

30TH ANNUAL CONFERENCE

Niagara Falls

SCOTIABANK CONVENTION CENTRE

RURAL & REMOTE MEDICINE COURSE

PROGRAM
APRIL 20-22 2023



SRPC.ca

@SRPCANADA

#SRPC2023



SRPC IS PROUD TO PRESENT

THE 30TH ANNUAL RURAL AND REMOTE MEDICINE COURSE

CONTINUING EXCELLENCE IN THE NEXT GENERATION

We are excited to welcome you to Niagara Falls and the 30th Annual Rural & Remote Medicine Course. While we will continue to offer excellent peer-to-peer teaching on the subjects rural physicians, nurses and administrators need (emergency, obstetrics and gynecology, pediatrics, emergency preparedness, family medicine practice, recruitment, planning and more), this year we are focussing on teaching and mentoring in rural practice. We are all being asked to prepare the next generation of practitioners, and we at the SRPC want to help you do just that. Our plenary speakers will share about rural generalist care and how we provide it while at the same time guiding the next generation of physicians, all from the perspective of the international, national and SRPC home-grown levels. Our speakers and workshops from across Canada will leave you excited and with more confidence, whether in managing ADHD, inserting chest tubes, providing palliative care, or teaching medical students and residents. Add to this the usual convivial, interactive and social culture of Rural & Remote, and there will be lots of networking with your colleagues from across the country, and lots of fun for your family. As Rural and Remote will be enjoying the early spring of the Niagara region this year, you will want to book your time off now and join us at Rural & Remote 2023!



R & R CO-CHAIRS AND PLANNING COMMITTEE

Our 2023 co-chairs for the 30th Annual Rural and Remote Medicine Course on April 20-22, 2023, in Niagara Falls, Ontario, are Drs. Michelle Lajzerowicz from Chelsea, Quebec, and Paul Cano, of Grimsby, Ontario. The SRPC R&R Planning Committee is tasked with organizing the growing and dynamic Rural & Remote Medicine Course. Now involving over 1,000 participants, it is one of the largest rural medicine conferences in the world. Renowned for its excellent peer-to-peer teaching and hands-on workshops, it is one of the few conferences that takes no funding from pharmaceutical companies.



MICHELLE LAJZEROWICZ

Michelle Lajzerowicz has been a rural family physician since 1996, working primarily in Wakefield, Quebec as well as locum work in Chisasibi in James Bay Cree Territories, and Iqaluit. She has been a member of the SRPC for almost all of this time. Over the years she has maintained a busy office practice as well as having previously provided delivery care and hospitalization, and continuing to practice in the emergency department, home care and hospice. Since 1996 she has been associated with McGill, and for almost that long has been the coordinator of the Wakefield McGill rural teaching site. Since 2020 she has been the Clerkship Director for McGill's Campus Outaouais Medical School. Teaching, training and mentoring new practitioners has been a passion since the beginning, and she is particularly excited to bring to Niagara a Rural and Remote which will focus on what we need to learn to provide excellent care for our patients and communities, but also on how we can help the next generation to provide excellent care for our patients and communities.



PAUL CANO

Paul had a rural practice from 1990–2020 in Smithville, Ontario, in the Niagara region. He was an urban guy who ended up rural after second-year rotation which opened his eyes to the fun of rural practice and small town life. His services included ED, OB and inpatient care. He was a long time participant of the McMaster Rural Family Medicine Residency Program, both as a primary preceptor, and a Faculty Development Coordinator.

Since retiring from practice, he continues to provide OB support locally, IT consulting, and does rural locums in the north, notably Kenora, Ontario, and Yellowknife, Northwest Territories.

As the R&R has always been a place to 'recharge', he is excited to help facilitate the conference this year in his own backyard.

DR. DOROTHY BAKKER	PHYSICIAN, ONTARIO
DR. GORDON BROCK	PHYSICIAN, QUEBEC
DR. GEORGE CARSON	PHYSICIAN, SASKATCHEWAN
DR. DECLAN FOX	PHYSICIAN, IRELAND
DR. SANDRA HIROWATARI	PHYSICIAN, AUSTRALIA
DR. MARTHA RIESBERRY	PHYSICIAN, ONTARIO

MS. ADEDOLAPO ABE	STUDENT, BRITISH COLUMBIA
MRS. LOUISE ARDERN	SRPC, QUEBEC
MRS. JENNIFER BARR	SRPC, QUEBEC
MR. SHERIF EL MENIAWY YOUSSEF	STUDENT, ONTARIO
MS. SARAH GIACOBBO	STUDENT, ONTARIO
MS. JENNA KEINDEL	SRPC, QUEBEC
DR. MACKENZIE MOLESKI	RESIDENT, BRITISH COLUMBIA
MS. KELLY PETERS	ASSOCIATE, ONTARIO
MS. AGNES SOBIESIAK	STUDENT, ONTARIO
MS. TRACY SOPKOW	ASSOCIATE, ALBERTA



SCHEDULE OVERVIEW*

*subject to change

DAY I • THURSDAY, APRIL 20, 2023

7:00–8:00	BREAKFAST AND REGISTRATION
8:00–8:30	WELCOME AND HOUSEKEEPING MESSAGES
8:30–9:00	OPENING CEREMONY
9:00–10:00	PLENARY #1
10:00–10:20	REFRESHMENT BREAK
10:20–11:20	CONCURRENT SESSIONS — BLOCK 100
11:20–11:30	TRAVEL TIME
11:30–12:30	CONCURRENT SESSIONS — BLOCK 120
12:30–13:30	LUNCH
13:30–14:30	CONCURRENT SESSIONS — BLOCK 140
14:30–14:40	TRAVEL TIME
14:40–15:40	CONCURRENT SESSIONS — BLOCK 160
15:40–16:00	REFRESHMENT BREAK
16:00–17:00	CONCURRENT SESSIONS — BLOCK 180
17:00–19:00	FAMILY FRIENDLY MIX 'N' MINGLE
20:00–22:00	STUDENT/RESIDENT OFFSITE SOCIAL
21:00–22:00	HOCKEY NIGHT IN CANADA — GALE CENTRE RINK #1 (ARENA)



SCHEDULE OVERVIEW*

*subject to change

DAY 2 • FRIDAY, APRIL 21, 2023

7:00–7:45	RUN/YOGA	
7:00–8:00	BREAKFAST AND REGISTRATION	
8:00–9:00	CONCURRENT SESSIONS — BLOCK 200	
9:00–9:10	TRAVEL TIME	
9:10–10:10	CONCURRENT SESSIONS — BLOCK 220	
10:10–10:30	REFRESHMENT BREAK	
10:30–11:00	WELCOME AND HOUSEKEEPING	
11:00–11:30	TBC	
11:30–12:30	PLENARY #2	
12:30–13:30	RURAL RESEARCH POSTER PRESENTATION	LUNCH
12:45–13:30	SRPC AGM	
13:30–14:30	CONCURRENT SESSIONS — BLOCK 240	
14:30–14:40	TRAVEL TIME	
14:40–15:40	CONCURRENT SESSIONS — BLOCK 260	
15:40–16:00	REFRESHMENT BREAK	
16:00–17:00	CONCURRENT SESSIONS — BLOCK 280	
17:15–18:15	STUDENT, RESIDENT, MENTOR RECEPTION	
18:30–21:00	AWARDS DINNER	
21:00–23:00	JAM SESSION	



SCHEDULE OVERVIEW*

*subject to change

DAY 3 • SATURDAY, APRIL 22, 2023

7:00–7:45	RUN/YOGA
7:00–8:00	BREAKFAST AND REGISTRATION
8:00–9:00	CONCURRENT SESSIONS — BLOCK 300
9:00–9:10	TRAVEL TIME
9:10–10:10	CONCURRENT SESSIONS — BLOCK 320
10:10–10:30	REFRESHMENT BREAK
10:30–11:00	WELCOME AND HOUSEKEEPING
11:00–11:30	SRPC PRESIDENT'S ADDRESS
11:30–12:30	PLENARY #3
12:30–13:30	LUNCH
13:30–14:30	CONCURRENT SESSIONS — BLOCK 340
14:30–14:40	TRAVEL TIME
14:40–15:40	CONCURRENT SESSIONS — BLOCK 360
15:40–16:00	REFRESHMENT BREAK
16:00–17:00	CONCURRENT SESSIONS — BLOCK 380
18:30–22:00	DINNER/SHOW — COLUMBUS CLUB, 6990 STANLEY AVE. (5 MINUTE WALK)





Workshop descriptions & objectives

<p>Session: 93</p> <p>Dr. Jillann Farmer</p>	<p>Power and Privilege - The Good News</p> <p>This session will examine privilege and how it manifests. Rather than shying away from privilege, participants will be encouraged to recognise and leverage privilege for the good of others, and to manage their own preconceptions and biases.</p> <ol style="list-style-type: none">1. Understand the definition of privilege and its application in healthcare contexts.2. Analyse their own position of privilege from an intersectional perspective.3. Evaluate the relative disadvantages that others (trainees, patients, colleagues) may face.4. Apply this knowledge in their roles as teachers, mentors and clinicians.
<p>Session: 100</p> <p>Dr. Jason Ching Dr. Kristi Galloway Dr. Andréa Brabant</p>	<p>Fly-In Residency Experiences</p> <p>While family medicine programs are placing an increased emphasis on rural exposure, fewer offer experiences for residents to practice in extremely remote conditions. This talk will feature residents from several programs across Canada with rotations in communities that can only be reached by boat, helicopter, or plane. It will be meant more as a general discussion of the residents' experiences rather than advertising individual programs. This talk is targeted to medical students, however all are welcome to attend.</p> <ol style="list-style-type: none">1. Identify some of the residency programs that provide opportunities to do fly-in medicine.2. Recognize some of the realities of practicing in fly-in communities and nursing stations with fewer staff and resources.3. Appreciate some of the benefits a remote placement may have for a medical learner.4. Understand the strengths of these communities while recognizing common challenges they face.
<p>Session: 101</p> <p>Dr. Jesse Guscott Dr. Wilson Lam</p>	<p>Rapid Cycle Deliberate Practice Simulation for Difficult Airway Management (2 hours - to be cont'd)</p> <p>Using an actual case of Can't intubate/Can't Oxygenate as the basis for discussion, a modified approach to the difficult airway algorithm will be introduced. Using a high-fidelity simulation mannequin and cricothyrotomy task trainers, participants will have the opportunity to participate in Rapid Cycle Deliberate Practice simulation to practice and reinforce the concepts learned. The session will emphasize Crisis Resource Management principles. The session is best suited for participants with some airway experience such as physicians practicing Emergency medicine or anesthesia.</p> <ol style="list-style-type: none">1. Define and communicate a robust airway plan for a patient requiring Rapid Sequence Intubation.2. Apply Crisis Resource Management skills to recognize the need to progress down the difficult airway algorithm.3. Execute a front of the neck airway on a cricothyrotomy task trainer.

<p>Session: 102</p> <p>Dr. Wade Mitchell</p>	<p>Skin Cancer 101</p> <p>Generalist's approach to common non-pigmented/pigmented skin cancers and how to manage. Introduction to the dermoscope and its utility in identifying benign/malignant skin lesions.</p> <ol style="list-style-type: none"> 1. Outline an approach to skin lesion presentations. 2. Discuss identification and management plans for skin cancers including SCCs, BCCs and melanoma.
<p>Session: 103</p> <p>Dr. Jessica Kainth Dr. David Bradbury-Squires Dr. Karyssa Hamann</p>	<p>The Lord of Rural: the Return of Research</p> <p>The rural medicine landscape is forever improving and it wouldn't be done without rural researchers executing and achieving this goal. In this session, the Research Committee of the SRPC will review their favourite studies, published in 2022, that stood out to its members as articles to read. Topics will range from primary care to specific specialties. They will share highlights and clinically significant data and hopefully fun information that could re-affirm clinical practice or inspire further studies.</p> <ol style="list-style-type: none"> 1. Share rurally focused articles published in 2022 that have advanced our knowledge in medicine. 2. Highlight significant findings and evidence that could transform or reaffirm currently utilized tests, therapies, or procedures. 3. Encourage and cultivate an environment to support rural research. 4. Consider what actions you can take to support your rural researchers at the SRPC.
<p>Session: 104</p> <p>Dr. Jitin Sekhri</p>	<p>MSK Injection Therapy for the Rural Physician</p> <p>Pain, as a result of a musculoskeletal (MSK) issue i.e back, shoulder, wrist, knee, hip is the most common cause of disability worldwide. These complaints are an increasing cause of reduced quality of life, and if left unaddressed, only accentuate further physical, psychological and socio-economic impacts.</p> <p>MSK pain is mostly managed in primary care by 'first contact' clinicians i.e GPs, Urgent Care, ED, NP, exercise therapists etc...</p> <p>It is widely accepted that a more holistic approach regarding treatment of pain outweighs the focus on specific individual body regions.</p> <p>MSK injection therapy is just one tool in our holistic armoury. The evidence base for the effectiveness of injections for MSK pain is widely quoted in guidelines and care pathways. Generally speaking, in the long-term, injection use is supported prior to, or alongside exercise and self-management advice. The evidence is more robust in the context of specific joints i.e shoulder, knee, hip.</p> <p>The rural clinician may not have timely access to MSK radio-diagnostics, or MSK medicine specialist advice. They may also not have point of care ultrasound to serve as a guide. We will go through the most common MSK pain complaints in primary care, confirmatory physical exam for accurate diagnoses, and safe landmark injection technique.</p> <p>We will also overview the current guidelines on the optimal procedure for landmark technique injections, i.e frequency, dose, and active component of the injections.</p>

<p>Session: 105</p> <p>Dr. Roger Strasser Dr. Sarah Strasser Ms. Jehan Irfan</p>	<p>ICEE + RGP = Rural Health Workforce</p> <p>Research has shown that recruiting rural background students and rural clinical placements both encourage a future interest in rural practice. Socially accountable health professional schools place students in a wide range of community and clinical settings, enhanced by community engagement involving active community participation.</p> <p>Immersive Community Engaged Education (ICEE) involves students living and learning in communities for prolonged placements in settings where they are expected to pursue their careers after education and training. ICEE is socially accountable education that is grounded in community engagement and fosters authentic relationships focused on improving the health of the local population. Rather than teaching hospital specialists, the students’ principal clinical teachers and role models are generalists including rural family physicians and other generalist specialists. For the communities, ICEE offers a substantial future recruitment opportunity if the students and their families feel at home and want to stay in the community.</p> <p>The Rural Generalist Pathway (RGP) is a cradle-to-grave approach, whereby students are recruited from under-served and under-represented remote, rural, and Indigenous communities into rural-based undergraduate education programs, with a facilitated pathway of rural-based postgraduate training and professional development to support careers in rural practice. The RGP with ICEE maximizes the likelihood of ensuring the supply of a fit-for-purpose rural health workforce.</p> <ol style="list-style-type: none"> 1. Describe the educational aspects of ICEE and RGP. 2. Identify key enablers of successful rural ICEE. 3. Place ICEE and RGP in their own setting.
<p>Session: 106</p> <p>Dr. Darlene Kitty Dr. Sarah Funnell</p>	<p>Weaving Stories in Indigenous Health – the Power of Narrative in Cultural Safety and Humility Medical Education</p> <p>Using storytelling or narrative approach is a powerful way to support health professionals to learn from and reflect on personal or systemic biases that may influence their practice. The presenters will explore cases from the newly released CFPC Indigenous Health Case Study Compendium to help learners understand how to embody each of the 7 CanMEDS-FM roles to practice cultural safety and humility in all their interactions with Indigenous patients, and their families and communities.</p> <p>These cases will demonstrate and acknowledge the culturally unsafe care that exists in the health care system and offer learners the opportunity to engage in self-reflection and dialogue around the presented situations. Medical students, family medicine residents, family physicians, and other health care professionals will broaden their knowledge and skills to work side by side with patients in ways that authentically respect Indigenous peoples and their cultural, historical, political and social contexts.</p> <ol style="list-style-type: none"> 1. Gain a better understanding of how to work with and incorporate Indigenous patient, family, and community perspectives and values within patient-centred care. 2. Identify actions they can take to address racism, discrimination, and inappropriate power differentials within the clinical context, particularly addressing misconceptions and assumptions of Indigenous peoples. 3. Learn about practicing healing-centered engagement and strengths-based approaches to care.

<p>Session: 107</p> <p>Dr. Emmanuel Abara</p>	<p>Health Care Research in Rural Practice: Why? How? What Outcomes?</p> <p>Busy Health care Professionals are often overwhelmed by the demands of Clinical Practice. As healthcare practitioners, we encounter new challenges, try new therapies, and re-discover old remedies to treat patients. We are encouraged to replace ineffective approaches with cost effective care. Successful research activities and effective response to change share common principles in community practice. This creates a potential to further develop research activities. Participants will identify strategies for successful clinical research activities in community rural practice.</p> <ol style="list-style-type: none"> 1. Demonstrate an understanding of clinical research activities in the context of rural medical practice (Why? How?). 2. Describe methods for evaluating outcomes of clinical research activities (What out comes?). 3. Select an area of interest and innovation for own practice.
<p>Session: 108</p> <p>Dr. Kyle Sue-Milne Dr. Kathleen Ross Ms. Carmela Bosco</p>	<p>Exploring Solutions Impacting on the Rural Physician Workforce Through Pan-Canadian Licensure (2 hours - to be cont'd)</p> <p>There has been much discussion and debate to introducing a pan-Canadian approach to medical licensure as the means to address the barriers that currently exist to enable physicians to provide access to care anywhere in Canada. Rural physicians continue to face challenges to allow them to practice in underserved and rural communities. This is a high priority among national medical groups that participated in a virtual dialogue in May 2022, hosted by the Society of Rural Physicians of Canada, calling for a national approach to licensure in order to address the current health human resource shortages. While there have been many supportive perspectives pan-Canadian licensure, there is one view expressed by some including government policy-makers in that by removing the barriers to licensure this will adversely impact on access to health human resources and therefore exacerbate the current shortage of the physician workforce in rural Canada.</p> <p>The SRPC conducted a review in 2022 on key factors that influence the rural physicians' decision to remain or leave rural communities as they relate to licensure as well as a review on licensure models that could be adapted within the current Canadian licensure system. Further, both the SPRC and CMA conducted membership surveys in the Fall 2022 in seeking physicians' perspectives on national licensure. Survey results will be shared at the session in addition to providing an update on government and stakeholder activities on how national licensure is moving forward in Canada. Participants will be asked for their perspectives and their recommendations to key decision-makers on what solutions and potential licensure models could be considered as part of a national medical licensure that can be adopted at systemic and regional levels to improve access to care as well as enhancement of the rural physician workforce.</p> <ol style="list-style-type: none"> 1. Learn about progress made to date. 2. Discuss ways to advocate for system and regional approaches for the implementation of national medical licensure that will ensure access to care and support physician practices. 3. Provide advice on the types of approaches and models that could be considered. 4. Explore collective solutions and determine concrete actions in working collaboratively with key stakeholders (i.e. regulators, policy-makers).

<p>Session: 109</p> <p>Dr. Mark Saul Ms. Hannah Price</p>	<p>X Rays You Wish You Never Missed</p> <p>A tour of helpful, lifesaving, strange, and entertaining X rays gathered from 20 years of rural and remote practice, far from CT scanners and other advanced imaging techniques.</p> <ol style="list-style-type: none"> 1. Review subtle X-Ray findings. 2. Explore cases of missed X-Rays. 3. Learn how to avoid missing key findings. 4. Enjoy strange X-Rays that nevertheless show up in our small rural hospitals.
<p>Session: 120</p> <p>Dr. Sarah Giles Dr. Sean Moore</p>	<p>Bringing Your ER into the Year 2023</p> <p>We understand that it's hard to stay on top of all of the new gadgets available for the ER. We also understand that new doesn't necessarily mean better. In this talk we will review the latest in ER equipment, apps, and organization techniques through a rural lens and make recommendations on what we think is worth the money and which ones are unlikely to be useful.</p> <ol style="list-style-type: none"> 1. Review resuscitation equipment that should be available in rural/remote ERs. 2. NEW: reviewing different options for bedside ultrasound — what do they actually cost? Can you really use the fancy features? Are they worth the money? 3. Review organization techniques for equipment/medications to make high acuity low incidence events flow better. 4. Show off some pieces of technology that will make communication with other doctors and centres easier. 5. Show how to order equipment and the costs -- we will make it easy to implement the changes you like.
<p>Session: 121</p> <p>Dr. Jesse Guscott Dr. Wilson Lam</p>	<p>Cont'd - Rapid Cycle Deliberate Practice Simulation for Difficult Airway Management (2 hours)</p> <p>Using an actual case of Can't intubate/Can't Oxygenate as the basis for discussion, a modified approach to the difficult airway algorithm will be introduced. Using a high-fidelity simulation mannequin and cricothyrotomy task trainers, participants will have the opportunity to participate in Rapid Cycle Deliberate Practice simulation to practice and reinforce the concepts learned. The session will emphasize Crisis Resource Management principles. The session is best suited for participants with some airway experience such as physicians practicing Emergency medicine or anesthesia.</p> <ol style="list-style-type: none"> 1. Define and communicate a robust airway plan for a patient requiring Rapid Sequence Intubation. 2. Apply Crisis Resource Management skills to recognize the need to progress down the difficult airway algorithm. 3. Execute a front of the neck airway on a cricothyrotomy task trainer.

Session: 122

Dr. Samantha Horvey
Dr. David Pontin
Dr. Hannah Shoichet

Yellowknife: Pursuing Stability in the Supply of Northern Practice-ready Family Physicians

Recruitment and retention of family physicians has been a long-standing challenge for communities in the Circumpolar North. Locums have been the main approach to address the shortage of family physicians in the NWT, and finding locums with the broad skillset of a rural generalist physician has become increasingly challenging. This piecemeal approach also falls short of providing continuous and consistent health care, particularly to people residing in small and remote communities. A sustainable, long-term solution is needed.

A decade in the making, the Yellowknife residency site was launched in 2020 through a partnership between the Government of the Northwest Territories and the Department of Family Medicine, University of Alberta. In this session, participants will be taken through the process of conception of this unique residency program site, including the challenges and process of engaging multiple and diverse stakeholders. A description of the current program and curriculum that focuses on maximizing competency for learners who will practice in rural and remote medicine settings will be outlined. Short-term and long-term measurable outcomes including the improvement of access to primary care for patients both in the larger and smaller centers, and physician recruitment and retention will be discussed. This will be followed by a discussion regarding the positive impacts of a rural and remote residency program on reconciliation. The last part of the session will be dedicated to an open discussion about resident education in the context of rural and remote care, with a question and answer period.

1. Delineate issues in preparing northern practice-ready family physicians.
2. Identify short- and long-term benefits and challenges in starting a new rural and remote residency program.
3. Describe how development of a rural and remote residency program can positively impact reconciliation.

Session: 123

Dr. Chris Patey
Dr. Kayla Furlong
Dr. Raleen Murphy
Dr. Kirsten Weagle

Community Emergencies – A Collective Review

In recent years, visits to the Emergency Department (ED) by older adults (generally those ≥ 65 years) have significantly increased. Older adults who may present with no apparent acute medical reason for their visit and who unable to return home, they may be labelled as ‘social admissions,’ ‘failure to cope/thrive’, ‘community emergencies’ (CEs), or other colloquial terms based on local hospital policy, culture, or media. There is no single common term used to describe this older adult population, however; they often represent a significant burden to the flow of rural emergency departments.

The ED is unfortunately the ‘final common pathway’ for these patients. Community-based healthcare professionals lack the resources, collaborative networks, and organizational infrastructure necessary to provide medical, social, and functional support outside of the hospital setting for older adults. Furthermore, the present management of CEs is varied, questionable for ideal patient outcomes and largely unclarified across Canada and in the medical literature.

Ideally, alternative pathways to care should exist outside of the hospital setting, however, our healthcare systems have not yet adapted to the demographic shifts and increased healthcare needs. How do we care for these patients? What specific interventions do they need? What are some rural EDs currently doing about it?

1. To fully review concept of community emergencies (CEs).
2. To present the clinical characteristics and outcomes of CE patients with a 5 year chart review of a rural ED (Carbonear, NL).
3. To present varying methods that EDs in Newfoundland & Labrador are managing CE’s.
4. To collaborate and discuss adaptive ways of improving the care and outcomes of this patient population.

<p>Session: 124</p> <p>M. Lee Yeates Dr. Sara Sandwith</p>	<p>BC's Rural Obstetrics and Maternity Sustainability Program (ROAM-SP): Fostering Community Determined Safe Birth Environments</p> <p>Since 2000, over 20 rural facilities in BC have closed their maternity programs. Obstetric services remain in 31 rural communities where physicians, midwives, and nurses provide intrapartum care for more than 6000 births annually. Issues contributing to site and service closures are complex and multifactorial and include an ongoing health human resources and primary care crisis, decreased provider/team confidence, interprofessional tension, and compensation models that no longer meet changing practice/sustainability needs nor the increasing complexity of care. Added pressure from the COVID-19 pandemic have exacerbated the challenges rural maternity teams encounter.</p> <p>In late 2019, BC's Joint Standing Committee on Rural Issues approved the first three years of the Rural Obstetrics and Maternity Sustainability Program (ROAM-SP). In this first phase of ROAM-SP, rural obstetric providers in 31 communities with planned birthing services were engaged and given access to funding to support rural team and network development initiatives, coaching, and mentoring. ROAM-SP funding also enabled the launch of a provincial Real Time Virtual Support (RTVS) service for rural maternity and newborn care, called MaBAL, the Maternity and Babies Advice Line. As demonstrated by the ROAM-SP evaluation, these supports have proven to be immensely beneficial to rural maternity teams, contributing to the stabilization of local services, increasing confidence and competence, enhancing local and networked team function, and supporting high quality, safe maternity care closer to home. In the three years that ROAM has been in operation, no additional communities have closed their maternity programs.</p> <p>Join us for an interactive discussion about BC's Rural Obstetrics and Maternity Sustainability Program (ROAM-SP) and the Maternity and Babies Advice Line (MaBAL). Learn how ROAM-SP's networks, coaching, and RTVS pillars enable interdisciplinary approaches to maternity service sustainability, hear stories from case studies, and find out about the needs, successes, and challenges we've identified through the program's ongoing evaluations.</p> <ol style="list-style-type: none"> 1. Gain insights on creating "Community-Determined Safe Birth Environments". 2. Explore inter-/intra-professional relationships, peer and facility networks, and their roles in sustaining rural maternity care. 3. Identify practical approaches and successful strategies for enhancing collective responsibility and confidence locally.
<p>Session: 125</p> <p>Dr. Alison Flanagan</p>	<p>Let's Talk About Dex: The Role of Steroids in Palliative Care and Symptom Management</p> <p>Review of indications and evidence for the use of steroids in palliative care and symptom management, from pain, dyspnea, fatigue and cachexia to oncologic emergencies.</p> <ol style="list-style-type: none"> 1. Review Dexamethasone. 2. Indications. 3. Adverse effects. 4. Role in palliative care. 5. Considerations when prescribing

<p>Session: 126</p> <p>Dr. Darlene Kitty</p>	<p>Moving Towards Cultural Safety, Anti-racism, and Reconciliation</p> <p>This session will review cultural safety and related concepts, the history and impact of residential schools and systemic racism affecting Indigenous populations and their health. Pearls, including a holistic approach in caring for Indigenous patients, families will be shared and applied to interactive case discussions.</p> <ol style="list-style-type: none"> 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. Discuss how systemic racism has negatively affected the health and well-being of Indigenous peoples and ways to address it in your workplace. 4. Learn and apply pearls to effectively interact with and give culturally safe care to Indigenous patients, families, and communities using case discussions.
<p>Session: 127</p> <p>Dr. Sarah Lespérance Mr. Ryan Truong</p>	<p>Effective Feedback and Enhancing Self-Efficacy: What Does the Evidence Say?</p> <p>Feedback. As educators we know it's important. Various solutions have been proposed to optimize feedback: the "sandwich" model, having a safe space, using Pendleton's rules, and making it timely and specific. Sounds great, but what does the evidence actually say about what motivates behaviour change? Using a review of medical education and psychological literature, this session will explore the factors that can enhance motivation to change and self-efficacy among learners.</p> <ol style="list-style-type: none"> 1. Review current medical education and psychological literature on factors that enhance learner receptiveness to feedback. 2. Understand potential barriers and solutions to enhance the feedback process, including the role of cognition and emotion. 3. Participants will reflect on their current practice, and consider ways to apply theories to their teaching practice.

<p>Session: 128</p> <p>Dr. Kyle Sue-Milne Dr. Kathleen Ross Ms. Carmela Bosco</p>	<p>Cont'd - Exploring Solutions Impacting on the Rural Physician Workforce Through Pan-Canadian Licensure (2 hours)</p> <p>There has been much discussion and debate to introducing a pan-Canadian approach to medical licensure as the means to address the barriers that currently exist to enable physicians to provide access to care anywhere in Canada. Rural physicians continue to face challenges to allow them to practice in underserved and rural communities. This is a high priority among national medical groups that participated in a virtual dialogue in May 2022, hosted by the Society of Rural Physicians of Canada, calling for a national approach to licensure in order to address the current health human resource shortages. While there have been many supportive perspectives pan-Canadian licensure, there is one view expressed by some including government policy-makers in that by removing the barriers to licensure this will adversely impact on access to health human resources and therefore exacerbate the current shortage of the physician workforce in rural Canada.</p> <p>The SRPC conducted a review in 2022 on key factors that influence the rural physicians' decision to remain or leave rural communities as they relate to licensure as well as a review on licensure models that could be adapted within the current Canadian licensure system. Further, both the SPRC and CMA conducted membership surveys in the Fall 2022 in seeking physicians' perspectives on national licensure. Survey results will be shared at the session in addition to providing an update on government and stakeholder activities on how national licensure is moving forward in Canada. Participants will be asked for their perspectives and their recommendations to key decision-makers on what solutions and potential licensure models could be considered as part of a national medical licensure that can be adopted at systemic and regional levels to improve access to care as well as enhancement of the rural physician workforce.</p> <ol style="list-style-type: none"> 1. Learn about progress made to date. 2. Discuss ways to advocate for system and regional approaches for the implementation of national medical licensure that will ensure access to care and support physician practices. 3. Provide advice on the types of approaches and models that could be considered. 4. Explore collective solutions and determine concrete actions in working collaboratively with key stakeholders (i.e. regulators, policy-makers) .
<p>Session: 129</p> <p>Dr. Gordon Brock</p>	<p>Pediatric Status Epilepticus (To be repeated)</p> <p>Intraosseous placement provides faster access, less complications and a higher success rate.</p> <p>This workshop provides information regarding intraosseous access, insertion locations, indications, contraindications, and practice of insertion devices to introduce the clinician to the basics of intraosseous access.</p> <ol style="list-style-type: none"> 1. Describe the anatomy and pathophysiology of intraosseous devices. 2. Identify the advantages of using intraosseous devices. 3. Recognize indications to increase use of intraosseous devices. 4. Interpret the need to elevate the comfort level of healthcare team members utilizing the intraosseous devices. 5. Practice Intraosseous Access.

<p>Session: 140</p> <p>Dr. Sarah Newbery Ms. Kara Passi</p>	<p>How to Support New Family Physician Graduates Transitioning to Rural Practice</p> <p>We are currently conducting a study exploring the experiences of new family physicians as they transition to rural practice in Ontario. This study has revealed many successes and challenges physicians encounter during this period, and exposed many opportunities for change. In this presentation we will review the literature on this topic and discuss the findings of our study. This session will also provide an opportunity for attendees to share their own successes and challenges with new graduate recruitment and retention. This presentation is directed to physician recruiters, new graduates and family physicians who work with new graduates or who seek to recruit them to their communities.</p> <ol style="list-style-type: none"> 1. Review the current literature on rural physician recruitment and retention, and transition to practice. 2. Discuss challenges new graduates experience in rural areas. 3. Discuss ways new graduates can be better supported during this period of transition. <p>By the end of the presentation, attendees will have practical ways they can implement or advocate for in order to support new physician graduates in their communities.</p>
<p>Session: 141</p> <p>Dr. Jesse Guscott</p>	<p>From Clerks to Colleagues: How to Tailor Your Approach When Teaching Across the Spectrum of Learners</p> <p>This session will explore the differences in learning styles and learner needs typical of various learner groups. From junior learners to senior physicians and interdisciplinary colleagues, understanding these differences can help educators to optimize and individualize the design and execution of their educational endeavours.</p> <ol style="list-style-type: none"> 1. Characterize the key differences between learner groups in medical education. 2. Identify ways to adapt their teaching approach to meet the needs of their audience.
<p>Session: 142</p> <p>Dr. Gavin Parker</p>	<p>Multi-Level Learners in Rural Practice</p> <p>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 that will help your site better accommodate multiple learners of different stages.</p> <ol style="list-style-type: none"> 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.

Session: 143

Dr. Wendy Graham
Dr. Cheri Bethune
Dr. Shabnam Asghari
Dr. Lyn Power
Dr. Megan Hayes
Ms. Danielle Stacey
Ms. Jessica Bennett

Tackling ‘Wicked’ Problems in Rural Recruitment & Retention: The Adaptive Action Method (AAM) in Action

Following SRPC 2022 and a workshop on tackling wicked problems in rural healthcare, this workshop is designed to explore innovative strategies to the vexing or wicked specific rural problem of recruitment and retention. Grounded in our own challenge of sustaining rural research engagement beyond a core training program (6for6), we approached this complex problem using the Adaptive Action Method (AAM).

The AAM is an iterative three-step approach to making decisions and taking wise action by asking three crucial questions: What? So what? And now what? Participants will engage in thoughtful and creative exploration of ways to address the vexing or wicked challenges that seem to defy solutions for recruitment and retention.

Delivery methods: Following a brief description of our experience using the AAM along with the findings from SRPC 2022, participants will engage in small group discussion and problem-solving around recruitment and retention using the Adaptive Action Method. Participants will leave the workshop with a new approach to tackling this (to date) insoluble problem in their own rural context.

1. Brief didactic example
2. Small group discussion around participants identified problem or challenge.
3. Utilization of the AAM in small group discussion with identified next steps.

No prerequisite knowledge is required to attend.

1. Explore “lessons learned” from a rural health research development program and from SRPC 2022.
2. Learn about the Adaptive Action Method (AAM) as an approach to addressing the complex problem of recruitment and retention.
3. Apply the AAM to recruitment and retention using peer discussion.

Session: 144

Dr. Simon Moore
Dr. Paul Dhillon

Smart Studying for the CCFP Exam: Tips, Tricks, and Strategies

Using their energetic and engaging teaching style and a dynamic two-speaker presentation format, Dr. Moore & Dr. Dhillon will review important medical updates and need-to-know content for anyone about to write the certification examination in Family Practice and practice in a rural context. As well, important exam strategies and tools to help increase exam performance will be reviewed. This session is highly interactive, making use of mock quizzes, audience involvement, and question-and-answer sessions.

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.

<p>Session: 145</p> <p>Dr. Stephen Hiscock Mr. Alexandre Veilleux</p>	<p>Medical Management of Obesity by a Surgeon: Seriously?!?</p> <p>I outline (in 20 minutes) how I have been treating patients with obesity medically for the past 10 years or so. The medications used, the approach to patients in bringing up the topic of weight, the language that should be used,. Generally these are outside the purview of a rural general surgeon but then should suggest that if I can do it then any primary care provider can do it a lot better than me.</p> <p>1. Encourage care providers to start discussing and treating their patients with obesity.</p>
<p>Session: 146</p> <p>Dr. James Goertzen Ms. Simone Smith</p>	<p>Creating a Safe Learning and Clinical Environment</p> <p>A psychologically safe learning environment supports risk taking where learners feel comfortable sharing ideas, concerns, questions, and mistakes without being punished or humiliated. Unsafe learning environments can cause learners to feel anxious, ashamed, inadequate, and disengaged. Rural preceptors co-create safe learning environments by setting the scene for open dialogue, inviting participation with learning, collaboratively providing clinical care, acting as learner allies, focusing on continued improvement, and supporting growth mindsets. Feedback two-way conversations are key to learning and optimized with preceptor learner relationships characterized by trust and educational alliances.</p> <p>1. Describe the importance of psychologically safe rural learning and clinical environments. 2. Identify the impact of unsafe rural learning environments for both preceptors and learners. 3. Demonstrate three precepting tasks to optimize student and resident learning within rural placements.</p>
<p>Session: 147</p> <p>Dr. Nancy Humber Ms. Kim Williams Mr. Tom Skinner</p>	<p>Sustainable Small Surgical Hospitals - Network Development to Sustain Low Volume Surgical Programs</p> <p>Networks of care can stabilize, support, and enhance the delivery of quality surgical and obstetrical care in rural communities. This talk will explore network development across ten rural BC communities over a five year period through the Rural Surgical and Obstetrical Networks (RSON) initiative, discussing how networks emerged at the local, regional, and provincial level. We'll share ways that coaching and mentoring strengthened these networks, how technology helped reduce barriers, and how relationships in a network can optimize and improve access to care across a region.</p> <p>1. Describe the impact of networks on sustaining rural surgical programs.</p>
<p>Session: 148</p> <p>Dr. David Bradbury-Squires Mr. Gregory Borschneck Mr. Mackenzie Senior</p>	<p>Lung PoCUS</p> <p>Participants will learn an approach to using PoCUS to assess for pulmonary pathology in a patient with dyspnea.</p> <p>1. Understand the clinical questions that can be answered with lung PoCUS. 2. Describe PoCUS findings of pneumothorax, pleural effusion, and pulmonary edema. 3. Complete hands-on practice on models with PoCUS instructors.</p>

<p>Session: 149</p> <p>Dr. Gordon Brock</p>	<p>Pediatric Status Epilepticus (Repeat)</p> <p>Intraosseous placement provides faster access, less complications and a higher success rate.</p> <p>This workshop provides information regarding intraosseous access, insertion locations, indications, contraindications, and practice of insertion devices to introduce the clinician to the basics of intraosseous access.</p> <ol style="list-style-type: none"> 1. Describe the anatomy and pathophysiology of intraosseous devices. 2. Identify the advantages of using intraosseous devices. 3. Recognize indications to increase use of intraosseous devices. 4. Interpret the need to elevate the comfort level of healthcare team members utilizing the intraosseous devices. 5. Practice Intraosseous Access.
<p>Session: 160</p> <p>Mrs. Laura Soles</p>	<p>Pride and Peril</p> <p>The Life of a Rural Spouse. A low key session for anyone who has a rural doc in their life. We will be having discussions about the successes and challenges of living in a rural community. This will be a safe place for people to meet, connect and share with each other. Everyone is welcome.</p> <ol style="list-style-type: none"> 1. Participants will meet others who have a rural doc in their lives and hopefully develop lasting connections. 2. Participants will have the opportunity to seek solutions for their challenges. 3. Participants will learn about the supportive resources available to them. 4. Participants will leave feeling they are part of the “family” that is rural medicine.
<p>Session: 161</p> <p>Dr. Amanda Bergman Ms. Claire Anstey</p>	<p>Travel Medicine</p> <p>Discuss how to address travel questions that patients come in with to your family practice. We will discuss resources that are open source to access the information you and your patients need. This will include a didactic presentation as well as a case-based discussion of travel health cases.</p> <ol style="list-style-type: none"> 1. Learn what makes up a travel health visit. 2. To gain comfort addressing travel health questions brought in by patients. 3. Learn where to access up to date travel health information.
<p>Session: 162</p> <p>Dr. Fil Gilic Dr. Wilson Lam</p>	<p>I'm shocked, I Tell You: A Common Sense Approach to Shock</p> <p>Shock is a common and serious presentation facing rural physicians. In this session, we will cover the underlying pathophysiology of shock, the different causes of it, the markers and clinical prediction tools that help identify severe cases; as well as medications and fluids for resolving it via various modes of administration.</p> <ol style="list-style-type: none"> 1. Identify causes of shock. 2. Use clinical prediction tools and physiological markers of severity. 3. Use vasopressive medications as well as blood/large volume IV fluids in a evidence-based fashion.

<p>Session: 163</p> <p>Dr. Emily Queenan Dr. Amanda Murdoch Dr. Justin Bell Dr. Julie Caron</p>	<p>Transgender Care is Primary Care – Lessons Learned from Family Docs in Rural Practice</p> <p>Care for individuals who identify as transgender and non-binary individuals has often been relegated to the specialty realm of endocrinology and mental health. This presentation will show that transgender care is primary care; an ability to understand an patient's gender journey, initiation and management of medical transition, and pre- and post-surgical care for Gender Affirming Surgeries is well within the scope of family medicine outpatient practice. Speaking from our experiences as rural family physicians, we seek to empower family physicians to integrate this life-saving and life-affirming care into their practices.</p> <ol style="list-style-type: none"> 1. To relay the critical importance of access to gender-informed primary care to transgender and non-binary individuals 2. To provide a framework for understanding gender diversity and unpacking "gender dysphoria" for the purposes of gaining confidence with initiating medical transition and completing the necessary assessments for gender affirming surgery. 3. To provide a basic understanding of the principals of medical therapy for transgender and non-binary individuals, including pubertal blocking therapy for youths and masculinizing- and feminizing-transitional hormonal therapy 4. To provide a framework for supporting individuals seeking Gender Affirming Surgery 5. To point toward resources for further training, guidance, and support for family physicians seeking to introduce transgender care into their practices.
<p>Session: 164</p> <p>Dr. Dan Reilly Ms. Minhal Mussawar</p>	<p>Better Living Through Hormones</p> <p>Through understanding the physiology of menstruation and the menopausal transition participants will develop an approach to using hormones to manage contraception, menstrual dysfunction, infertility due to anovulation and menopause symptoms affecting QOL.</p> <ol style="list-style-type: none"> 1. Understand the physiology of menstruation. 2. Understand the physiology of the menopausal transition. 3. Develop an approach to using hormones to manage contraception, menstrual dysfunction, infertility due to anovulation, and menopause symptoms affecting QOL.
<p>Session: 165</p> <p>Dr. Anjali Kundi Dr. Karyssa Hamann</p>	<p>The Learner in Difficulty</p> <p>In this session, participants will discuss their experiences with the learner in difficulty, as well as review the factors related to learning difficulties. Through discussion, we will use these experiences to discuss how to identify problems early, and communication strategies that may be helpful to develop an education plan to address deficiencies.</p> <ol style="list-style-type: none"> 1. Explore the learner, teacher and system factors related to the learner in difficulty. 2. Be able to identify problems early and provide documentation around problems to the learner and training program. 3. Develop an education plan with the learner to address deficiencies. 4. Improve communication with the learner.

<p>Session: 166</p> <p>Dr. Onuora Odoh Dr. Shabnam Asghari</p>	<p>FP Led Educational Innovations</p> <p>Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.</p> <ol style="list-style-type: none"> 1. Present novel results from Canadian rural health research. 2. Facilitate constructive feedback on ongoing research projects. 3. Facilitate networking between rural health researchers, physicians, and students.
<p>Session: 167</p> <p>Dr. Nancy Humber Ms. Kim Williams Mr. Tom Skinner</p>	<p>Sustainable Small Surgical Hospitals - Quality Programs in Low Volume Settings</p> <p>Locally driven quality programs influence team function, resilience, and patient care. This talk will share learnings from rural sites, demonstrated impacts of quality program initiatives including specific quality projects from communities involved in the Rural Surgical and Obstetric Network in BC. We'll also look at key structures and roles needed to support a quality program, the importance of access to timely local data, a quality framework appropriate for low volume settings, and how high functioning teams deliver high quality care.</p> <ol style="list-style-type: none"> 1. Understand how key supports and functions influence team culture and resilience within a framework of quality improvement and patient safety.
<p>Session: 168</p> <p>Dr. Avery Palmer Dr. Rachel Howlett</p>	<p>Imposter Syndrome during Residency</p> <p>Imposter Syndrome has been broadly defined as a psychological pattern of fear and self-doubt. During this talk, we review the origin of this term, outline a quick literature review, talk about our own experiences in residency and offer potential solutions. We hope to have an engaging discussion at the end of the presentation where participants are welcome to share their own experiences throughout medical training and beyond.</p> <ol style="list-style-type: none"> 1. Define the term "Imposter Syndrome". 2. Briefly review the literature surrounding Imposter Syndrome . 3. Sharing experiences with Imposter Syndrome and strategies to counter it.
<p>Session: 169</p> <p>Dr. Susan Boron</p>	<p>Tokoathanatology (Birth & Death Care)</p> <p>I will discuss aspects of care at both ends of life and how they share much in common. The emotional, spiritual, ritual aspects of birth and death have similarities. The skills we develop and teach can be used in our practices for obstetrical and palliative care equally. For rural practitioners especially, because we tend to have longitudinal and multigenerational contact with our patients, learning some of this can enhance our practices and our lives.</p> <p>My objective is to increase comfort levels for students and doctors for both obstetrical and end-of-life care, and encourage them to embrace these parts of holistic general practice.</p>

Session: 180

Dr. Tom Wright

Increasing Rural Physician Wellbeing through Coach/Mentor Skill Development

This workshop will focus on learning a simple yet powerful model to start coaching conversations off strong. There will be opportunities to practice coaching skills, and this workshop is useful for all levels with no prior experience of coaching required.

Dr. Tom Wright (coach facilitator) will create an inclusive and highly engaging small group learning environment to:

1. Learn a simple and powerful model for coaching conversations.
2. Enhance confidence by using and practicing the Container Model with other participants.
3. Reflect on how this model helps you start each conversation strong.
4. Discuss these skills with other participants.

The benefits of coaching and mentoring skills include more effective communication between peers, teams and patients, which increases resilience and wellbeing (Schaufeli, 2007). Physician supervisors with strong leadership skills can also impact other physicians' wellbeing by increasing their professional satisfaction and decreasing burnout (Shanafelt et al., 2017).

References

Pedrick, C. (2021). *Simplifying Coaching: How to Have More Transformational Conversations by Doing Less*. Open University Press. McGraw Hill

Schaufeli, W. (2007). Burnout in Health Care. In: Carayon, P., Ed., *Handbook of Human Factors and Ergonomics in Health Care and Patient Safety*, Lawrence Erlbaum, Mahwah, 217-232.

Shanafelt, T. D., & Noseworthy, J. H. (2017, January 1). Executive leadership and physician well-being: Nine organizational strategies to promote Page 36 engagement and reduce burnout. *Mayo Clinic Proceedings*, 92(1), 129-146, <https://doi.org/10.1016/j.mayocp.2016.10.004>.

1. Describe and discuss approaches to build and maintain effective coaching/mentoring relationships.
2. Learn a coaching/mentoring skill and gain a better understanding of coaching and mentoring practices.
3. Practice a coaching/mentoring skill with a peer.

Session: 181

Dr. Amanda Bergman
Ms. Simona Bene Watts

Neonatal Transport

This will be a case-based discussion around neonatal transport.

1. To review the equipment one should have with for neonatal transport.
2. To work through cases and problem solve issues for neonatal transport.

<p>Session: 182</p> <p>Dr. Fil Gilic Dr. Wilson Lam</p>	<p>I Am Going a Little Fast: Common Sense Approach to Tachyarrhythmias</p> <p>Tachyarrhythmias are a common and serious problem facing rural physicians. In this session, we will cover the four core subgroups of tachyarrhythmias, ways of separating different rhythms safely and discuss the diagnostic and treatment medications to use for each type of rhythm.</p> <ol style="list-style-type: none"> 1. Identify different types of tachyarrhythmias. 2. Use decision rules to help narrow down tachyarrhythmias differentials. 3. Understand the underlying mechanism of common tachyarrhythmias. 4. Know when and which medications to use.
<p>Session: 183</p> <p>Dr. Sivaruban Kanagarantam Ms. Hayley Wroot Ms. Sophie Harasymchuk Ms. Mia Wu</p>	<p>Hemorrhagic Shock / Vascular Access</p> <p>This Workshop will present modern practice of IV fluid resuscitation and blood transfusion, along with optimum tools needed for vascular access in rural areas.</p> <ol style="list-style-type: none"> 1. Define shock and the likely causes in trauma patients. 2. Identify clinical signs of shock and the associated degree of blood loss. 3. Initial management and ongoing evaluation. 4. Be able to explain the role of blood replacement in shock. 5. Review special situations such as advanced age, athleticism, pregnancy, etc. 6. The optimum tools needed for vascular access in rural areas will also be reviewed.
<p>Session: 184</p> <p>Dr. Dan Reilly</p>	<p>Accessing the Endometrial Cavity</p> <p>Participants will improve endometrial biopsy and IUD placement knowledge and skill through discussion of difficult cases and hands-on practice using a simple model.</p> <ol style="list-style-type: none"> 1. Understand the indications for, and contra-indications to, in office endometrial biopsies and IUD placement. 2. Explore strategies for managing difficult endometrial biopsies and IUD placements.
<p>Session: 185</p> <p>Dr. Paul Dhillon</p>	<p>A Doctor's Death - Preparing for the Final Phase of Life in Rural Medicine</p> <p>Through a conversational "fire-side" discussion approach this session will explore the complex relationships, feelings, and emotions that revolve around retirement, death, and dying in a rural community. A broad spectrum of physicians across the practice evolution - early, mid and late career - will discuss their perceived future challenges and fears around this inevitable topic. Session will not be recorded due to the sensitive nature of the discussion. Session will be moderated and interactive.</p> <ol style="list-style-type: none"> 1. Explore the lived experiences of retirement of physicians in a rural community. 2. Understand influences on transition to retirement within rural communities. 3. Discuss changes that can be made early and mid-career to enable a good death in rural communities for physicians.
<p>Session: 186</p> <p>Dr. Kayla Furlong Dr. Christina Young</p>	<p>Geriatric Giants - Social Isolation & Admissions</p> <p>Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.</p> <ol style="list-style-type: none"> 1. Present novel results from Canadian rural health research. 2. Facilitate constructive feedback on ongoing research projects. 3. Facilitate networking between rural health researchers, physicians, and students.

<p>Session: 187</p> <p>Dr. Nancy Humber Ms. Kim Williams Mr. Tom Skinner</p>	<p>Sustainable Small Surgical Hospitals - Demonstrating the Safety of Rural Models of Delivery</p> <p>The Rural Surgical and Obstetrical Networks initiative provided the opportunity to demonstrate the safety and quality of rural surgical programs through an evaluation of population-level adverse outcomes data across seven rural sites over five years. Beyond procedural outcomes, this talk will explore the regional impact of sustaining local services through an increased number of patients who are able to delivery locally, the economic impacts of accessing care closer to home, and improved recruitment and retention in rural communities.</p> <p>1. Describe the safety of rural surgical programs, and the impact of access to care closer to home.</p>
<p>Session: 189</p> <p>Dr. Julie Saby Dr. Jessica Froehlich Dr. Mackenzie Moleski Dr. Adedolapo Abe</p>	<p>Transition to Residency</p> <p>The Transition to Residency talk will cover some of the ‘need to know’ tips and advice for starting residency in a rural/regional community and explore the experiences of current rural family medicine residents. This talk is geared towards medical students at all stages in their training, but especially those in their final years. We encourage casual discussion and lots of questions!</p> <p>1. Discuss key administrative tasks to undertake prior to starting residency. 2. Discuss tips and tricks to moving to a new and rural location. 3. Share resources and advice for adjusting to the new demands and expectations of residency. 4. Explore strategies for maintaining wellness and work-life balance in a rural residency. 5. Share non-clinical pearls and our overall advice.</p>
<p>Session: 200</p> <p>Dr. Michael Stoll</p>	<p>Rural Mass Casualty Event- A Review of the James Smith Cree Nation Tragedy</p> <p>I will presenting on my experience being part of the team that managed a number of the casualties from the James Smith Cree Nation tragedy. I will be providing an overview of the events and describing how things went well and what we could improve on. Being that I was also directly involved on the ground with the Humboldt bus crash, I will be comparing the two events and what we did better this time because of what we had learned from the previous tragedy. I would then like to have a group discussion surrounding other peoples experiences of mass tragedy events in their communities.</p> <p>1. Overview of the morning of the tragedy. 2. To review how onsite triaging by a physician saved lives. 3. Evaluate appropriate use of resources/facilities in a rural mass casualty event. 4. Discuss how communication worked well and how it could be better. 5. Compare and contrast the differences from the James Smith tragedy and the Humboldt bus crash.</p>

<p>Session: 201</p> <p>Dr. Kristy Penner</p>	<p>Family Medicine Education Reform Update</p> <p>The College of Family Physicians of Canada (CFPC) published their Outcome of Training Project (OTP) report in January 2022. This report provides educational recommendations to guide future family medicine training, including the recommendation to lengthen family medicine training in order to expand training objectives and improve graduate preparedness of practice and comprehensiveness of practice. Family medicine education reform will impact rural and remote communities in a number of ways, beyond just those communities who are teaching sites for the 17 post graduate medical schools across Canada.</p> <p>In this 2 hour session, there will be an update about education reform and the new family medicine postgraduate training curriculum. Data will be presented from a Society of Rural Physicians of Canada (SRPC) membership survey about education reform. There will then follow a one hour workshop where participants break into small focus groups to discuss how education reform will impact rural or remote communities. SRPC and the Education Reform Advisory Committee will use information gathered from the focus groups to advocate to the CFPC OTC Taskforce and Education Design teams from post graduate programs across Canada for rural and remote education reform resources.</p> <ol style="list-style-type: none"> 1. Review the process and timeline of education reform for family medicine training in Canada. 2. Analyze data from SRPC members with respect to the national curriculum priorities. 3. Brainstorm ideas and solutions to how education reform will impact rural and remote medicine and communities.
<p>Session: 202</p> <p>Dr. Vikas Bhagirath Dr. Christopher Myktyshyn Ms. Mary Claire Hermiston</p>	<p>MAiD: Rural Perspectives and Processes</p> <p>Medical Assistance in Dying (MAiD) became legal in Canada in June 2016 with significant amendments to the existing legislation in March 2021 to support patients with non-terminal illness. While tertiary care centres were quick to implement MAiD programs, rural communities have unique challenges to implementing their own MAiD services. Current statistics and anecdotal experience clearly indicate an increased demand for MAiD services, including in smaller communities. Dr Vikas Bhagirath and Dr Chris Myktyshyn, two Family Physicians, will share their experiences as rural MAiD providers. They will describe the experience of Winchester District Memorial Hospital, a rural community hospital in Ontario which implemented a successful MAiD program. During their presentation they will review the current MAiD legislation as well as the process for MAiD assessments and provisions. The current processes implemented in their community centre will be described for both inpatient and outpatient settings. Ideally, this presentation will serve to increase familiarity with MAiD, so that our processes can be implemented in other rural sites across Ontario to improve MAiD access.</p> <ol style="list-style-type: none"> 1. Gain a brief understanding of the history of MAiD in Canada. 2. Review eligibility criteria and safeguards for MAiD under Track 1 and Track 2. 3. Gain an understanding of the assessment and provision process. 4. Gain an understanding of how to establish a MAiD service in a rural community.

<p>Session: 203</p> <p>Dr. Andrew Jeffery Dr. Tania Henriques Ms. Katelin Sims</p>	<p>Scar Release Workshop (2 hours - to be cont'd)</p> <p>This hands-on workshop reviews the pathophysiology of scars, mechanisms of tissue changes secondary to scar release, patient assessment, treatment technique, patient responses to treatment, and aftercare considerations. A presentation patient will be assessed and treated in real time to illustrate the changes in subjective pain and objective movement.</p> <p>Participants will learn the myoActivation technique of scar release which can be immediately integrated into clinical practice. In many patients, release of surgical or traumatic scars results in a fundamental change in chronic pain symptoms. Release of pre-existing scars prior to surgery can improve pain, mobility, and balance while releasing scars in the postoperative period can improve postoperative pain and dysfunction. Scar release has effective application in treatment of patients presenting to an emergency department.</p> <p>Through practice exercises in pairs, participants will experience the sensation of treatment and the changes in range of movement from release of their own scars.</p> <ol style="list-style-type: none"> 1. Understand the biomechanical effect of scars and consequential effect on persistent pain and mobility restriction. 2. Acquire confidence in safely and effectively altering the physical properties of scars through a dry needling technique. 3. Have fun with needles! <p>Note: Participants will be required to sign an informed consent to receive scar release treatment and to deliver scar release treatment.</p>
<p>Session: 204</p> <p>Dr. Mike Allan Dr. Mike Kolber Dr. Tina Korownyk</p>	<p>Jeopardy</p> <p>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.</p> <ol style="list-style-type: none"> 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.

<p>Session: 205</p> <p>Dr. Chris Patey Mr. Paul Norman</p>	<p>Does your Rural ED Flow? Practical Tips to Improve Department Efficiency and Patient Flow (2 hours - to be cont'd)</p> <p>Background: Emergency departments (EDs) continue to struggle due to staff shortages, a decline in access to primary care providers, and the increasingly complex healthcare needs of an aging population. The result has been subpar ED metrics, overcrowding, and long wait times for patients.</p> <p>The purpose of this lively, back-and-forth session is to share ED Flow pearls that we learned through humble grassroots rural emergency practice in Newfoundland and Labrador, Canada. To reduce wait times and enhance ED care, we will focus specifically on ED patient flow strategies at the individual and department levels.</p> <p>The Session: This intense and enjoyable session will be conducted by an ED nurse and physician who will provide their commentary on various patient flow and department efficiency topics. This course is ideal for those who are interested in improving the quality of emergency care, emergency managers, or active physicians seeking to make their practice and department more efficient.</p> <p>The objective of this session is to introduce participants to ED Flow strategies and to provide them with practical take-home ideas to improve patient access and reduce wait times in their rural emergency departments.</p>
<p>Session: 206</p> <p>Dr. Wilson Lam Dr. Fil Gilic Dr. Jesse Guscott</p>	<p>Advanced Techniques for the Anatomically Difficult Airway: SALAD, Awake, and Fiberoptic Intubation (2 hours - to be cont'd)</p> <p>This rotating workshop will allow participants to troubleshoot and gain hands-on experience with difficult anatomic airways. Techniques practiced will include suction-assisted laryngoscopy and airway decontamination (SALAD), awake laryngoscopic intubation, and fiberoptic intubation.</p> <ol style="list-style-type: none"> 1. Perform Suction Assisted Laryngoscopy & Airway Decontamination (SALAD) to manage the grossly soiled emergency airway. 2. Develop the multiple techniques available for topicalizing the airway in order to facilitate awake intubation. 3. Demonstrate the ability to intubate a simulation task trainer using a bronchoscope/endoscope. 4. Describe the role of video laryngoscopy as a tool in awake intubation.
<p>Session: 207</p> <p>Dr. Bruno Gino</p>	<p>The Occasional Facial Laceration (2 hours - to be cont'd)</p> <p>The discussion of facial lacerations is important because it considers issues that are common to the management of all laceration as well as some special features related to the face.</p> <p>In this workshop it will be possible to learn about how to identify suture indications to get the best cosmetic result in suturing facial lacerations.</p> <ol style="list-style-type: none"> 1. Describe the anatomy and pathophysiology of facial lacerations. 2. Identify the advantages of different types of facial suture. 3. Recognize indications for facial sutures. 4. Interpret the need to raise the comfort level of health team members in facial sutures. 5. Practice facial suturing in occasional facial laceration.

<p>Session: 208</p> <p>Mr. Len Kelly Dr. Ruben Hummelen Ms. Aidan Goertzen</p>	<p>Gestational Diabetes: Updates on Prevention, Screening, and Treatment</p> <p>We will describe the prevalence and impact of gestational diabetes, with a focus on a First Nations population in NW Ontario. We will present an update on prevention, and screening for women at high risk of GDM. We will review how to initiate appropriate treatment for GDM. We will present the results of 2 systematic reviews: early screening with A1C and the efficacy of metformin treatment. Progression to T2DM will be discussed and a review of alternative screening methods highlighted.</p> <ol style="list-style-type: none"> 1. Discuss prevalence of GDM and risk factors. 2. Review approaches to prevent GDM. 3. Identify appropriate screening methods for women at high risk of GDM. 4. Initiate GDM management. 5. Prevent and monitor postpartum T2DM in women with a history of GDM. 6. We will present an example of Quality Improvement in Diabetes in Pregnancy in Indigenous Communities in North West Ontario.
<p>Session: 209</p> <p>Dr. Dorothy Bakker</p>	<p>Recruitment, Retention, and Medical Education – Is There Synergy?</p> <p>Rural and underserved communities continue to struggle to recruit physicians and recruitment strategies are as varied as the communities themselves. This session will lead a discussion that explores recruitment and retention strategies used in Canada with particular emphasis on the contributions of distributed medical education. A review of current literature hopes to demonstrate synergies.</p> <ol style="list-style-type: none"> 1. Consider health and human resource strains in communities. 2. Review the recruitment and retention described in the literature. 3. Identify synergies with communities and distributed medical education.
<p>Session: 220</p> <p>Dr. Peter George Tian Dr. Reid Hosford</p>	<p>From the Neck Up - Airway Management Standardization & ENT Examination</p> <p>Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.</p> <ol style="list-style-type: none"> 1. Present novel results from Canadian rural health research. 2. Facilitate constructive feedback on ongoing research projects. 3. Facilitate networking between rural health researchers, physicians, and students.

<p>Session: 221</p> <p>Dr. Kristy Penner</p>	<p>Family Medicine Education Reform Update</p> <p>The College of Family Physicians of Canada (CFPC) published their Outcome of Training Project (OTP) report in January 2022. This report provides educational recommendations to guide future family medicine training, including the recommendation to lengthen family medicine training in order to expand training objectives and improve graduate preparedness of practice and comprehensiveness of practice. Family medicine education reform will impact rural and remote communities in a number of ways, beyond just those communities who are teaching sites for the 17 post graduate medical schools across Canada.</p> <ol style="list-style-type: none"> 1. Review the process and timeline of education reform for family medicine training in Canada. 2. Analyze data from SRPC members with respect to the national curriculum priorities. 3. Brainstorm ideas and solutions to how education reform will impact rural and remote medicine and communities.
<p>Session: 222</p> <p>Dr. Kate Miller Dr. Menaka Pai</p>	<p>Evaluating Anemia: When to Refer and When to Follow</p> <p>Anemia is a highly prevalent in Canada. About 2% of men and 10% of women are anemic, with higher rates in the elderly and in Inuit and First Nations communities. The vast majority of anemias are discovered on a routine complete blood count, after a patient visits their primary care physician for an unrelated issue. This session will help you quickly sort through the causes of anemia using clues from the CBC, and learn which “red flags” in an anemic patient indicate the need for urgent referral. The focus will be on consulting appropriately, while minimizing testing and/or referral outside of the rural community.</p> <ol style="list-style-type: none"> 1. Quickly sort through the causes of anemia and be able to spot “red flags” in an anemic patient that requires urgent referral. 2. Use clues in the CBC to begin to understand the anemia and order appropriate follow-up testing. 3. Treat or monitor common causes of anemia. 4. Consult appropriately while minimizing testing and/or referral outside of their rural community.

<p>Session: 223</p> <p>Dr. Andrew Jeffery Dr. Tania Henriques Ms. Katelin Sims</p>	<p>Cont'd - Scar Release Workshop (2 hours)</p> <p>This hands-on workshop reviews the pathophysiology of scars, mechanisms of tissue changes secondary to scar release, patient assessment, treatment technique, patient responses to treatment, and aftercare considerations. A presentation patient will be assessed and treated in real time to illustrate the changes in subjective pain and objective movement.</p> <p>Participants will learn the myoActivation technique of scar release which can be immediately integrated into clinical practice. In many patients, release of surgical or traumatic scars results in a fundamental change in chronic pain symptoms. Release of pre-existing scars prior to surgery can improve pain, mobility, and balance while releasing scars in the postoperative period can improve postoperative pain and dysfunction. Scar release has effective application in treatment of patients presenting to an emergency department.</p> <p>Through practice exercises in pairs, participants will experience the sensation of treatment and the changes in range of movement from release of their own scars.</p> <ol style="list-style-type: none"> 1. Understand the biomechanical effect of scars and consequential effect on persistent pain and mobility restriction. 2. Acquire confidence in safely and effectively altering the physical properties of scars through a dry needling technique. 3. Have fun with needles! <p>Note: Participants will be required to sign an informed consent to receive scar release treatment and to deliver scar release treatment.</p>
<p>Session: 224</p> <p>Dr. Simon Moore Dr. Paul Dhillon</p>	<p>LifhackER</p> <p>Using their energetic and engaging teaching style and a dynamic two-speaker presentation format, Dr. Moore & Dr. Dhillon will review unique and novel techniques to improve your patient care in the ER. Including crowd-sourced tips and a literature review to provide a comprehensive review of lifehacks to improve your clinical experience and your clinical care.</p> <ol style="list-style-type: none"> 1. Master simple tricks using equipment in a Rural ER to improve patient care. 2. Review a number of unique tools that you can use and reuse in clinical care for multiple patient presentations. 3. Learn about a number of different Lifehacks that you can use in resource constrained environments.

<p>Session: 225</p> <p>Dr. Chris Patey Mr. Paul Norman</p>	<p>Cont'd - Does your Rural ED Flow? Practical Tips to Improve Department Efficiency and Patient Flow (2 hours)</p> <p>Background: Emergency departments (EDs) continue to struggle due to staff shortages, a decline in access to primary care providers, and the increasingly complex healthcare needs of an aging population. The result has been subpar ED metrics, overcrowding, and long wait times for patients.</p> <p>The purpose of this lively, back-and-forth session is to share ED Flow pearls that we learned through humble grassroots rural emergency practice in Newfoundland and Labrador, Canada. To reduce wait times and enhance ED care, we will focus specifically on ED patient flow strategies at the individual and department levels.</p> <p>The Session: This intense and enjoyable session will be conducted by an ED nurse and physician who will provide their commentary on various patient flow and department efficiency topics. This course is ideal for those who are interested in improving the quality of emergency care, emergency managers, or active physicians seeking to make their practice and department more efficient.</p> <p>The objective of this session is to introduce participants to ED Flow strategies and to provide them with practical take-home ideas to improve patient access and reduce wait times in their rural emergency departments.</p>
<p>Session: 226</p> <p>Dr. Wilson Lam Dr. Fil Gilic Dr. Jesse Guscott</p>	<p>Cont'd - Advanced Techniques for the Anatomically Difficult Airway: SALAD, Awake, and Fiberoptic Intubation (2 hours)</p> <p>This rotating workshop will allow participants to troubleshoot and gain hands-on experience with difficult anatomic airways. Techniques practiced will include suction-assisted laryngoscopy and airway decontamination (SALAD), awake laryngoscopic intubation, and fiberoptic intubation.</p> <ol style="list-style-type: none"> 1. Perform Suction Assisted Laryngoscopy & Airway Decontamination (SALAD) to manage the grossly soiled emergency airway. 2. Develop the multiple techniques available for topicalizing the airway in order to facilitate awake intubation. 3. Demonstrate the ability to intubate a simulation task trainer using a bronchoscope/endoscope. 4. Describe the role of video laryngoscopy as a tool in awake intubation.
<p>Session: 227</p> <p>Dr. Bruno Gino</p>	<p>Cont'd - The Occasional Facial Laceration (2 hours)</p> <p>The discussion of facial lacerations is important because it considers issues that are common to the management of all laceration as well as some special features related to the face.</p> <p>In this workshop it will be possible to learn about how to identify suture indications to get the best cosmetic result in suturing facial lacerations.</p> <ol style="list-style-type: none"> 1. Describe the anatomy and pathophysiology of facial lacerations. 2. Identify the advantages of different types of facial suture. 3. Recognize indications for facial sutures. 4. Interpret the need to raise the comfort level of health team members in facial sutures. 5. Practice facial suturing in occasional facial laceration.

<p>Session: 228</p> <p>Dr. Margo Wilson</p>	<p>A POCUS Workshop: Needle Guidance & Foreign Body Identification/Removal (To be repeated)</p> <p>Using POCUS for the location and removal of foreign bodies, as well as US guidance for central and peripheral venous line placement improves both your success rate and patient care. This session is a hands on workshop using models to practice techniques to improve ultrasound guided needle placement and identification of foreign bodies.</p> <p>In this workshop, participants will have the opportunity to practice locating and extracting foreign bodies embedded in models using POCUS. Participants will also use POCUS to practice needle guidance techniques.</p> <ol style="list-style-type: none"> 1. Review the use of POCUS in locating foreign bodies in tissue. 2. Demonstrate an understanding of foreign body location using POCUS. 3. Development of skills for foreign body extraction using POCUS. 4. Gain familiarity with low cost models that can be easily replicated for ongoing practice and teaching. 5. Review the use of POCUS in procedures such as IV and central line insertion. 6. Demonstrate an understanding of the using POCUS for visualization in procedures. 7. Develop techniques for needle guidance using ultrasound.
<p>Session: 229</p> <p>Dr. Patricia Farrugia</p>	<p>The Indigenous Emperor's New Clothes</p> <p>Sharing personal stories and experiences of microaggressions, institutional policy, clinical environment and academic challenges, Dr. Farrugia will discuss how the presence of anti-Indigenous racism has impacted her career.</p> <ol style="list-style-type: none"> 1. Promote discussion and awareness of the concepts of differential attainment and racialization. 2. Increase awareness of the process of racialization and the impact on racialized colleagues and learners. 3. Identify knowledge deficits and personal experience which may have contributed to unconscious bias and anti-Indigenous racism.
<p>Session: 239</p> <p>Dr. Karl Stobbe</p>	<p>Rural Doctors on the Dark Side</p> <p>When rural doctors become academics: The effects on the physician, the university, and the system. Rural physicians have been the force behind distributed medical education, integrated clerkships, and rural exposure for all family doctors in Canada. Many challenges remain, and new ones are emerging. This talk will explore how rural physicians can increase their influence over medical education.</p> <ol style="list-style-type: none"> 1. Understand the impact of rural physicians on medical education in Canada. 2. Describe how rural physicians can increase their influence. over the direction of medical education in Canada 3. Consider the role of SRPC supporting physicians' academic advancement and influence.
<p>Session: 240</p> <p>Dr. Peter Anto Johnson Dr. Erik Friesen</p>	<p>Drinks, Isolation & Loneliness - Across the Rural-Urban Divide</p> <p>Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.</p> <ol style="list-style-type: none"> 1. Present novel results from Canadian rural health research. 2. Facilitate constructive feedback on ongoing research projects. 3. Facilitate networking between rural health researchers, physicians, and students.

Session: 241

Dr. Trina Larsen-Soles
Dr. Sean Moore

Enhancing Equitable Access to Transport Care: The Time for Action is Now!

Spending an inordinate amount of time arranging transfers to appropriate levels of care is a common problem in many rural Canadian jurisdictions and for rural physicians. Inadequate resources for care in rural and Indigenous communities as well as in larger centres, combined with the particular difficulties of transporting unstable patients with complex conditions safely, makes accessing care 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 for patients.

In response to the challenges of rural patient transfer, the SRPC, in collaboration with CFPC, launched a Call- to-Action statement in April 2021. The statement raised awareness about the significance of this problem as it impacts interfacility transfers between rural and urban hospitals, safe medical transport, the application of comprehensive standards/guidelines, and access to comprehensive data on medical transport. The SRPC called upon government leaders for an effective pan-Canadian approach to better bridge the gaps created by current patient transfer practices and protocols. The SRPC and partners are hosting a national Summit in May 2023 assembling key stakeholders who have direct responsibility in the development of policy, practice protocols and delivery of transfers. The Summit will bring together key decision-makers, patients and families, professional organizations, Indigenous-led and community-based health care organizations, and health care professionals to consider how the delivery of rural transport care can be integrated to ensure improved access to care for rural and Indigenous populations. The goal is to have a national strategy towards implementation of the Call- to-Action Statement to ensure that we have equitable access to care for rural populations.

This session is to seek rural physicians’ input to identify 1-2 key actions to be implemented to ensure equitable access to care for rural Canada. Key themes include: 1)exploring systemic and regional approaches to access comprehensive data on transfers across jurisdictions to enable effective HHR planning/policy development; 2) the effectiveness of no refusal policies and formal cross-jurisdictional/interfacility agreements; 3) the potential effect of relevant existing accreditation standards for health systems, institutions and medical transport organizations; and 4) identify potential quality improvement frameworks through highlighting promising and innovative practices in transport and in rural service delivery(i.e. rural maternity care).

1. Discuss ways to advocate for a systems and regional approaches for effective rural patient transfer with multi-level accountability.
2. Identify priorities and seek opportunities for rural physician role in intraorganizational and interprovincial/territorial collaboration.
3. Provide advice on what are the key issues and players that should be part of a national dialogue.

Session: 243

Dr. Katherine Breen
Ms. Taylor Wilson

Wilderness Medicine for Everyone

This talk will provide a general introduction to the field of wilderness medicine and will explore opportunities for further training and experience. We will review the medico-legal principles that all wilderness medicine physicians should know.

1. Recognize the challenges and limitations in caring for patients in remote and resource poor environments.
2. Explore applications and opportunities for wilderness medicine training.
3. Explore medico-legal principles for wilderness medicine providers.

<p>Session: 244</p> <p>Dr. Sarah Giles Dr. Sarah Mathieson</p>	<p>Real Talk About Emotional Fallout in the ER</p> <p>Everyone who practices any sort of medicine will eventually have a case that has a bad outcome or is emotionally difficult. Difficult cases in smaller communities present special challenges. In this frank discussion, we will review our personal experiences with difficult cases, attempt to normalize some of the feelings healthcare providers might have after a difficult case, and looks at ways of prospectively preparing for the inevitable.</p> <ol style="list-style-type: none"> 1. Imposter syndrome and self-doubt. 2. Several coping mechanisms for dealing with difficult cases. 3. Strategies to help prospectively prepare for difficult cases.
<p>Session: 245</p> <p>Dr. James Goertzen Dr. Vanessa Wildeman</p>	<p>Crucial Conversations: Addressing Learner Professional Lapses</p> <p>Attaining professional competencies is a developmental process. In rural clinical settings, preceptors have key roles teaching learners about professionalism. The literatures reports preceptors tend to be silent about learner professional expectations and may rationalize or bemoan learner professional lapses. Learner perceptions of professional expectations may differ from the realities of rural practice. Learner professional lapses are common and provide opportunities for crucial conversations, reflection, and further learning.</p> <ol style="list-style-type: none"> 1. Identify effective strategies for teaching professionalism during rural clinical placements. 2. Describe preceptor learner boundary crossings including risk factors. 3. Demonstrate four guiding questions to identify professionalism teachable moments and address learner professional lapses.
<p>Session: 246</p> <p>Mrs. Patti Kemp</p>	<p>SRPC Reads</p> <p>In 2019, we launched the SRPC Book Club. We enjoyed a second successful meeting in Ottawa in 2022. In 2023, we would like to continue to build on our success.</p> <p>Although we only meet once a year, like any good book club, we talk about books and enjoy good fellowship. As with our first two sessions, we will discuss books from CBC’s Canada Reads, described as the CBC’s annual “Battle of the Books.” These books are widely available across the country and the competition concludes with one book selected as the annual “must read” book for all Canadians. This year, the debate is looking for "one book to shift your perspective." Read one, read none or read them all – it doesn't matter! Come out for a lively and engaging chat about books, Canada Reads and Canada's literary landscape.</p> <ol style="list-style-type: none"> 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.

<p>Session: 247</p> <p>Dr. Patricia Farrugia</p>	<p>Medical Colonialism and Accessibility to Healthcare</p> <p>This session will explore the impacts of colonization on Indigenous Peoples and the relationship between Indigenous Peoples and healthcare institutions within Canada. The session will further explore how past events, such as residential schools, have created systemic barriers to accessible healthcare for Indigenous Peoples.</p> <ol style="list-style-type: none"> 1. Explore and gain an understanding of the impacts of colonization on Indigenous Peoples in Canada. 2. Reflect upon individual and systemic bias which influence care of Indigenous Peoples in a healthcare setting 3. Understand the colonization legacy and the barriers to healthcare access among Indigenous People. 4. Discuss and advocate for appropriate resource allocation for care of Indigenous People.
<p>Session: 248</p> <p>Dr. Hannah Schoichet</p>	<p>DVT POCUS</p> <p>Attendees will participate in this combined didactic and hands-on session to develop a practical approach for when, why, and how to perform DVT POCUS in a rural setting. Attendees may be asked to act as models and should have a change of shorts if possible!</p> <ol style="list-style-type: none"> 1. Learn the technique, pearls and pitfalls of performing Point of Care Ultrasound (POCUS) for lower extremity venous thrombosis. 2. Develop a rural centric workflow for work-up and treatment of lower extremity DVT. 3. Get hands on practice with the technique.
<p>Session: 249</p> <p>Dr. Amanda Bell Dr. Christina Grant</p>	<p>With All Due Respect: Medical Trainee Mistreatment in 2023</p> <p>Mistreatment of trainees is rarely intended, known to be harmful and yet widely experienced by students and residents in many settings. This presentation by two leaders in medical education will review the scope, breadth and prevalence of mistreatment towards medical learners. They will provide an overview of the complexity of policies addressing mistreatment at the university and hospital level. They will identify barriers to the reporting of mistreatment by learners and use the example of the newly-created Office of the Learning Environment and Mistreatment at McMaster University to discuss way to address reporting and management of mistreatment.</p> <ol style="list-style-type: none"> 1. Define medical learner mistreatment and become familiar with prevalence and scope of behaviours considered mistreatment. 2. Appreciate the range of policies that deal with aspects of mistreatment at the university and hospital level. 3. Identify barriers to reporting mistreatment. 4. Become familiar with McMaster’s model to address reporting and management of learner mistreatment.

<p>Session: 260</p> <p>Dr. Agnes Sobiesiak</p>	<p>What Your Undergraduate Medical Education Failed to Teach You - How to Recognize, Treat, and Support Victims of Human Trafficking in Canada</p> <p>There's a major push by a few medical schools to incorporate teaching around human trafficking into medical training. Why? It is currently the fastest growing crime globally, and projected to outpace drug trafficking in the upcoming years. It's deeply rooted in Canadian communities, and disproportionately exploits vulnerable populations, including Aboriginal and Inuit women and girls. As primary care physicians, emergency medicine practitioners, pediatricians, and obstetricians, we are often the first and sometimes frequent contacts for these individuals, but previous studies have shown that over 60% of physicians did not know the patient they were treating was being trafficked.</p> <ol style="list-style-type: none"> 1. Be able to appreciate and understand the gravity of the crime within Canadian borders. 2. Begin to recognize the signs of trafficking and what to do when you identify it. 3. Understand the medical and psychological needs of trafficking victims. 4. Be able to provide specific trauma-informed care to trafficking victims. 5. Gain valuable resources to offer staff and victims and understand when it is safe to provide them.
<p>Session: 261</p> <p>Dr. Francisco Garcia</p>	<p>Over the Rainbow and Under the Bridge – Challenges in LGBTQ Health for the General Practitioner</p> <p>The talk will broadly speak on some of the more unique health challenges that are present for the LGBTQ community, and how the health care system interacts with them. There will be some discussion on concerns that would not be as prevalent in heterosexual encounters, and a brief primer on transition care and assessment for the generalist.</p> <ol style="list-style-type: none"> 1. Familiarization with terminology in LGBTQ culture. 2. Review sensitivity associated with LGBTQ patients accessing care. 3. Unique sexual health concerns for different LGBTQ patients. 4. Introduction to transition work any generalist can initiate.
<p>Session: 262</p> <p>Dr. Trish Uniac</p>	<p>Addictions in the Office: Part 1 - The Nitty Gritty of Addictions in Family Practice</p> <p>Learn straight forward, time saving ways to discuss addiction with your patients. Walk away with a list of resources that your patients will be able to use regardless of where they live, and some suggestions for medically treating cravings and withdrawal of substances.</p> <p>Instead of feeling your heart drop when certain patients are in your office, find ways to welcome them and help them move along the stages of change without ruining the rest of your day.</p> <ol style="list-style-type: none"> 1. Be able to diagnose substance use disorders quickly and know when they should be on the differential. 2. Understand how your patients are using drugs. 3. Take away practical treatments and monitoring for substance use disorders.

<p>Session: 263</p> <p>Dr. Jillann Farmer</p>	<p>Can Medicine As We Know It Survive in a Post-truth World?</p> <p>Through a lens of two major public health outbreaks (Ebola in 2014 and Covid-19), Dr Farmer will examine the status of science and medicine in today's world, where information and misinformation compete, with the outcome increasingly uncertain. The session will explore the challenges this presents for medical practice, in particular, for small communities where the social compact of trust and respect between health professionals and the people they serve is the glue that keeps services operating.</p> <ol style="list-style-type: none"> 1. Evaluate the interface between public health and political decision making. 2. Recognise the impact that misinformation has on public attitudes and behaviours. 3. Reflect on their own journey and the impact on the profession of these global trends. 4. Apply those reflections to enhance their own and their community's resilience and future preparedness.
<p>Session: 264</p> <p>Dr. Reid Hosford Dr. Meredith Hutton Dr. Kylan McAskile</p>	<p>Difficult Airway Management: A Team-Based Approach</p> <p>This presentation is aimed at multidisciplinary healthcare teams with the goal of improving unanticipated difficult airway management. Similar to standardized training for other life-threatening events (i.e. cardiac arrest), we feel that having common language and a shared mental model will enhance provider confidence, team performance and patient care in the management of a difficult airway.</p> <ol style="list-style-type: none"> 1. List predictors of a difficult airway and define failure of airway capture. 2. Identify recommended equipment for difficult airway management. 3. Explain the Canadian Airway Focus Group 2021 consensus guidelines for unanticipated difficult airway management. 4. Describe the equipment required and steps involved to perform a scalpel-bougie surgical cricothyroidotomy for emergency front of neck access.
<p>Session: 265</p> <p>Dr. Anthony Fong</p>	<p>Disaster Medicine</p> <p>As highly adaptable generalists who work in under-resourced settings, rural physicians are ideal candidates for responding to local and international humanitarian disasters. This workshop will use real scenarios in disaster medicine to review universal concepts of scene safety, medical logistics and ethics.</p> <ol style="list-style-type: none"> 1. Review the core principles of disaster response. 2. Identify three practical differences between the response to a natural disaster and the response to a conflict. 3. Name three concepts of humanitarian ethics and explain why they are important.
<p>Session: 266</p> <p>Dr. Virginia Robinson Ms. Milica Novakovic</p>	<p>Increasing Your Diagnostic Certainty with Ultrasound</p> <p>Pneumonia, cellulitis, CHF, Gallstones, and hydronephrosis are just some of the fast and easy ultrasound applications that can increase your diagnostic certainty in the office, emergency room or hospital ward. We will review these applications through real cases, demonstrating how ultrasound can help reassure yourself and your patient that you are on the right track.</p> <ol style="list-style-type: none"> 1. Review simple ultrasound applications. 2. Review 5 case studies that incorporate these applications. 3. Tips and tricks for avoiding misdiagnoses.

Session: 267

Dr. Adam Dubrowski
Dr. Bruno Gino
Dr. Gordon Brock
Ms. Julia Micallef
Ms. Krystina Clarke
Ms. Dilothi Selvarajah
Ms. Amanpreet Jolly

Development, Fabrication & Hands-on Practice on 3D Printed Simulators in the Context of Training for Rural & Remote Practice (2 hours - to be repeated)

Background: Additive manufacturing (AM) is a relatively new technique that is disrupting simulation based education. Three dimensional (3D) printing is the most known form of AM. The benefits of AM include customization of simulators to fit any context and the reduction of costs. The overarching purpose of this workshop will be to allow the attendees to learn about 3D printing and practice psychomotor/technical skills on these simulators.

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The workshop will consist of three parts:

Part 1: 1-hour didactic session that will address objectives 1- 3.

Part 2: 1-hour hands on experience that will address objective 4.

Part 1 will be a mix of didactic and hands-on experiences. It is strongly advised that all participants bring a laptop with internet connection. First, using Tinkercad software, the participants will work on designing and customizing a very simple suture pad. In the remainder of part 1, they will work with silicone solutions and 3D printed models to build a prototype suture pad. In part 2, all participants will be divided into 3 small sub groups and each group will be able to practice skills on three simulators: suturing, IO and perineal repair. They will also be able to explore more complex simulators such as needle decompression, anal sphincter repair, and intravenous insertion skills.

1. Demonstrate proficiency at the use of hardware, software and selection of manufacturing materials available and the operations of 3D printers.
2. Modify a simple 3D model for printing.
3. Create silicone solutions to construct soft tissues.

Hands on practice

4. Understand the difference between AM created models vs commercially available ones by testing both for:
 - a. Suturing
 - b. Intraosseous (IO) Insertion
 - c. Perineal repair

Session: 268

Dr. John Pawlovich
Dr. Matt Petrie
Dr. Jeff Beselt
Ms. Nicole Minielly
Dr. Julia Robson

Real-Time Virtual Support: A Virtual Most Responsible Provider Model to Support Providers and Enhance Equity of Access in Rural BC

The Real-Time Virtual Support (RTVS) Peer Pathways launched in April 2020 to enhance health equity in rural, remote, and Indigenous communities across British Columbia (BC). They do this by connecting rural healthcare providers and patients to culturally safe and collegial Virtual Physicians (VP) via Zoom or telephone.

An important evolution of the RTVS Peer Pathways has been the provision of Most Responsible Provider (MRP) care.

In summer 2020 there was a patient death in a rural community supported by a nursing outpost station. The outcome of the review was the request to have the RTVS VPs act as the MRP in situations where there is not a physician on the ground. The intent was to create a consistent virtual MRP that nurses at vulnerable rural sites could partner with on patient care, as well as a consistent MRP that the Patient Transfer Network (PTN) could work with for transport, if required. Nursing outpost stations are the largest users of RTVS, accounting for over 65% of encounters. 24/7 MRP support is provided by RTVS VPs to nurses at these outposts, with 25 communities actively utilizing one of the peer pathways.

Additionally, the peer pathways have provided first on call virtual MRP coverage for emergency (RUDi), pediatrics (CHARLiE), and critical care and internal medicine (ROCCi) at 7 different acute sites across Northern and Interior BC that have or are experiencing crisis shortages of physicians. This support has prevented over 1000hrs of diversion of rural EDs through RUDi, embedded CHARLiE into the call-rota for a large region in northern BC since September 2020, and provided 70hrs of ROCCi coverage for a regional hospital and referral centre in northern BC.

This support has been instrumental in enhancing recruitment and retention of providers (nurses and physicians) in these communities, while improving patient outcomes and experience.

1. Understand the context and intent behind the RTVS peer-to-peer program.
2. Understand the relationship and process development required to enable virtual MRP work across health authorities.
3. Understand potential use cases for RTVS MRP coverage.
4. Understand the impacts on provider recruitment, retention, and wellbeing.
5. Understand the impacts on patient access to health care.
6. Experience a Zoom Simulation of a call with a RTVS Virtual Physician.

<p>Session: 269</p> <p>Dr. Andrew Hunt Dr. Aaron Johnston Ms. Twylla Hamelin</p>	<p>Preceptor Recruitment, Retention and Recognition</p> <p>Clinical faculty are amongst the most valuable resources to the delivery of medical education curricula, but operating a medical school outside of metropolitan areas often comes with obstacles that include access to fewer faculty. Engagement of clinical faculty is critical yet increasingly challenging. Three medical schools from across Canada will speak to their experiences and share best practices in recruiting, retaining and recognizing distributed clinical faculty.</p> <ol style="list-style-type: none"> 1. To highlight the importance of and challenges to maintaining sufficient DME preceptor resources. 2. To provide strategies to recruit new DME preceptors. 3. To provide strategies to maintain engagement of existing DME preceptors. 4. To highlight methods of preceptor recognition and their importance in maintaining a robust preceptor cohort. 5. To provide strategies to revive dormant DME preceptors and to re-engage them in medical education (a potential 4th "R"). 6. To provide examples of how the Triple R approach has helped enhance DME delivery at Memorial University, the University of Northern British Columbia and the University of Calgary.
<p>Session: 280</p> <p>Dr. Mackenzie Moleski</p>	<p>Rural Residency Fair</p> <p>Canada has over 80 rural sites that medical students can choose from to pursue residency training in family medicine. SRPC's Rural & Remote Conference is ideal for highlighting the abundance of programs and their unique characteristics.</p> <p>The first half of this session will include short presentations by each represented rural residency program on the highlights of their program. In the second half, medical students can walk around to each table "speed-dating style" to speak directly to programs, network, and ask any questions they may have.</p> <ol style="list-style-type: none"> 1. Connect pre-clerkship and third year clerkship medical students with rural residency program directors, program administrators, and current residents to learn more about available programs across the country in preparation for CaRMS. 2. Allow fourth year medical students who have already matched to meet and network with their future rural colleagues.
<p>Session: 281</p> <p>Dr. Francisco Garcia</p>	<p>Female Sexual Health: The Final Frontier – A Primer for the Generalist to Go Where No Doctor Has Gone Before</p> <p>Overview on female sexual medicine, the current state of clinical information, and what new clinical options exist for generalists to include in their assessments.</p> <ol style="list-style-type: none"> 1. Review female sexual response cycle. 2. Domains of female sexual dysfunction. 3. Disorders of each domain. 4. Disorder specific female genital anatomy review. 5. Be able to identify common FSD disorders.

<p>Session: 282</p> <p>Dr. Trish Uniac</p>	<p>Additions in the office: Part 2 - Maintaining your Patience (and Patients) While Treating Addiction</p> <p>Learn straight forward, time saving ways to discuss addiction with your patients. Walk away with a list of resources that your patients will be able to use regardless of where they live, and some suggestions for medically treating cravings and withdrawal of substances.</p> <p>Instead of feeling your heart drop when certain patients are in your office, find ways to welcome them and help them move along the stages of change without ruining the rest of your day.</p> <ol style="list-style-type: none"> 1. Learn how to stay true to your values while "meeting patients where they are at". 2. Identify areas to employ curiosity to keep you and your patient on task. 3. Find ways to stop dreading when your addicted patients come into office.
<p>Session: 283</p> <p>Dr. Wilson Lam Ms. Emma Lee</p>	<p>Ventilators: Better Understanding for Better Patient Care in an Era of Transport Delays</p> <p>Ventilator education is often plagued by discussion of overly complex physiology and subsequently fails to effectively convey what providers need to know. In this interactive talk designed for rural ED providers, we will focus upon the basics of understanding ventilator parameters, when and how to make changes safely, and how to monitor our patients in an era of transport delays.</p> <ol style="list-style-type: none"> 1. Develop an approach to initiating mechanical ventilation in the rural ED. 2. Demonstrate the ability to set safe ventilator parameters. 3. Develop an approach to ventilator alarms.
<p>Session: 284</p> <p>Dr. Reid Hosford Dr. Meredith Hutton Dr. Kylan McAskile</p>	<p>Tools and Techniques for Difficult Airway Management</p> <p>The aim of this workshop is to discuss techniques and tools that can assist with management of both the anticipated and unanticipated difficult airway. We recognize that individual rural and remote communities will have different levels of practitioner experience and tools available for difficult airway management. Therefore, we will present a variety of airway adjuncts and techniques to help participants develop skills that are relevant to their community and area of practice.</p> <ol style="list-style-type: none"> 1. Review recommended equipment for difficult airway management. 2. Demonstrate and practice scalpel-bougie surgical cricothyroidotomy for emergency front of neck access, including the use of ultrasound for anatomic landmarking. 3. Demonstrate and practice intubation via laryngeal mask airway. 4. Review recommendations for difficult airway carts/boxes.

<p>Session: 285</p> <p>Dr. Narisa Duboff Ms. Simone Smith Mr. Noah Carr-Pries</p>	<p>Palliative Care Approach to Nausea and Vomiting</p> <p>This presentation aims to provide an overview of nausea and vomiting in advanced illness - the underlying etiologies, the options for management, and the evidence for these interventions. We hope to guide the rural family physician in recognizing this symptom, intervening early, and providing quality palliative care and symptom management for patients with nausea and vomiting suffering from advanced illnesses. We will also review some practical considerations related to managing nausea and vomiting in the home at the end-of-life.</p> <ol style="list-style-type: none"> 1. Definition, prevalence, impact. 2. Assessment of nausea and vomiting. 3. Review of pathophysiology and etiologies of nausea and vomiting in advanced illness. 4. Overview of management, interventions, and evidence base for these. 5. Cautions and considerations.
<p>Session: 286</p> <p>Dr. Mike Allan Dr. Mike Kolber Dr. Tina Korownyk</p>	<p>Learning in Practice: Audience Selected Cases</p> <p>This session will closely mirror your practice. We'll start with 12 patients in a morning clinic, listed with patient's name, age, sex, and chief complaint. The audience will then select which patients they want the presenter to review. Just like practice, patients will vary by age, sex, complaint and specific characteristics. We may see an adolescent with a new rash, nausea/vomiting in pregnancy, new onset of neurological disorder, elderly patient with atrial fibrillation med review, and many others, just like real practice. In each case, we will progress through chief complaint, history, physical exam (with actual rash/clinical exam findings), test options/results, and therapeutic considerations/trials. Each case contains at least 3 separate clinical question for audience members to reflect on their knowledge or approach. All answers are derived from the combinations of best available evidence, clinical practice guidelines, standards of care and clinical experience. We will also demonstrate the use of practical tools to enhance practice. This is a highly interactive session, reflects the office family practice across the country and will provide the most recent evidence/guidance for optimal management of our patients.</p> <ol style="list-style-type: none"> 1. Comprehend key features of quickly narrowing differential diagnoses on early presentations, including disease incidence. 2. Implement key aspects of diagnostic evaluation, including utility of differing diagnostic questions/exams/tests. 3. Formulate structured plans, including therapeutic interventions, for a wide variety of patient presentations.

Session: 287

Dr. Adam Dubrowski
Dr. Bruno Gino
Dr. Gordon Brock
Ms. Julia Micallef
Ms. Krystina Clarke
Ms. Dilothi Selvarajah
Ms. Amanpreet Jolly

Development, Fabrication & Hands-on Practice on 3D Printed Simulators in the Context of Training for Rural & Remote Practice (2 hours - to be repeated)

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Session: 288

Dr. John Pawlovich
Dr. Tamara Pacholuk
Ms. Kim Williams
Ms. Nicole Minielly
Ms. Hayley Wroot

Co-Creating Collaborative Virtual Care Through Relationship: Successes and Challenges in the Development of an Interdisciplinary, Virtually Enabled Care Network for Northern British Columbia

The Rural, Remote, First Nations and Indigenous COVID-19 Response Framework is mandated to help ensure people living in rural, remote and Indigenous communities in B.C. have access to critical health care they can count on to meet their unique needs. Virtual health has a vital role to play by improving equity, access, and the care experience, and by supporting the provider’s experience. However, alongside the explosion in need for virtual health solutions caused by the Covid-19 pandemic, there developed a vulnerability – disparate groups providing different solutions with the potential result being system instability and fragmented care.

Working in partnership, Northern Health, the Rural Coordination Centre of BC, the First Nations Health Authority (FNHA), and the BC Ministry of Health are co-creating virtual communities of practice that transcend borders and professions. These contribute to increased equity of access to care, both primary and specialized, for the people of northern B.C., while respecting the foundational need for longitudinal, relationship-based care. The result is the creation of numerous virtual pathways to care. Real-Time Virtual Support (RTVS) peer pathways connect rural providers in 132 rural communities to a Virtual Physician. The FNHA Virtual Doctor of the Day, another RTVS pathway, connects Indigenous patients and their families to care no matter where they live. These pathways enable timely access to culturally safe and humble care and have become support tools that embolden providers and learners to experience the value of living and caring for people away from urban and regional centres.

At the core of this work is relationship-building, compassion, and ingenuity aimed at improving patient outcomes and patient and provider experience. Successes so far have involved work at local, regional and provincial levels across health partners and existing networks of support. Moving forward, the ability to be responsive to emerging needs is pivotal to continued success.

1. Understand the importance of relationships and partnership in building and delivering virtual care.
2. Understand the impacts on patient access to health care.
3. Understand the importance of intentionally supporting (Virtual) Providers to practice in a culturally safe and humble day.

Session: 289

Ms. Kris Bowes
Ms. Carrie Grigg
Ms. Twylla Hamelin
Ms. Tami Everding
Ms. Melanie Pulling

Hot Topics in Distributed Medical Education

This will be an open forum for discussion and sharing of information between medical school administrators through interactive discussions on current hot topics facing medical schools across the country.

The topics for discussion are Affiliation Agreements, Increasing Housing and Travel Costs for Learner Core Rotations, and Increased Medical Learner Academic Accommodation.

At the end of this forum, participants will understand how schools ensure Affiliation Agreements align with Committee on Accreditation of Canadian Medical Schools (CACMS) requirements for accreditation, understand the provincial funding models for medical learner rural and remote core rotations and identify ways to promote and support learner’s needs when academic accommodations are required.

<p>Session: 300</p> <p>Dr. Leilani Doyle Dr. Dan Power</p>	<p>Airway Management in Trauma</p> <p>This will be a practical update on what's new in airway management in trauma, in addition to some practical tips and trick. I will be focusing on:</p> <ol style="list-style-type: none"> 1) BVM as the 1st crucial skill in resuscitation. How to do it well...it's much harder than it looks to do properly. 2) SGA like the LMA or iGel 3) Cricothyroidotomy - the simple scalpel, finger, bougie technique. <p>Understand the current state of literature for best practices in airway management in trauma including:</p> <ul style="list-style-type: none"> - 'C' before 'A' or resuscitate before you intubate. - Management of the soiled airway. - Airway checklist and algorithms - why are they worth the time. - CICO emergencies and how to train for the surgically inevitable airway.
<p>Session: 301</p> <p>Dr. Claire Moffatt</p>	<p>Careers in Rural Surgery (ESS/OSS) for Family Physicians (Intended for Students and Residents)</p> <p>This workshop is intended for student and residents.</p> <p>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.</p> <ol style="list-style-type: none"> 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.
<p>Session: 302</p> <p>Dr. Sarah Giles Dr. Sean Moore</p>	<p>I Made a Mistake: Coping with Medical Error</p> <p>We will explore the effects that making a mistake or lapse in judgment may have on the provider, how to have a plan in place to deal with these inevitable moments, and how to move forward from them. We will also examine how department leads and Chiefs of Staff can work with care providers to help improve performance, emotional wellness, and patient outcomes.</p> <ol style="list-style-type: none"> 1. Define medical errors. 2. Review conditions that make medical errors more likely (i.e. everything that is happening in medicine today). 3. Examine different methods of dealing with the emotional aftermath of medical errors. 4. The attendee should leave the session with useful ways to cope with, and rebound from, medical errors.

<p>Session: 303</p> <p>Dr. Martha Riesberry Dr. Dale Dewar</p>	<p>Basic Suturing Workshop (2 hours - To be repeated.)</p> <p>Two instructors, using video and slide material, will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigtails under supervision.</p> <ol style="list-style-type: none"> 1. Learn equipment and basic suturing techniques for lacerations and minor surgery. 2. Learn appropriate application of the various techniques. 3. Have an opportunity to practice techniques under supervision.
<p>Session: 304</p> <p>Mr. Mateo Orrantia Dr. Eliseo Orrantia Dr. Ryan Patchett-Marble</p>	<p>PRACTISS Rural Simulations (2 hours - to be cont'd)</p> <p>This workshop is meant to help novice or inexperienced practitioners become comfortable facilitating effective medical simulations using PRACTISS (Peer-Run Applied Cases for Teaching Interdisciplinary Simulations and Scenarios)--a FOAMED online platform we developed to help those in rural and remote areas deliver simulation education to their peers or learners. Participants are encouraged to bring their own tablets or laptops, though this is not required.</p> <p>The workshop will begin with a brief presentation outlining the importance of simulations in rural environments, and the barriers impeding its implementation in the rural and remote context. We will then introduce how the PRACTISS platform helps overcome those barriers, and briefly describe the platform's main features - its database of scenarios, prebrief and debrief scripts, facilitator supports, and live feedback tools.</p> <p>The attendees will then be broken into small groups of 3-4, and given tablets if they did not bring their own devices. In groups, the attendees will each get the chance to facilitate fun non-medical simulation scenarios using the PRACTISS platform. Doing so, attendees will become familiar with using PRACTISS' tools to run effective simulation experiences as novice facilitators—from the prebriefing of the simulation to the debriefing and the collection of feedback. A presenter will help coach each group through the activity.</p> <p>Groups will be brought together at the end for a final debriefing discussion and question period.</p> <ol style="list-style-type: none"> 1. Recognize the importance of effective medical simulation activities in rural environments and how PRACTISS helps overcome barriers to their implementation. 2. Identify, explore, and perform the key components of effective medical simulation activities using PRACTISS—including the prebrief, the simulation itself, the debrief, and the collection of feedback. 3. Become comfortable facilitating a rural medical simulation with minimal experience, resources, and preparation.
<p>Session: 305</p> <p>Dr. Pierre De Moissac</p>	<p>Insertion of Contraceptive Implant (aka Nexplanon)</p> <p>In this presentation we will review indications/contraindication, efficacy, advantages, and disadvantages of the contraceptive implant compared to other contraceptive options. We will go over the insertion procedure including timing of insertion with consideration to post-partum periods or regular menstrual cycles and describe the tools and steps necessary for insertion or removal of a contraceptive implant.</p> <ol style="list-style-type: none"> 1. Review indications, efficacy advantages and disadvantages of the contraceptive implant compared to other contraceptive options. 2. Become familiar with insertion timing and procedure. 3. Hand on practice of insertion procedure and removal with models.

<p>Session: 306</p> <p>Dr. Mike Allan Dr. Mike Kolber Dr. Tina Korownyk</p>	<p>New True and Poo: New Clinically Relevant Studies for Primary Care</p> <p>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.</p> <ol style="list-style-type: none"> 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.
<p>Session: 307</p> <p>Dr. Adam Dubrowski Dr. Bruno Gino Dr. Gordon Brock Ms. Julia Micallef Ms. Krystina Clarke Ms. Dilothe Selvarajah Ms. Amanpreet Jolly</p>	<p>Development, Fabrication & Hands-on Practice on 3D Printed Simulators in the Context of Training for Rural & Remote Practice (2 hours - to be repeated)</p> <p>Background: Additive manufacturing (AM) is a relatively new technique that is disrupting simulation based education. Three dimensional (3D) printing is the most known form of AM. The benefits of AM include customization of simulators to fit any context and the reduction of costs. The overarching purpose of this workshop will be to allow the attendees to learn about 3D printing and practice psychomotor/technical skills on these simulators.</p> <p>Format:</p> <p>The workshop will consist of three parts:</p> <p>Part 1: 1-hour didactic session that will address objectives 1- 3.</p> <p>Part 2: 1-hour hands on experience that will address objective 4.</p> <p>Part 1 will be a mix of didactic and hands-on experiences. It is strongly advised that all participants bring a laptop with internet connection. First, using Tinkercad software, the participants will work on designing and customizing a very simple suture pad. In the remainder of part 1, they will work with silicone solutions and 3D printed models to build a prototype suture pad. In part 2, all participants will be divided into 3 small sub groups and each group will be able to practice skills on three simulators: suturing, IO and perineal repair. They will also be able to explore more complex simulators such as needle decompression, anal sphincter repair, and intravenous insertion skills.</p> <ol style="list-style-type: none"> 1. Demonstrate proficiency at the use of hardware, software and selection of manufacturing materials available and the operations of 3D printers. 2. Modify a simple 3D model for printing. 3. Create silicone solutions to construct soft tissues. <p>Hands on practice</p> <ol style="list-style-type: none"> 4. Understand the difference between AM created models vs commercially available ones by testing both for: <ol style="list-style-type: none"> a. Suturing b. Intraosseous (IO) Insertion c. Perineal repair

<p>Session: 308</p> <p>Dr. Gavin Parker</p>	<p>Procedural Sedation In The Rural ED</p> <p>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.</p> <ol style="list-style-type: none"> 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.
<p>Session: 309</p> <p>Dr. Gail Robson</p>	<p>Inuvik: Why So Many Medical Learners Return to the Land of the Midnight Sun</p> <p>Inuvik has been a longstanding teaching site with a regular and much loved supply of medical students and residents. It has been noted that many of these learners come back either as locums or as staff physicians. At times our entire physician group has been almost entirely made up of former learners.</p> <p>Much of the allure of Inuvik and the Beaufort Delta should be credited to the remarkable sense of community and culture fostered by the Inuvialuit and Gwich'in people whose land this is and others who have come from afar and brought their diverse identities, skills, and experiences.</p> <p>However much effort has also been made over the decades to foster pride in being a teaching site driven by a commitment to medical education and as a way to ensure a sustainable physician service in the decades to come. It seems to be working, with countless medical students and residents enjoying a longitudinal relationship with this region. In this session we'll take a look at the many reasons why we think it's a great place to be a medical student or resident and the many reasons so many people chose to continue to practice here.</p> <p>You might find this session useful if you are considering options for your training or practice, a physician pondering what makes a practice environment engaging and rewarding, or if you have learners in your practice.</p> <p>Recognizing how many strong teaching sites there are in rural Canada, there will be a lengthy discussion period so that you can share your own successes and challenges.</p> <ol style="list-style-type: none"> 1. An overview of Inuvik and the Beaufort Delta Regions: the people and communities. 2. A day in the life of an Inuvik physician. 3. Our approach to incorporating learners into our team. 4. Anti-racist and culturally safe care. 5. Challenges and areas for growth.
<p>Session: 320</p> <p>Dr. Michelle Lajzerowicz</p>	<p>Pelvic Floor Dysfunction</p> <p>We will review some of the symptoms of pelvic floor dysfunction, review the anatomy and then introduce the pelvic floor examination. We will then discuss and demonstrate fitting of ring pessaries.</p> <p>After the workshop participants should be comfortable with diagnosing and prescribing therapy for pelvic floor dysfunction. Additionally the participants should have an introductory comfort with ring pessary fitting.</p>

<p>Session: 321</p> <p>Dr. Jessica Rollings-Scattergood Dr. Sarah Gower</p>	<p>To Bra or Not to Bra - Considerations in the Rural Obstetrical Emergency</p> <p>How does a hospital with an operating room staff out of house mobilize for the obstetrical emergency? A review of the code 777 process implemented in Groves Memorial Community Hospital in Fergus Ontario. A look at some of the strategies and policies that make a small town hospital obstetrical program run safely.</p> <p>1. Looking at rural issues in operating room mobilization.</p>
<p>Session: 323</p> <p>Dr. Martha Riesberry Dr. Dale Dewar</p>	<p>Basic Suturing Workshop (2 hours - To be repeated)</p> <p>Two instructors, using video and slide material, will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.</p> <p>1. Learn equipment and basic suturing techniques for lacerations and minor surgery. 2. Learn appropriate application of the various techniques. 3. Have an opportunity to practice techniques under supervision.</p>
<p>Session: 324</p> <p>Mr. Mateo Orrantia Dr. Eliseo Orrantia Dr. Ryan Patchett-Marble</p>	<p>Cont'd - PRACTISS Rural Simulations (2 hours)</p> <p>This workshop is meant to help novice or inexperienced practitioners become comfortable facilitating effective medical simulations using PRACTISS (Peer-Run Applied Cases for Teaching Interdisciplinary Simulations and Scenarios)--a FOAMED online platform we developed to help those in rural and remote areas deliver simulation education to their peers or learners. Participants are encouraged to bring their own tablets or laptops, though this is not required.</p> <p>The workshop will begin with a brief presentation outlining the importance of simulations in rural environments, and the barriers impeding its implementation in the rural and remote context. We will then introduce how the PRACTISS platform helps overcome those barriers, and briefly describe the platform's main features - its database of scenarios, prebrief and debrief scripts, facilitator supports, and live feedback tools.</p> <p>The attendees will then be broken into small groups of 3-4, and given tablets if they did not bring their own devices. In groups, the attendees will each get the chance to facilitate fun non-medical simulation scenarios using the PRACTISS platform. Doing so, attendees will become familiar with using PRACTISS' tools to run effective simulation experiences as novice facilitators—from the prebriefing of the simulation to the debriefing and the collection of feedback. A presenter will help coach each group through the activity.</p> <p>Groups will be brought together at the end for a final debriefing discussion and question period.</p> <p>1. Recognize the importance of effective medical simulation activities in rural environments and how PRACTISS helps overcome barriers to their implementation. 2. Identify, explore, and perform the key components of effective medical simulation activities using PRACTISS—including the prebrief, the simulation itself, the debrief, and the collection of feedback. 3. Become comfortable facilitating a rural medical simulation with minimal experience, resources, and preparation.</p>

<p>Session: 325</p> <p>Dr. Stefan Grzybowski Mr. Aria Rezapour Mr. Haeden Turner Ms. Maya Venkataraman</p>	<p>Alternative Physician Payment and Rural Community Resilience</p> <p>CCEDARR Canada, a qualitative exploratory study into lessons learned from the COVID-19 pandemic, has highlighted the influence of physician payment models as a key element in understanding the resilience of rural communities in the face of ecosystem disruption. This presentation will explore the processes of the CCEDARR study as well as consider the benefits and limitations of different rural physician payment models. This workshop will be contextualized by considering the current state of rural health care and the collective challenges that we face in improving service provision. Opportunity for discussion and debate will be provided as well as encouraging the brainstorming of potential modifications to rural physician payment models that may make both physicians and their communities more resilient.</p> <ol style="list-style-type: none"> 1. Present the evidence that supports alternative payment models and enhancing rural community resilience. 2. Consider the advantages and disadvantages of alternative payment models vs fee-for-service in responding to climate change and ecosystem disruption at the rural community-level. 3. Brainstorm potential modifications to rural physician payment models to support rural community sustainability.
<p>Session: 326</p> <p>Dr. Roy Kirkpatrick Ms. McKenzie Van Eaton</p>	<p>Soft Tissue Infections</p> <p>We will review the pathogenesis and management of soft tissue infections.</p> <ol style="list-style-type: none"> 1. To understand the microbiology of soft tissue infections. 2. To develop an approach to antimicrobial therapy for soft tissue infections. 3. To develop an approach to investigation of soft tissue infections and contributing co-morbidities. 4. To appreciate the indications for surgical intervention.

<p>Session: 327</p> <p>Dr. Adam Dubrowski Dr. Bruno Gino Dr. Gordon Brock Ms. Julia Micallef Ms. Krystina Clarke Ms. Dilothi Selvarajah Ms. Amanpreet Jolly</p>	<p>Development, Fabrication & Hands-on Practice on 3D Printed Simulators in the Context of Training for Rural & Remote Practice (2 hours - to be repeated)</p> <p>Background: Additive manufacturing (AM) is a relatively new technique that is disrupting simulation based education. Three dimensional (3D) printing is the most known form of AM. The benefits of AM include customization of simulators to fit any context and the reduction of costs. The overarching purpose of this workshop will be to allow the attendees to learn about 3D printing and practice psychomotor/technical skills on these simulators.</p> <p>Format:</p> <p>The workshop will consist of three parts:</p> <p>Part 1: 1-hour didactic session that will address objectives 1- 3.</p> <p>Part 2: 1-hour hands on experience that will address objective 4.</p> <p>Part 1 will be a mix of didactic and hands-on experiences. It is strongly advised that all participants bring a laptop with internet connection. First, using Tinkercad software, the participants will work on designing and customizing a very simple suture pad. In the remainder of part 1, they will work with silicone solutions and 3D printed models to build a prototype suture pad. In part 2, all participants will be divided into 3 small sub groups and each group will be able to practice skills on three simulators: suturing, IO and perineal repair. They will also be able to explore more complex simulators such as needle decompression, anal sphincter repair, and intravenous insertion skills.</p> <ol style="list-style-type: none"> 1. Demonstrate proficiency at the use of hardware, software and selection of manufacturing materials available and the operations of 3D printers. 2. Modify a simple 3D model for printing. 3. Create silicone solutions to construct soft tissues. <p>Hands on practice</p> <ol style="list-style-type: none"> 4. Understand the difference between AM created models vs commercially available ones by testing both for: <ol style="list-style-type: none"> a. Suturing b. Intraosseous (IO) Insertion c. Perineal repair
<p>Session: 328</p> <p>Dr. Virginia Robinson Ms. Emily Ross</p>	<p>Using Ultrasound to Assess Volume Status in the Office</p> <p>Ultrasound can be very helpful in the assessment of fluid status in patients with CHF. Quick views of the heart, IVC, and lungs can contribute significantly to your physical exam to help guide therapeutic management and avoid adverse side effects. In this workshop we will briefly review all three exams and offer the opportunity to practice any one of these exams or do all three in a "putting it all together" exercise.</p> <ol style="list-style-type: none"> 1. Review Parasternal Long Axis of the heart to assess for ejection fraction. 2. Review IVC to assess for volume status. 3. Review views above the diaphragm to assess for "B" lines.

<p>Session: 339</p> <p>Dr. Michael Kirlew</p>	<p>Rural Education Rocks -Training the Next Generation of Badass Rural Physicians</p> <p>We will be discussing joys and challenges of rural medical education and why rural medical education rocks and we will discuss strategies to engage learners to strongly value system advocacy.</p> <p>Start a podcast... Share your great ideas!</p> <p>1. Effectively teach learners how to advocate for patients.</p>
<p>Session: 340</p> <p>Dr. Jacinthe Lampron</p>	<p>Management of Trauma at a Rural Emergency Room</p> <p>How to apply ATLS principle in the context of rural medicine, practical tips. How to make the best use of the resources available and to optimize possibilities in rural environments for trauma care.</p> <p>1. To optimize the use of trauma material available. 2. To review basic trauma resuscitation principles when resources are limited. 3. To develop team work for trauma care.</p>
<p>Session: 341</p> <p>Dr. Peter George Tian Mr. Gregory Borschneck Ms. Melissa Yeo</p>	<p>Physical Examination of the Ear, Nose, Oral Cavity, Oropharynx, and Neck (2 hours - to be cont'd)</p> <p>RELEVANCE. Knowledge and competencies in the examination of the ENT-Neck are essential in generalist practice. However, several publications in the UK, US, and Canada have underscored the inadequate focus on the ENT-neck in undergraduate and postgraduate medical education. Moreover, the shift to online education and virtual patient care during the pandemic has decreased the opportunities for hands-on practice of physical examination techniques.</p> <p>WORKSHOP DESCRIPTION. We developed a workshop focused on learning physical examination techniques of the ENT-neck. The workshop will consist of the following: (a) a 45-minute lecture and live demonstration of PE techniques and relevant findings; (b) a 75-minute hands-on practice. Regular otoscopes and video-otoscopes will be available for practice. The participants will be divided into groups; the workshop facilitators will assist and provide feedback.</p> <p>LEARNING STRATEGIES. The workshop is designed with several strategies for learning. Relevance is established by using only topics listed in CFPC's Assessment Objectives for Certification in Family Medicine (2020). Handouts with photos of examination techniques and anatomical areas will be provided. Immediate feedback on examination techniques and findings will be provided.</p> <p>At the end of the workshop, the participants will have achieved the following:</p> <ol style="list-style-type: none"> 1. Reviewed the techniques of and common findings in physical examination (PE) of the ear, nose, oral cavity, throat (oropharynx only), and neck (ENT-Neck). 2. Watched a live demonstration of the PE of the ENT-Neck. 3. Practiced techniques of PE of the ENT-Neck on another participant. To provide immediate feedback of PE techniques, the participants will use a video-otoscope attached to a laptop. To teach the depth and pressure of palpation, the presenters will palpate consenting participants. <p>Note: PE of the ENT-Neck will need the consent of the person being examined. It is recommended that participants register in pairs or register with a partner in mind.</p>

<p>Session: 342</p> <p>Dr. Lalit Chawla</p>	<p>How to Use Magic in a Clinical Setting to Enhance Patient Care and Experiences</p> <p>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.</p> <p>Specifically, the attendee will walk out having learned how to do a few amazing illusions they can use in the clinical setting.</p> <ol style="list-style-type: none"> 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.
<p>Session: 343</p> <p>Dr. Martha Riesberry Dr. Dale Dewar</p>	<p>Basic Suturing Workshop (2 hours - Repeat)</p> <p>Two instructors, using video and slide material, will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.</p> <ol style="list-style-type: none"> 1. Learn equipment and basic suturing techniques for lacerations and minor surgery. 2. Learn appropriate application of the various techniques. 3. Have an opportunity to practice techniques under supervision.
<p>Session: 344</p> <p>Dr. Noah Ivers Dr. Reza Talebi</p>	<p>Quality Improvement Projects: You Don't Have to Do Them Alone!</p> <p>Quality Improvement (QI) means different things to different people. Physicians need help to scope their QI projects, and also to understand the definition of QI and the fundamental questions they should be asking themselves before embarking on a QI project. What problem do you want to solve? What would you like to improve? What is the SMART goal? How good, by when, for whom will you achieve your goal? You'll also want to test your changes to see how they're working and see where you can make improvements.</p> <p>This QI session will take attendees through a real case study where a physician's goal was to improve a clinical challenge and have a more enhanced and streamlined process for patient care. The presenters will go through the step-by-step process used to achieve this QI project:</p> <ol style="list-style-type: none"> 1. Defining the problem or opportunity statement 2. Articulating the SMART (Specific, Measurable, Attainable, Realistic, Time-Bound) goal 3. Brainstorming change ideas – pick one or two to start 4. Use the PDSA (Plan, Do, Study, Act) cycle and test the changes <p>QI can be a personal goal, such as your well-being, that has a huge impact on your practice, or a goal that involves various aspects of practice management or clinical care leveraging health technology. What's most important to remember is that it's very doable and there are many resources to help you.</p> <ol style="list-style-type: none"> 1. What Quality improvement (QI) means and how to identify achievable QI goals. 2. Examples of QI initiatives that can be used to improve physician resilience and office efficiency. 3. Additional practical tips that contribute to QI goals.

<p>Session: 345</p> <p>Dr. Stefan Grzybowski Mr. Aria Rezapour Mr. Haeden Turner Ms. Maya Venkataraman</p>	<p>Physician Leadership in Rural Communities During Difficult Times</p> <p>The COVID-19 pandemic has highlighted the importance of physician leadership in rural communities and presents an opportunity for further physician-led engagement as we face the challenges of climate change and ecosystem disruption. The presentation will contextualize the current challenges facing rural health and service provision, including the COVID-19 pandemic and future climate hazards. This exploration will be situated within the context of the CCEDARR Canada study, a qualitative exploratory research project on rural resilience and lessons learned from the COVID-19 pandemic. The objectives, research process, main themes, and conclusions will be presented with the opportunity for discussion and participant engagement. We will explore recommendations as to how rural physicians can be effective leaders, facilitate community engagement, and consider the opportunities for the SRPC to contribute.</p> <ol style="list-style-type: none"> 1. Describe the CCEDARR project and invite discussion about the findings. 2. Explore with the group ideas about physician leadership in rural communities. 3. Consider leadership education and establishing expectations for rural physicians in responding to climate change and ecosystem disruption.
<p>Session: 346</p> <p>Ms. Avani Saxena Dr. Jill Konkin</p>	<p>Clinical Courage, IMG Assessments, and Australian Ears, Noses, and Throats</p> <p>Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.</p> <ol style="list-style-type: none"> 1. Present novel results from Canadian rural health research. 2. Facilitate constructive feedback on ongoing research projects. 3. Facilitate networking between rural health researchers, physicians, and students.
<p>Session: 347</p> <p>Dr. Wade Mitchell Dr. Peter Wells Dr. Matt DiStefano Mr. Ravdip Dhaliwal Mr. Andrew Abey Ms. Jessica Bennett</p>	<p>Advanced Wound Assessment and Suturing Workshop (To Be Repeated)</p> <p>This workshop will look at more complex wound types (traumatic or surgical) and help with developing an approach to closure. We will discuss surgical planning for excisional biopsies, undermining, subcutaneous wound closure to reduce tension at the wound site and different flap repairs / considerations. Corner stitch and stellate wound repairs will also be reviewed.</p> <ol style="list-style-type: none"> 1. Surgical wound planning and closure. 2. Traumatic wound assessment and closure of complex wounds. 3. Undermining wound edges and subcutaneous suturing technique to reduce tension and other considerations for the best cosmetic results.

<p>Session: 348</p> <p>Dr. Margo Wilson</p>	<p>A POCUS Workshop: Needle Guidance & Foreign Body Identification/Removal (Repeat)</p> <p>Using POCUS for the location and removal of foreign bodies, as well as US guidance for central and peripheral venous line placement improves both your success rate and patient care. This session is a hands on workshop using models to practice techniques to improve ultrasound guided needle placement and identification of foreign bodies.</p> <p>In this workshop, participants will have the opportunity to practice locating and extracting foreign bodies embedded in models using POCUS. Participants will also use POCUS to practice needle guidance techniques.</p> <ol style="list-style-type: none"> 1. Review the use of POCUS in locating foreign bodies in tissue. 2. Demonstrate an understanding of foreign body location using POCUS. 3. Development of skills for foreign body extraction using POCUS. 4. Gain familiarity with low cost models that can be easily replicated for ongoing practice and teaching. 5. Review the use of POCUS in procedures such as IV and central line insertion. 6. Demonstrate an understanding of the using POCUS for visualization in procedures. 7. Develop techniques for needle guidance using ultrasound.
<p>Session: 349</p> <p>Dr. John Soles Dr. Kara Perdue</p>	<p>Chest Tubes (To be repeated)</p> <p>We will discuss the indications for chest tube drainage, the rationale for using small diameter tubes and those inserted via Seldinger technique. We will spend a significant amount of time inserting chest tubes in models and review the mechanics of chest tube drainage.</p> <ol style="list-style-type: none"> 1. To understand the indications and contraindications for chest tubes. 2. To understand the pros and cons of small diameter tubes and those inserted via Seldinger technique. 3. To practice the insertion of Seldinger technique chest tubes in relatively realistic models. 4. To discuss various aspects of the mechanics of chest drainage.
<p>Session: 360</p> <p>Dr. Mike Allan Dr. Mike Kolber Dr. Tina Korownyk</p>	<p>GI Update</p> <p>Rapid reviews of many clinically relevant primary care gastrointestinal issues including (but not limited to): GERD, PPI safety, dyspepsia and HP, Irritable bowel syndrome, screening for colorectal cancer, polyp surveillance update, new diagnostic tests and much more!</p> <ol style="list-style-type: none"> 1. Approach common GI related concerns. 2. GI medication prescribing in primary care. 3. Recognize new evidence pertaining to GI medicine. 4. Understand differences between the evidence and recommendations from guidelines and experts.

Session: 361

Dr. Peter George Tian
Mr. Gregory Borschneck
Ms. Melissa Yeo

Cont'd - Physical Examination of the Ear, Nose, Oral Cavity, Oropharynx, and Neck (2 hours)

RELEVANCE. Knowledge and competencies in the examination of the ENT-Neck are essential in generalist practice. However, several publications in the UK, US, and Canada have underscored the inadequate focus on the ENT-neck in undergraduate and postgraduate medical education. Moreover, the shift to online education and virtual patient care during the pandemic has decreased the opportunities for hands-on practice of physical examination techniques.

WORKSHOP DESCRIPTION. We developed a workshop focused on learning physical examination techniques of the ENT-neck. The workshop will consist of the following: (a) a 45-minute lecture and live demonstration of PE techniques and relevant findings; (b) a 75-minute hands-on practice. Regular otoscopes and video-otoscopes will be available for practice. The participants will be divided into groups; the workshop facilitators will assist and provide feedback.

LEARNING STRATEGIES. The workshop is designed with several strategies for learning. Relevance is established by using only topics listed in CFPC's Assessment Objectives for Certification in Family Medicine (2020). Handouts with photos of examination techniques and anatomical areas will be provided. Immediate feedback on examination techniques and findings will be provided.

At the end of the workshop, the participants will have achieved the following:

1. Reviewed the techniques of and common findings in physical examination (PE) of the ear, nose, oral cavity, throat (oropharynx only), and neck (ENT-Neck).
2. Watched a live demonstration of the PE of the ENT-Neck.
3. Practiced techniques of PE of the ENT-Neck on another participant. To provide immediate feedback of PE techniques, the participants will use a video-otoscope attached to a laptop. To teach the depth and pressure of palpation, the presenters will palpate consenting participants.

Note: PE of the ENT-Neck will need the consent of the person being examined. It is recommended that participants register in pairs or register with a partner in mind.

Session: 362

Dr. Frances Kilbertus
Dr. Cheri Bethune
Dr. Erin Cameron
Dr. Sarah Newbery

'On Becoming a Rural Generalist': An Evidence Based Educational Innovation at NOSM U

Recognizing the ongoing need to effectively train a "fit for purpose" workforce to move rural health systems from fragile to flourishing, the Rural Generalist Pathway was launched at NOSM University. The Rural Generalist Collaborative Specialization (RGCS) is the portion of the pathway in undergraduate medical education. Upon acceptance into medical school, students who aspire to become rural generalists are invited to join the RGCS, a deliberate, focused and enhanced program to support rural generalist professional identity formation through UME. This workshop will describe the current RGCS experience and explore how the lessons learned might be transferable to other settings.

1. Describe different ways that learning can be conceptualized at individual, interpersonal, and systemic levels on the road to becoming a rural generalist.
2. Analyse challenges to implementing novel curricular change in an established UME program.
3. Identify faculty development dimensions of supporting learning as a process of becoming.

<p>Session: 363</p> <p>Dr. Martha Riesberry Dr. Dale Dewar</p>	<p>Basic Suturing Workshop (2 hours - Repeat)</p> <p>Two instructors, using video and slide material, will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.</p> <ol style="list-style-type: none"> 1. Learn equipment and basic suturing techniques for lacerations and minor surgery. 2. Learn appropriate application of the various techniques. 3. Have an opportunity to practice techniques under supervision.
<p>Session: 364</p> <p>Dr. Stephen Cashman Dr. Marianne Leblond Dr. Claire Lafortune Dr. Erica Cleto Dr. Margaux Beauchemin Ms. Taylor Wilson</p>	<p>Untold Stories from the Locum Road</p> <p>Join us for a panel presentation breaking down the locum experience! A group of locum physicians (as well as a locum RN!) will guide you through the locum process and answer your questions.</p> <p>What is a locum? How do I find them? How do I identify the best options for me? Do I need a contract? What about licensing? How do I prepare for my locum and make the most of it? Can I bring my family?</p> <p>All will likely find the presentation interesting but it is primarily targeted towards nurses and residents/medical students or practicing physicians who are newer to locuming</p> <p>Audience participation is highly encouraged!</p> <ol style="list-style-type: none"> 1. To aid participants in identifying available locums that match their skill sets and interests. 2. To aid participants in negotiating the best possible locum experience. 3. To help participants prepare for and get the most out of their locum experience. 4. To make participants aware of and help them navigate potential locum pitfalls.
<p>Session: 365</p> <p>Dr. Stefan Grzybowski Mr. Aria Rezapour Mr. Haeden Turner Ms. Jillian Lamb</p>	<p>Better Data to Support Rural Health Services</p> <p>Data drives the decision-making surrounding healthcare provision in Canada and its importance in the planning of rural services cannot be understated. This workshop will present examples of catchment maps, Power BI files, and the rolling Rural Birth Index (RBI) as measurements of need in rural communities across Canada. The RGPSI, or Rural Generalist Physician Services Index, will also be presented as a tool to understand and plan for rural physician services. Participants will engage in discussion around the challenges of obtaining and using data within the rural context as well as potential policy and planning implications of the data-mapping tools presented.</p> <ol style="list-style-type: none"> 1. Apply population catchment methods to planning rural health services. 2. Consider quality of care and quality improvement opportunities through the catchment lens. 3. Extend the approach to explore food security, ecosystem disruption, and sustainability for rural populations.

<p>Session: 366</p> <p>Dr. Dorothy Bakker Dr. Samantha Horvey Mr. Clay Kiiskila</p>	<p>Circumpolar Family Medicine + Physician Geographic Disposition & ENT</p> <p>Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.</p> <ol style="list-style-type: none"> 1. Present novel results from Canadian rural health research. 2. Facilitate constructive feedback on ongoing research projects. 3. Facilitate networking between rural health researchers, physicians, and students.
<p>Session: 367</p> <p>Dr. Wade Mitchell Dr. Peter Wells Dr. Matt DiStefano Mr. Ravdip Dhaliwal Mr. Andrew Abey Ms. Jessica Bennett</p>	<p>Advanced Wound Assessment and Suturing Workshop (Repeat)</p> <p>This workshop will look at more complex wound types (traumatic or surgical) and help with developing an approach to closure. We will discuss surgical planning for excisional biopsies, undermining, subcutaneous wound closure to reduce tension at the wound site and different flap repairs / considerations. Corner stitch and stellate wound repairs will also be reviewed.</p> <ol style="list-style-type: none"> 1. Surgical wound planning and closure. 2. Traumatic wound assessment and closure of complex wounds. 3. Undermining wound edges and subcutaneous suturing technique to reduce tension and other considerations for the best cosmetic results.
<p>Session: 368</p> <p>Dr. Paul Cano Dr. Adriana Cappelletti Dr. David Sjaarda</p>	<p>Perineal Repair (To be repeated)</p> <p>After a short review of what evidence there is for practice in this area, we'll have a chance to do perineal repairs on a model. This will be geared to the medical learner or those in early / resuming practice.</p> <ol style="list-style-type: none"> 1. Be familiar with evidence-based practice in this area. 2. Practice perineal repair. 3. Learn pearls from other participants.
<p>Session: 369</p> <p>Dr. John Soles Dr. Kara Perdue</p>	<p>Chest Tubes (Repeat)</p> <p>We will discuss the indications for chest tube drainage, the rationale for using small diameter tubes and those inserted via Seldinger technique. We will spend a significant amount of time inserting chest tubes in models and review the mechanics of chest tube drainage.</p> <ol style="list-style-type: none"> 1. To understand the indications and contraindications for chest tubes. 2. To understand the pros and cons of small diameter tubes and those inserted via Seldinger technique. 3. To practice the insertion of Seldinger technique chest tubes in relatively realistic models. 4. To discuss various aspects of the mechanics of chest drainage.
<p>Session: 380</p> <p>Dr. Yogi Sehgal</p>	<p>Unusual Papers That Might Change Your Practice</p> <p>This talk is resurrected from the ashes of COVID-19 with a new slew of papers that will hopefully pique the audience's curiosity and inform practice in various aspects of primary care and emergency medicine, hopefully with the right mix for rural practice.</p> <ol style="list-style-type: none"> 1. To review several new studies on unusual topics. 2. To help you put the evidence in practice. 3. To do it all with a bit of fun interaction.

<p>Session: 381</p> <p>Dr. Alison Flanagan Dr. Narisa Duboff</p>	<p>Practical Tips for Providing Palliative Care in the Home</p> <p>This presentation will be a case-based review of providing palliative care in the home, with a focus on practical tips and troubleshooting. We aim to arm family physicians with a list of key medications and a review of their role in symptom management at the end of life, along with a plan for accessing home care and navigating services with your patients. We will touch on some practical tips, including CADD pump management and where to turn to for more guidance and support.</p> <ol style="list-style-type: none"> 1. An overview of the joys and challenges of home-based palliative care. 2. Advice for navigating home care, arranging for supports, and planning ahead. 3. Review of high yield symptom management medications. 4. Review of CADD pumps. 5. Overview of further resources. 6. When and how to "phone a friend" for advice.
<p>Session: 382</p> <p>Dr. Sherif El Meniawy Youssef Dr. Sarah Giacobbo Dr. Julie Saby Dr. Jessica Froehlich</p>	<p>CaRMS "How To" Guide</p> <p>The CaRMS How To presentation will be aimed at medical students entering their final year of training and will allow them to learn more about the Canadian Residency Match process. We'll be discussing the CaRMS process, ways to prepare, how to decide on programs to apply to, personal experiences and more. Come with any questions about CaRMS, choosing a program, and the match itself.</p> <ol style="list-style-type: none"> 1. Discuss the CaRMS process to give students a better understanding of what to expect in their graduating year. 2. Provide advice on navigating the CaRMS process virtually. 3. Add a rural lens to the CaRMS process.
<p>Session: 383</p> <p>Dr. Jonathan Wallace</p>	<p>The Buck Stops Here - Why *Comprehensive* Bedside Ultrasound Mastery is a Rural Game-Changer</p> <p>POCUS! POCUS! POCUS! -- It's everywhere these days, but how much can it *really* impact a Rural Generalist practice?</p> <p>This presentation is not another "How Do I?" ultrasound talk. Rather it's a 40,000 foot view of Rural/Remote Practice (with Ultrasound Fellowship training), answering the question: "Why should I bother?" Come join this fun, fast-paced, Rural Case-based presentation, and whiz through ten actual Rural/Remote cases where ultrasound was used. Is your investment of time and money to learn this Hocus-POCUS really worth it? You be the judge!</p> <p>(This presentation is intended for anyone curious about the limits of Rural Bedside Ultrasound, from Novice to Advanced users.)</p> <ol style="list-style-type: none"> 1. Understand rural ultrasound education opportunities, value & strategies in Canada for practicing rural physicians (2023). 2. Review actual rural cases; examining the impact of bedside ultrasound on patient prognosis / disposition. 3. Decide whether rural ultrasound is actually a game changer in acute patient presentations in resource limited settings.

Session: 388

Dr. Paul Cano
Dr. Adriana Cappelletti
Dr. David Sjaarda

Perineal Repair (Repeat)

After a short review of what evidence there is for practice in this area, we'll have a chance to do perineal repairs on a model. This will be geared to the medical learner or those in early / resuming practice.

1. Be familiar with evidence-based practice in this area.
2. Practice perineal repair.
3. Learn pearls from other participants.



SAVE THE DATE!

The 31st Annual Rural and Remote Medicine Course will take place in Edmonton, Alberta, from April 18 to 20, 2024.

We look forward to seeing you there!

