular disease, diabetes, cancer, depression, suicide, and COPD. There are practical ways that we can use to intervene in poverty in our clinical work. We will review how to intervene in poverty at the patient (micro), community (meso), and policy (macro) levels.** *1.Review the Social Determinants of Health.* *2.Define poverty.* *3.Discuss how poverty leads to poor health, especially in a rural and remote setting.* *4.Learn approaches to addressing poverty and alleviating the health impacts of poverty, including outside the office.*

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Session: 344 ***Dr. Darlene Kitty*** ***Dr. Leah Seaman*** ***Dr. Sarah Funnell***	**CanMEDS Competencies in Indigenous Health: A New Tool for Culturally Safe Care** **This session will present this new version of CanMEDS-FM competencies that will serve as a tool that supports teaching, learning and assessment for medical trainees and educators, as well as continuing education for practicing physicians. Members of the CFPC Indigenous Health Working Group will discuss how this will contribute to improved, culturally safe care for Indigenous patients, families and communities.** *1. Identify core competencies for each CanMEDS role as these apply to working with Indigenous populations.* *2. Use these competencies to gain knowledge and understanding about Indigenous issues and change their therapeutic approach to deliver culturally safe care.* *3. Recognize and challenge systemic racism, address colonialism in health care and support Indigenous patients, families and communities.*
Session: 345 ***Dr. Ruth Wilson*** ***Dr. Louise Clement*** ***Dr. Sandy MacDonald*** ***Dr. David Pontin*** ***Mr. Geoff Ballinger***	**Exploring Approaches to Address Rural Patient Transfers & Repatriation - Is There a Problem and Why Does it Matter? (2 hours)** **Rural practice models must appropriately respond to the challenge of delivering quality care in rural settings. Each rural community is unique, with variable geography, demographics, and health care needs as well as variable access to local health professionals and secondary and tertiary care. Rural practitioners face challenges in coordinating care for their patients outside of their home communities. Spending an inordinate amount of time arranging transfers to appropriate levels of care is a common problem in many Canadian jurisdictions. Inadequate resources for care in rural communities, as well as in larger centres, combined with the particular challenges of transporting unstable patients with complex conditions safely make accessing care for these patients extremely challenging. Transfer and repatriation protocols designed to support rural physicians, regardless of geography or jurisdictional health care system authority, are needed to improve quality of care and access to specialized services. Inadequate access to networks of care and the inability to transfer patients when needed provide unpredictable and often unsatisfying ways of providing care by rural physicians, whose primary goal is to serve their communities at the highest levels. Innovations are being tested through the creation of new practice models and networks to enable care provision. The Rural Road Map Implementation Committee (RRMIC) established a national advisory group in July 2019 whose main focus is developing an approach to improve rural patient transfer and repatriation between rural and urban centres through enhanced hospital standards and better transport coordination among inter-facilities and across jurisdictions.** *1. Learn on progress made to date and discuss lessons learned from successful patient transfer models.* *2. Provide a synopsis on what data is available in tracking rural patient transfer.* *3. Identify opportunities for improving standards, protocols or guidelines requiring interorganizational and interjurisdictional collaboration.* *4. Discuss ways to advocate for a systems approach for effective rural patient transfer with multi-level accountability.*
Session: 346 ***Dr. Melanie Bechard***	**Taking the High Road: Pediatric Cannabis Toxicity** **Cannabis-related ER presentations in Canada are increasing. Evidence from other jurisdictions suggests that in the wake of legalization and increasing commercialization within Canada, more children and adults will present to health care due to the acute effects of cannabis. Children are particularly at risk as they may unknowingly consume cannabis products at high doses. This presents a diagnostic challenge for physicians as children may present with nonspecific decreased level of consciousness, agitation, tachycardia, or other effects. Familiarity with the acute effects of cannabis can help clinicians in rural and remote areas diagnose patients earlier and help determine disposition. Research regarding cannabis policy within Canada and the United States can help to inform political advocacy efforts.** *1. Recognize the acute effects of cannabis toxicity in pediatric patients.* *2. Approach the diagnosis and management of cannabis toxicity in pediatric patients.* *3. Understand the societal effects of cannabis legalization and the impact on the health care system.*

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Session: 347 ***Dr. Bruce Mohr***	**Unscheduled Procedural Sedation and Analgesia in the Rural ED** **Present a practical approach to Unscheduled Procedural Sedation and Analgesia in a rural ED. A review of some of the changes in practice over the past 30 years from a personal perspective working in tertiary care and rural EDs. Discuss some of the pharmacologic agents used. Present a current practice guideline. Discuss some cases.** *1. Historical perspective.* *2. Address controversy: Fasting and supplemental O2.* *3. Unscheduled ED Procedural Sedation Practice (2018).* *4. Discuss Commonly used agents.* *5. Present cases.*
Session: 348 ***Dr. Leigh Fraser-Roberts*** ***Dr. Heather Smith*** ***Dr. Emmanuel Abara***	**Remote Medical Access** **Three presentations in one, examining efforts to decrease the vast distances between remote patients and practitioners. Presentations include: eConsult: Access to Specialist Consultation Services across Canada (Leigh Fraser-Roberts); Home-based Uro-Telemedicine-A Rural Northern Ontario Experience (Emmanuel Abara); Informing Colorectal Cancer Screening in Northern Canada using Participatory Simulation Modeling (Heather Smith).** *1. Understand the role of electronic consultation services, and how to use it yourself.* *2. Describe how patients view the use of electronic virtual services.* *3. Explain the role simulation modeling can play in estimating resource requirements for screening.*
Session: 349 ***Dr. Cait Champion***	**Getting (Back) Out There: Physical Activity Before and After Surgery** *1. Describe the role of physical activity in surgical preparation and recovery.* *2. Understand surgical enhanced recovery programs.* *3. Engage with patients and surgeons to support timely return to activity following surgery.*
Session: 350 ***Dr. George Harpur***	**Dive Med/Emergencies for the Average Rural Doc** *1. To increase awareness of how divers are different and confusing.* *2. To review the medical difficulties divers may encounter.* *3. To demonstrate by case examples how divers confuse and the consequences.* *4. To increase awareness of the simple interventions that may improve outcomes for divers and other victims of aquatic accidents.* *5. To provide a simple reference that can provide guidance and a list of easily accessed resources for help with management and transport of these patients.*

Session: 351 ***Dr. Erich van der Linde***	**Vasectomy SIMS - An Introduction to your Practice (to be repeated)** **Learn how to perform a vasectomy with the use of high fidelity simulators. 2 Students per module. Space limited to 16 participants.** *1. Hands on introduction to the office based vasectomy.*
Session: 352 ***Ms. Laura Soles***	**My Journey Living with Depression and Anxiety** **Everybody knows somebody who lives with mental illness. This session will describe my journey, and will be informative, humorous, engaging and uplifting. It is an opportunity to hear about the reality behind the face of depression and anxiety. All are welcome. There will be audience engagement and an opportunity for questions.** *1. To increase awareness of how people with depression/anxiety live this difficult and unpredictable journey.* *2. To encourage others that they can be a catalyst for change surrounding the stigma of mental illness.* *3. To provide connections for those living with mental illness.*
Session: 353 ***Dr. Andrew Kotaska***	**The Occasional Breech – Hands On Workshop (2 hours)** **It is no secret that vaginal breech birth can be dangerous; but how can we make it as safe as possible if it is about to happen to a woman under your care? This talk discusses the physiology of breech birth and distills the five main points to remember when confronted with an unexpected and inevitable vaginal breech birth.** *1. Outline the physiological differences between breech and cephalic birth and their implications for safety.* *2. List the appropriate selection and intrapartum management criteria for safe vaginal breech birth.* *3. Describe why power from above is safer than traction from below for delay during vaginal breech birth.* *4. Demonstrate two maneuvers to help with expulsive delay during vaginal breech birth.* *5. Remain continent when next confronted with a spontaneous vaginal breech birth.*
Session: 354 ***Dr. Zachary Kuehner***	**Famous FAST Words: Bedside Ultrasound in Trauma Patients** **Didactic and hands-on workshop focusing on the FAST exam and POCUS volume assessment.** *1. Review the components of the FAST exam as well as basic POCUS principles.* *2. Discuss clinical decision-making using FAST.* *3. Review POCUS for volume status assessment, including IVC and JVP ultrasound.* *4. Discuss clinical decision-making using POCUS volume assessment.*

Session: 360 ***Dr. Jill Konkin***	**Ottawa Consensus Statement on Rural Generalism Writing Group**
Session: 361 ***Dr. Dan Reilly***	**Accessing the Uterus: IUD Insertion and Endometrial Sampling** **Come and practice your IUD and endometrial sampling techniques. Bring your questions and challenging cases!** *1. Participants will understand indications and contra-indictions for IUD insertion and endometrial biopsy.* *2. Using models, participants will practice IUD insertion and endometrial biopsy.*
Session: 362 ***Dr. Yogi Sehgal***	**Unusual Papers That Might Change Your Practice** **This is an annual collection of unusual new evidence that might change your practice in small but possibly meaningful ways.** *By the end of the talk, learners will hopefully be somewhat edutained and inspired to think outside the box and take home some practical evidence to use in their rural practice.*
Session: 363 ***Dr. Paul Dhillon*** ***Dr. Simon Moore***	**BREAKING NEWS! TOP ARTICLES FROM CFP: DISTILLED** **Integrate into your practice the clinically-relevant and practice-changing content from articles published in Canadian Family Physician Journal in 2019-20 in a humorous and engaging news show!** **Why do medical lectures have to be boring? Remembering the top clinically-relevant articles from Canadian Family Physician Journal in 2019-20 will be a breeze after this unforgettable and energetic presentation. Co-presenters Dr. Paul Dhillon (www.thereviewcourse.com) and Dr. Simon Moore (www.DrMoore.ca) have received outstanding ratings from thousands of physicians for their innovations in medical presentations and conference keynotes, including at the events they created together: The Review Course in Family Medicine and the Medical Circus. CFP: Distilled 2019-20 will feature similar dynamic skits, props, and stories to illustrate important clinical concepts in a fun and fresh manner. Most importantly, however, CFP: Distilled is rigorously devoted to the accurate explanation and critical appraisal of the medical content from these articles.** *1. Present the top clinically relevant articles from the 2019-2020 CFP Journal.* *2. Use novel mnemonics, learning aids, and humour to reinforces key knowledge pearls.* *3. Review major guideline changes with a rural lens and context.*

Session: 364 ***Dr. Adam Newman***	**OUD Disorder in Pregnancy** **Background, call for other pressing topics from the audience and opioid use in pregnancy (prevalence, etc.)** **Case Presentation** **Objective 1 - interactive question and answer followed by review of tools to diagnose SUD in pregnancy** **Objective 2 - interactive question and answer followed by discussion of difference between high and low socioeconomic users and "broader determinants of health", impact of SUD in pregnancy and postpartum on mother and baby and benefits of treatment/multidisciplinary care.** **Objective 3 - review of locally available resources (Kingston, Belleville, Smiths Falls, Brockville, Moose Factory)** **Objective 4 - interactive question and answer followed by discussion of prescribing habits of MDs in pregnancy and postpartum (vaginal delivery vs. C-section), "Are we contributing to the problem?"** **Rooming-in Video** **Questions** *1. Feel confident in ability to identify Substance Use Disorder (SUD) in people who are pregnant.* *2. Explain, in patient-appropriate terms, the potential negative effects of SUD in pregnancy.* *3. Understand possible resources for treatment of pregnant women with SUD.* *4. Reflect on best practices for prescribing for pregnant and postpartum people.*
Session: 365 ***Dr. Ruth Wilson*** ***Dr. Louise Clement*** ***Dr. Sandy MacDonald*** ***Dr. David Pontin*** ***Mr. Geoff Ballinger***	**Exploring Approaches to Address Rural Patient Transfers & Repatriation - Is There a Problem and Why Does it Matter? (2 hours)** **Rural practice models must appropriately respond to the challenge of delivering quality care in rural settings. Each rural community is unique, with variable geography, demographics, and health care needs as well as variable access to local health professionals and secondary and tertiary care. Rural practitioners face challenges in coordinating care for their patients outside of their home communities. Spending an inordinate amount of time arranging transfers to appropriate levels of care is a common problem in many Canadian jurisdictions. Inadequate resources for care in rural communities, as well as in larger centres, combined with the particular challenges of transporting unstable patients with complex conditions safely make accessing care for these patients extremely challenging. Transfer and repatriation protocols designed to support rural physicians, regardless of geography or jurisdictional health care system authority, are needed to improve quality of care and access to specialized services. Inadequate access to networks of care and the inability to transfer patients when needed provide unpredictable and often unsatisfying ways of providing care by rural physicians, whose primary goal is to serve their communities at the highest levels. Innovations are being tested through the creation of new practice models and networks to enable care provision. The Rural Road Map Implementation Committee (RRMIC) established a national advisory group in July 2019 whose main focus is developing an approach to improve rural patient transfer and repatriation between rural and urban centres through enhanced hospital standards and better transport coordination among inter-facilities and across jurisdictions.** *1. Learn on progress made to date and discuss lessons learned from successful patient transfer models.* *2. Provide a synopsis on what data is available in tracking rural patient transfer.* *3. Identify opportunities for improving standards, protocols or guidelines requiring interorganizational and interjurisdictional collaboration.* *4. Discuss ways to advocate for a systems approach for effective rural patient transfer with multi-level accountability.*
Session: 366 ***Dr. Melanie Bechard***	**Leading Up: Advocacy for Medical Learners** **Medical learners face unique challenges and opportunities when advocating within the health and medical education systems, especially when based in rural and remote communities. Students and residents often need to influence peers and senior colleagues in order to advocate for meaning health system change - this is the concept of "Leading Up". Through a review of evidence pertaining to learner leadership and case-based discussions of situations where medical learners faced leadership and advocacy challenges, participants will have the opportunity to contribute their own perspectives and experience on how learners can positively impact the health system despite limited systemic authority. Cases will have a lens of equity and diversity as these issues are inherently linked to leadership and influence.** *1. Define the concept of Leading Up.* *2. Develop an approach to creating change within the health care system as a learner.* *3. Discuss the unique challenges and opportunities of leading while based in a rural / remote setting.*

Session: 367 ***Dr. Margaret Tromp***	**Simulation In Situ for Rural Communities**
Session: 368 ***Dr. Danny Kim***	**Quality Improvement – Small Steps to Tackle Big Problems** **One of the strategic goals of the Office of Distributed Education is to increase the research capacity of physicians across the Schulich School of Medicine & Dentistry's distributed sites. To better understand the needs of its decentralized faculty a research initiative was created to identify barriers and facilitators to research engagement for decentralized faculty. A total of 54 in-person interviews were conducted with faculty located in distributed sites. Barriers most commonly included time, lack of skills and the unique practice context many physicians in distributed sites face. Improvements to patient care and personal interest were the most common facilitators. Quality Improvement (QI) may address these concerns while also increasing the research capacity of our decentralized physicians. QI presents an approachable methodology for physicians with limited institutional resources to engage in rigorous research. While QI has been utilized in healthcare for several decades, many physicians are unclear as to its role in a clinical setting, how to best implement QI and how QI may differ from traditional research. This workshop will function to introduce the concept of QI, highlight similarities and differences to research, use a case-study approach to critique QI initiatives and formulate QI projects for the participants. This workshop is intended for participants who: are interested in pursuing an approachable research project, want a deeper understanding of QI methodology or have clinical inefficiencies they want to address.** *1. Define QI.* *2. Explain the differences and similarities between QI and research.* *3. Review and critically appraise QI projects.* *4. Propose and execute a QI project suited to their practice location.*
Session: 369 ***Dr. Claire Lafortune*** ***Dr. Paul Dolinar***	**What to Look for in Rural Residency Programs** **So you know you want a rural residency? Or maybe you don't? Or maybe you were totally overwhelmed because UBC has 15+ rural sites on it's own? If so, this talk is for you. We will talk about what there is out there for rural-minded folks, strengths and weaknesses about rural residencies in general, and some important criteria to help you compare rural residencies. You'll also hear some first hand experience from residents and fourth year students who ultimately pursued rural residences.** *1. Discuss a brief overview of rural residency programs in Canada.* *2. Gain an understanding of some of the important differences in residency programs, and tips on where to find that information (including the fantastic SRPC Rural Residency Catalogue!).* *3. Consider possible priorities in selecting a rural residency from current R1 in rural residencies programs.*
Session: 370 ***Dr. Alex Poole*** ***Dr. Cait Champion***	**Modernizing Frostbite Care** *At end of the session participants will be able to:* *1. Explain current understanding of the pathophysiology of frostbite.* *2. State the rationale and current evidence for using iloprost and thrombolysis in frostbite.* *3. Apply a protocol for treating frostbite based on clinical classification.* *4. Be inspired to contribute to a national frostbite registry.*

Session: 371 ***Dr. Erich van der Linde***	**Vasectomy SIMS - An Introduction to your Practice (repeat)** **Learn how to perform a vasectomy with the use of high fidelity simulators. 2 Students per module. Space limited to 16 participants.** *1. Hands on introduction to the office based vasectomy.*
Session: 372 ***Mr. Steve Grey***	**The Business of Medicine** **Overview of the various payment models, overhead models, different practice styles, tax planning for year one.** *1. A general overview of what to expect in year one.* *2. Factors to consider when choosing where to practice.* *3. Identify tax pitfalls in year one.*
Session: 373 ***Dr. Andrew Kotaska***	**The Occasional Breech – Hands On Workshop (2 hours)** **It is no secret that vaginal breech birth can be dangerous; but how can we make it as safe as possible if it is about to happen to a woman under your care? This talk discusses the physiology of breech birth and distills the five main points to remember when confronted with an unexpected and inevitable vaginal breech birth.** *1. Outline the physiological differences between breech and cephalic birth and their implications for safety.* *2. List the appropriate selection and intrapartum management criteria for safe vaginal breech birth.* *3. Describe why power from above is safer than traction from below for delay during vaginal breech birth.* *4. Demonstrate two maneuvers to help with expulsive delay during vaginal breech birth.* *5. Remain continent when next confronted with a spontaneous vaginal breech birth.*
Session: 374 ***Dr. Margo Wilson*** ***Dr. Michael Parsons***	**Cardiac PoCUS** **A hands-on session with a short didactic component to teach the basic indications and use of cardiac PoCUS. The greater part of the session is dedicated to using the ultrasound with feedback from faculty.** *1. Integrate cardiac PoCUS into appropriate patient encounters.* *2. Develop hands-on ultrasound skills to generate images.* *3. Gain an understanding of applicable anatomy.* *4. Generate the following cardiac views: subxiphoid, parasternal long axis, parasternal short axis, and apical 4 chamber.* *5. Identify cardiac standstill.* *6. Assess gross left ventricular systolic function using visual estimation.*
Session: 380 ***Dr. Mohamed Ravalia***	**Rural Advocacy in a Parliamentary Setting: Fireside Chat** **Dr. Ravalia's current role as a Parliamentarian and history of many years as a Rural Generalist provide an interesting insight on the role of MD's in Government.** *1. Engaging Parliamentarians in moving the Rural Health Agenda.*

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Session: 394 ***Dr. Margo Wilson*** ***Dr. Michael Parsons***	**Ultrasound Guided Venous Access** **A hands-on session with a short didactic component to practice IV access with ultrasound guidance. The session is dedicated to ultrasound practice with models and feedback from faculty.** *1. Describe the difference between the ultrasound appearance of an artery and a vein.* *2. Identify the internal jugular vein, carotid artery, common femoral vein and artery.* *3. Demonstrate sterile technique including the use of a sterile probe cover and sterile gel.* *4. Demonstrate clear visualization of the needle and needle tip on ultrasound at all time.* *5. Demonstrate clear visualization and guidance of the needle tip to a vascular target on an ultrasound phantom.* *6. Accurately identify the basilic vein, cephalic vein, and deep brachial veins.*