The 26th Annual Rural and Remote Medicine Course Syllabus April 12-14, 2018

The Art and Soul of Rural Medicine

Updated 03/23/2018

Session: • 000	**Overall**
Session: • 060 ***Dr. James Rourke*** • ST JOHN'S • NL	**Training Doctors For Rural And Remote Practice: Lessons Learned In Newfoundland And Labrador (And Beyond)** Since Memorial University of Newfoundland set out to train doctors for rural and remote practice 50 years ago some things remain the same, much has changed. Dr. Rourke will do his best to try to answer three questions: What have we learned? What should we do now? What might the future hold? At the conclusion of this activity, participants will be able to: 1. Identify key constants in the training doctors for rural and remote practice 2. Identify important developments in the training doctors for rural and remote practice 3. Integrate key constants and important developments into vital actions to do for the training doctors for rural and remote practice 4. Imagine a positive future for training doctors for rural and remote practice
Session: • 061 ***Dr. Monica Kidd*** • CALGARY • AB	**Thin Places: Story and Medicine In Rural Canada** Monica Kidd's writing on medicine has been widely published in medical texts and journals. In this plenary talk she will explore philosophical, academic and personal reasons for her attraction to narrative, and argue why stories matter most on the margins. 1.Explain theory behind the importance of story to patients and practitioners in medicine 2. Motivate their own communities to expand the role for narratives
Session: • 100 ***Dr. Andrew Kotaska*** • YELLOWKNIFE • NT	**Beyond The Cervix: Office Gyne Pearls** Practical tips on the recognition and management of common cervical and vaginal pathology; techniques to maximize ability, confidence and safety of endometrial biopsy and IUD insertion.

	1. Recognize eight common cervical and vaginal lesions and describe their management 2. Describe the no-touch technique for intrauterine instrumentation 3. List the eight 'S's' of endometrial Bx technique 4. List the hard and soft equipment needed to effectively manage office gynaecological problems effectively
Session: • 101 ***Dr. Elaine Blau*** **• TOBERMORY • ON**	**Bitten: Snakes, Spiders and Other Culprits** In the ER and office we often see patients who have been bitten - by mammals, insects, reptiles other humans. Resulting diagnoses & their management can present us with challenges as rural clinicians. We will discuss the types of bites we see along with some diagnostic and management pearls. 1. Review interesting/challenging bites of humans & the potential ensuing conditions 2. Review potential diagnostic challenges 3. Review potential management challenges 4. Will leave some time for a couple of interesting cases to be shared
Session: • 102 ***Dr. Frederic Dankoff*** **• MONTRÉAL • QC**	**How To Package Patient To Transfer, What We Can Learn From Each Other**
Session: • 103 ***Dr. (Sandy) William MacDonald*** **• IQALUIT • NU**	**Managing Air Medevacs Effectively: Practical Tips** This talk will review challenges in managing air medevacs in rural/remote practise. It will include an actual complex case which illustrates many of the decision points and the risks associated with the management of medevacs for critically ill patients. Participants will be encouraged to share the nature of their working relationships with air medevacs in their practices. 1. At the conclusion of this session participants will acquire insight into the health care system in Nunavut and the role of air medevacs in providing care for residents of Nunavut 2. Participants will gain an evaluation of important decision points in managing air medevacs for critically ill patients 3. Participants will be able to reflect on their own practices and apply the principles explored in this session to their own circumstances
Session: • 104 ***Dr. Monica Kidd*** **• CALGARY • AB**	**Thickening The Narrative** Story is the basic currency of medicine, and health care professionals (HCP) who want to write never have to look far for a good one. But they often struggle with how to write creatively, having been schooled in writing techniques such as the SOAP note and the case presentation. While these methods are useful for clear clinical communication, they can interfere with thinking and writing creatively. In this one-hour workshop, I discuss the role

	of narrative in medicine, and run participants through a series of interactive writing exercises aimed at helping them write past the habits and shortcuts HCP tend to use in thinking about patient stories. 1. Be able to discern 'thick' from 'thin' narrative 2. Have some writing tips to help them write more complex stories 3. Have completed three brief pieces of writing they can take home to continue working on 4. Be alert to some complexities and ethical issues when writing about patients
Session: • 105 ***Ms. Jessica McCann*** **• THUNDER BAY • ON**	**How To Plan Rural Electives** This session, intended for students, will provide tips and strategies for effectively planning rural electives (and other electives depending on interest) 1.How to plan electives
Session: • 106 ***Dr. Cathy MacLean*** **• SASKATOON • SK**	**Teaching about Patient Education; Working with Dr Google** This is a practical session looking at web-based resources you can use when teaching residents and patients. Several approaches to use in practice will also be covered using the CFPC Best Advice Guide on Health Literacy. Strategies for integrating patient education into a busy practice will be shared with some tips on how to teach residents about patient education. You can bring your own device and discover and bookmark great sites. 1. recommend reliable resources to use with patients on common problems in family practice 2. demonstrate for residents practical approaches to patient education useful in a busy office setting
Session: • 107 ***Dr. Wendy Graham*** **• CHANNEL-PORT AUX BASQUES • NL** ***Dr. Asghari*** ***Mr. Tom Heeley*** ***• ST JOHN'S • NL*** ***Dr. Cheri Bethune*** ***• IROQUOIS FALLS • ON***	**How and Why to Write in Rural Practice: The Pros of Prose** Background: Writing is an essential skill that gives a voice to the under-documented realities of rural Canada, creates an introspective respite from the demands of rural practice, and facilitates inter-professional connections that transcend remote isolation. Ironically, writing is often unexplored by rural physicians due to these same challenges. This session, taught by scholarly writing experts from 6for6 (a research training program for rural doctors) will demonstrate how and why physicians should write in rural practice, reinforcing these lessons with interactive activities that empower attendees to engage in their own scholarly writing project as an exercise in creativity, academia, translation of medical knowledge and self-exploration. Intended Audience: This session is appropriate for anyone interested in strengthening their writing skills. No previous experience is necessary. Activities: Attendees will participate in small-group breakout activities and large-group discussions to strengthen their writing skills with free writing, plan their project with mind mapping, and discuss the benefits and rationale for writing in rural practice. Participants will have the opportunity to identify

	their own barriers to writing and discuss potential enablers or strategies for addressing these barriers. These activities engage participants in the planning process of writing and encourage creativity. Outcomes: Participants will be armed with the tools necessary to start writing as a rural practitioner or further their existing progress on a writing project. Background: Writing is an essential skill that gives a voice to the under-documented realities of rural Canada, creates an introspective respite from the demands of rural practice, and facilitates inter-professional connections that transcend remote isolation. Ironically, writing is often unexplored by rural physicians due to these same challenges. This session, taught by scholarly writing experts from 6for6 (a research training program for rural doctors) will demonstrate how and why physicians should write in rural practice, reinforcing these lessons with interactive activities that empower attendees to engage in their own scholarly writing project as an exercise in creativity, academia, translation of medical knowledge and self-exploration. Intended Audience: This session is appropriate for anyone interested in strengthening their writing skills. No previous experience is necessary. Activities: Attendees will participate in small-group breakout activities and large-group discussions to strengthen their writing skills with free writing, plan their project with mind mapping, and discuss the benefits and rationale for writing in rural practice. Participants will have the opportunity to identify their own barriers to writing and discuss potential enablers or strategies for addressing these barriers. These activities engage participants in the planning process of writing and encourage creativity. Outcomes: Participants will be armed with the tools necessary to start writing as a rural practitioner or further their existing progress on a writing project. 1. Recognize why a rural physician should write. 2. List strategies for writing as a busy clinician. 3. Develop a conceptual framework for their own writing project. 4. Identify next steps in their own writing project.
Session: • 108 ***Dr. (Len) Leonard Kelly*** **• SIOUX LOOKOUT • ON**	**Rural Obesity Care** 1. Discover the scope of obesity in Canada 2. Examine simple obesity care treatments: fasting, exercise and low carb diets 3. Learn of a transferable, community based research project: the NOT-FED-STUDY (new obesity treatment: fasting, exercise, diet)
Session: • 109 ***Dr. Gavin Parker*** **• PINCHER CREEK • AB**	**Teaching Multilevel Learners Simultaneously** Rural practices are increasingly popular sites for learners of all different levels; how do you cope with more than one learner at a time? Vertical integration of multi-level learners is something that can be done easily in any rural setting providing the framework can be built. This session will focus on how to use novel teaching approaches will help your site better accommodate multiple learners of different stages.

	1. Describe the organization feature of a successful learning environment for multi-level learners 2. Select teaching methods appropriate for your learner group 3. Identifying and shifting as necessary the cultural milieu in which learners interact 4. Discuss the benefits of informal versus formal teaching sessions 5. Create environments conducive to formal and informal vertical learning
Session: • 110 ***Dr. Christopher Canny*** **• OTTAWA • ON** ***Dr. (Art) Arthur Wiebe*** ***• KINCARDINE • ON***	**Medical-Legal Issues In Rural or Remote Settings: Responding To College Complaints! Jurisdiction Specific Updates** An interactive discussion on key medical-legal issues of concern to rural physicians with emphasis placed on responding to complaints from regulatory bodies, regional health authorities, and patients. 1. Identify the most common reasons for College complaints 2. Discuss appropriate ways to respond to complaints or regulatory requirements 3. Describe elements of a formal response 4. Explain the extent of assistance from the CMPA 5. Identify resources for support 6. Explore how to access medical records when responding to complaints
Session: • 111 ***Dr. Michael Jong*** **• HAPPY VALLEY-GOOSE BAY • NL** ***Ms. Erika Maxwell*** ***• ST JOHN'S • NL*** ***Mr. Robert Jong*** ***• ST JOHN'S • NL***	**Leading Resuscitation Remotely Via Telehealth** Remote communities have the highest burden of illness and often do not have access to physicians services locally. Many services can be provided via telehealth including leading resuscitation. This session will include tips on how to be more effective at leading resuscitation remotely via telehealth and will be followed by a hand-on session for the lucky volunteer/s. It will include a demo of how to do ultrasound remotely as part of video-resuscitation. 1. Enhance ability to use Telehealth to lead resuscitation remotely
Session: • 112 ***Dr. Ajantha Jayabarathan*** ***Dr. Karim Keshavjee*** ***Dr. Thomas Hall*** ***Dr. David Goranson*** ***• NAKUSP • BC***	**Health Informatics: Adding High Touch to High Tech** Slides of health informatics, controversies, and panel discussion with audience participation and questions and discussion. 1. To engage practicing physicians and other providers in discussions about the future of health informatics in Canada, a field of potential brilliance that has not yet delivered
Session: • 113 ***Dr. Jill Konkin*** **• EDMONTON • AB**	**Where Do Rural Specialists Fit In The Rural Road Map?** A joint Task Group of the Society of Rural Physicians of Canada and the College of Family Physicians of Canada produced the Rural Road Map (https://srpc.ca/Rural_Road_Map_Directions). There was one representative from the Royal College of Physicians & Surgeons on that Task Group. While

	the Road Map refers to rural healthcare writ large, there has been little input from rural specialists. This session is intended to bring rural specialists into the ongoing discussions & initiatives to improve health delivery for rural Canadians. During the session we will: 1) review and discuss efforts to map Canada's specialist workforce and measure medical care in rural settings; 2) review the Rural Road Map with participants to identify key areas for input and decision-making from this group; 3) identify concrete actions that can be taken to improve rural specialist care as well as the collaboration between rural specialists and rural family physicians/general practitioners.
Session: • 120 ***Dr. Andrew Kotaska*** • YELLOWKNIFE • NT	**Bartholin's Abscess Management Made Easy** Pearls for providing efficient, effective management of Bartholin's Duct cysts and abscesses in an ambulatory primary care setting: getting the most out of your Word Catheter. Vasopressin to save a life & the poor man's D&C if we have time. 1. At the conclusion of the workshop, participants will be able to describe the pathophysiological basis for treatment of a Bartholin's abscess with a Word Catheter 2. At the conclusion of the workshop, participants will be able to list three pitfalls to avoid when inserting a Word Catheter 3. At the conclusion of the workshop, participants will be able to list five tips to maximize treatment success with a Word catheter
Session: • 121 ***Dr. (Kate) Katherine Miller*** • GUELPH • ON	**Respiratory Distress In The Newborn** Tachypnea is the most common problem encountered in the first hours of life. This case-based session will review the most common causes of respiratory distress in newborns and help equip rural physicians to diagnose and manage these babies. 1. Assess the neonate demonstrating respiratory distress with a view to determining cause and severity 2. Interpret common investigations (CBC, CRP, CXR) ordered for neonates with respiratory distress 3. More confidently manage the most common causes of respiratory distress in neonates.
Session: • 122 ***Dr. Noel O'Regan***	**Induction Drugs In The ED** Case based discussion of unique situation requiring an in depth understanding of induction medications. 1. Discuss the indications and contra-indications of commonly used induction medications. 2. Generate an induction management plan. •3.Recognize conflicting goals of induction.

Session: • 123 ***Dr. Suryakant Shah*** • ST JOHN'S • NL	**Congenital Heart Defects**
Session: • 124 ***Dr. Leigh Anne Allwood Newhook*** ***Dr. Christina Doonan***	**'Are You Gonna Breastfeed? Ok, Good. Good Luck': A Guide For Physicians To Help with Infant Feeding Conversations** Most women report not being asked about infant feeding choices during prenatal care. This includes physicians, despite their important role in providing health information regarding infant feeding choices. We will share research findings from the Baby-Friendly Council of NL Research Working Group revealing that infant feeding choices and behaviours are often complex. Participants will assess their own attitudes by completing the Iowa Infant Feeding Attitudes Scale. We will discuss practical conversation tools which will aid these crucial clinical conversations. 1. Explain how attitudes,experience and barriers affect a mother's infant feeding choice 2. Discover one's own attitudes towards breastfeeding 3. Summarize the important role that physicians play in mother's infant feeding choices 4. Use new conversation tools to help in the clinic when discussing infant feeding choices with families
Session: • 125 ***Ms. Jessica McCann*** • THUNDER BAY • ON	**CaRMS Survival Tips** This session, intended for students, will provide strategies for surviving the CaRMS process including reference letters, personal letters, interviews, and ranking.
Session: • 126 ***Dr. Melissa Holowaty*** • HAVELOCK • ON	**Community Treatment of Alcohol Use Disorders** Screening, brief intervention, and referral for treatment is a paradigm of care to identify patients along a spectrum of alcohol use from those at risk of harm to those already suffering from a severe use disorder. Using a motivational interviewing framework, patients at risk of harm are provided with information in keeping with their stage of change. Those patients identified with a moderate to severe use disorder were typically referred for treatment. However, medical alcohol treatment is difficult to access, and the medications used for treatment are easy to prescribe and monitor by the family physician. Use of various screening strategies, how to provide feedback and how to prescribe anti-craving medications will be discussed. 1. Effectively and efficiently apply screening techniques for alcohol use disorder 2. Provide feedback and information regarding alcohol use,

	respecting the patient's stage of change 3. Offer appropriate medical therapy for treatment of moderate to severe alcohol use disorder
Session: • 127 ***Dr. Wendy Graham*** **• CHANNEL-PORT AUX BASQUES • NL** ***Dr. Cheri Bethune*** ***• IROQUOIS FALLS • ON*** ***Mr. Tom Heeley*** ***• ST JOHN'S • NL*** ***Dr. Shabnam Asghari***	**How 18 Rural Doctors Became Researchers: Their Journey and Advancing Yours** 6for6 is a research skills training program for rural physicians with a Memorial University appointment. Participants learn the skills necessary to pursue research projects directly benefitting their communities and practices. By providing this training, support and mentorship, 6for6 has helped 18 rural doctors conceive 18 community-relevant research projects on topics from aeromedical evacuation in Labrador to rural generalist resilience. Intended Audience: This session is intended for anyone interested in conducting their own research. No previous experience is necessary. Activities: This session will use break-out activities and small group discussions complimented by an overarching presentation to connect the activities and reinforce the lessons. Drawing on 6for6 projects for examples, we will identify the skills and strategies needed to navigate specific research scenarios and highlight how the 6for6 research project benefited the participants' community. Facilitated by expert mentors from 6for6, these activities will challenge participants to collectively answer their burning questions, in turn empowering them to challenge their barriers to research and continue or embark on their own research agenda. Attendees will be encouraged to consider how their research could benefit their community. Outcomes: This session will catalyze attendees' planned, present or future research projects. 1. List the strategies and skills needed to conduct research in a rural setting. 2. Identify how their research could benefit their community. 3. Identify next steps in their own research agenda.
Session: • 128 ***Mr. Fraser Turner*** **• IQALUIT • NU**	**Is Consciousness Quantum ?** Consciousness is weird! Quantum physics is weird! So, Consciousness is Quantum, right? Figuring out what the phrase “I think, therefore I am” means is a tough task, and is usually left up to Philosophers. Some say it's an illusion, some say we don't know, and yet others say it must be Quantum. If it's Quantum, then I suppose us physicists can dive into the fray! In this talk, we'll dabble a bit in free-will and determinism to find out why Quantum physics is brought into the picture in the first place. We'll have a look at what makes Quantum physics so weird, and then bring it all together to see if it makes sense to say that Quantum is what makes me, me! 1. At the conclusion of this activity, participants will be able to distinguish which phenomena are likely to be attributable to Quantum Mechanical

	effects. 2.At the conclusion of this activity, participants will be able to state what a 'wave-particle' duality means in simple terms.
Session: • 129 ***Dr. Sarah Giles*** **• ORLEANS • ON** ***Dr. Marshall Godwin*** ***• ST JOHN'S • NL***	**Why Physicians Write** Could your email rants be the makings of an Op Ed? Do you write non-fiction but leave it to sit in a file on your computer? Come to this session for tips on how to move your writing from your computer to the pages of magazines and newspapers. Sarah Giles is a rural/remote family/ER doctor and is currently a fellow in global journalism at the Munk School of Global Affairs at the University of Toronto 1. Participants will learn various options for publishing non-academic non-fiction. 2. Participants will identify venues for pitching non-academic non-fiction. 3. Participants will be able to formulate a pitch. 4. Participants will demonstrate an ability to distinguish an opinion piece from a reported piece. 5. Participants will explore the process of working with an editor once a pitch is accepted.
Session: • 130 ***Dr. Darlene Kitty*** **• CHISASIBI • QC**	**Indigenous Health**
Session: • 131 ***Dr. Michael Jong*** **• HAPPY VALLEY-GOOSE BAY • NL** ***Ms. Erika Maxwell*** ***• ST JOHN'S • NL*** ***Mr. Robert Jong*** ***• ST JOHN'S • NL***	**Leading Resuscitation Remotely Via Telehealth** Continuation - see 105
Session: • 132 ***Dr. Ajantha Jayabarathan***	**Closing The Data Gap In Primary Care with GI's** PowerPoint presentation followed by discussion and audience participation 1) Experience 'visualisation' of data when organised using GIS (Geographical information System) 2) Determine how data in primary care can be mapped using space and time with GIS 3) Acquire new perspectives, when PC data is layered using GIS databases. ex. comorbid lung disease and radon exposure 4) Recognize and consider the utility of GIS in PC, to map multiple, complex variables 5) Distinguish the utility of this analytical tool in collating data from

	an individual or network of family doctors ; and establish a means to digest and view the work that we do daily.
Session: • 133 ***Dr. Jill Konkin*** **• EDMONTON • AB**	**Where Do Rural Specialists Fit In The Rural Road Map?** Continuation - see
Session: • 098 ***Dr. Eric Webber***	**Specialist Networking Lunch**
Session: • 062 ***Dr. Joshua Tepper*** **• TORONTO • ON**	**Quality Indicators In Rural Health Care**
Session: • 140 ***Dr. Gavin Parker*** **• PINCHER CREEK • AB**	**Malignant Hyperthermia** Malignant hyperthermia is a rare and serious complication of providing a general anesthetic or a potential reaction to medicines given in the rural ED. Using a case from a rural OR we will discuss management of this case and how to avoid a similar outcome in your facility. 1. Compare MH Physiology and epidemiology 2.Discuss Clinical manifestations 4.Differential diagnosis and treatment 5.Case review 6.MH resources
Session: • 141 ***Dr Mark Saul*** **• STE CECILLE DE MASHAM • QC**	**X-Rays You Wish You Never Missed — Part 1** A review of X rays taken over the years from various rural sites displaying a wide variety of interesting, important, and often easy to miss findings. As well, this tour includes a gallery of possibly X rays less pertinent to our practice, but still strange and entertaining. 1. Develop a systematic approach to the evaluation of X rays. 2. Acquire skills in detecting subtle findings. 3. Build on skills in evaluating X rays mostly replaced by CT in larger centres but still.necessary in rural and remote sites. 4. Enjoy strange findings that rural X ray life sometimes brings us.
Session: • 142	**Finding Your Peeps: Creating and Nurturing Your Rural Support Network**

Dr. (Kate) Katherine Miller • GUELPH • ON ***Dr. Merrilee Brown*** *• PORT PERRY • ON* ***Dr. Rochelle Dworkin*** *• HANOVER • ON* ***Dr. Elaine Blau*** *• TOBERMORY • ON*	It is easy to feel alone in rural practice which leads to, among other things, increased burnout. A network of like-minded physicians in other communities can not only enrich you life but create a vital lifeline in times of stress. Over and above that, it can be a lot of fun!! Through examples and discussion, this workshop will give you the tools to identify, build and nurture your own rural support network. 1. Define WHAT a rural support network is (and what it isn't) 2. Understand WHY they would benefit from a good network of support 3. Identify WHO could and should make up their rural support network 4. Explore HOW to connect with and nurture their network
Session: • 143 ***Dr. Vanessa Cardy*** • CHISASIBI • QC	**Palliative Care should Not Be a Tertiary Service - Tips and Tricks for the Rural Family Doc** Practical tips and tricks in palliative care for rural doctors, focusing on palliative care emergencies, issues relating to wound care, and psychiatric concerns. 1. At the conclusion of the presentation, participants will be able to recognize a number of common palliative care emergencies 2. At the conclusion of the presentation, participants will be to provide initial treatment in a number of common palliative care emergencies 3. At the conclusion of the presentation, participants will have an approach to wound care in palliative care patients 4. At the conclusion of the presentation, participants will have an approach to psychiatric symptoms in palliative care patients
Session: • 144 ***Mrs. Laura Soles*** • CLEARWATER • BC	**Pride and Peril: The Life of A Rural Spouse**
Session: • 145 ***Group MUN Rur*** • ST JOHN'S • NL	**Profile of NL Rural Medicine: Perspective of Clerks, Residents and New Physicians** We are a group of MUN Med students planning a presentation aimed towards other students to present and promote rural medicine in Newfoundland and Labrador. We are gathering perspectives from various rural students, residents, and practicing physicians to better understand the benefits and barriers of rural medicine, specifically in NL. Seeing as R&R is in NL this year, we are hoping to promote the beauty of Newfoundland and Labrador, it's unique challenges and rewards.

Session: • 146 ***Dr. Melissa Holowaty*** • HAVELOCK • ON	**Buprenorphine In Rural Practice For Opioid Use Disorder** The opiate epidemic touches every part of Canada, and every practice. Prior to buprenorphine approval in Canada, generalists could only assist their patients by referring to a methadone provider or referring for addictions counseling/12 Step programs. The ability of non-specialists to prescribe opiate substitution therapy is an opportunity to retain patients in treatment within their regular family practice. Those patients, for whom buprenorphine is not successful, may still be referred for methadone therapy, but those numbers will be much lower, increasing specialist capacity. This is an opportunity to curb an epidemic and save lives. 1. Identify opiate use disorder in your practice through application of the DSM-V criteria. 2. Develop a personal plan for buprenorphine induction and maintenance therapy for opiate use disorder in your practice
Session: • 147 ***Dr. Russell Dawe*** • ST JOHN'S • NL ***Ms. Sara O'Reilly*** ***Ms. Sandra Parsons***	**Program Evaluation In Global Health (Part I): Developing Logic Models** Global health is an expanding field, which now includes clinical service, research, and education to underserved populations domestically and internationally. This often takes place in rural and/or cross-cultural settings with limited resources. Such contexts require creative innovation, but usually lack a trained program evaluation team to assess new programs' efficacy. A logic model is a tool that visually represents a program's components and the assumptions that underlie its intended effects. Its development is often the first step in evaluating a program. Intended audience: This introductory-level teaching session is intended for clinicians and/or educators who have an interest in evaluating the programs they implement. No research or program evaluation experience required. Activities/Teaching methods: Time will be approximately divided as follows: 1. Short presentations will be used to review an example logic model. 2. Small working groups of participants will then create a section of a logic model based on an example program. 3. Question/answer and large group discussion: Presenters will address participants' questions, but also pose questions to the group regarding participants' own experiences with program evaluation in global health. Anticipated outcome(s): Participants will leave this teaching session with the ability to describe the purpose of a logic model, create a logic model, and apply these skills in program planning, management, and improvement. 1. Create a logic model that describes a program's activities, outputs, and intended outcomes. 2. Use a logic model to communicate the components and purpose of a program. 3. Incorporate logic models in global health program evaluation.
Session: • 148	**Themes of a Rural GP's Trade**

Dr. Christopher Patey **• ST JOHN'S • NL**	There are many personal and specific reasons why physicians choose to practice rural and remotely. Furthermore, there are also an extensive number of motivations why they continue to choose to practice in rural and remote settings. Interestingly, with personal experience in a number of rural practice environments across Canada, there are many consistent overexposed themes amongst a plethora of less visible themes in rural practice. The session is suitable for anyone interested or possibly intrigued by rural medicine, but especially medical learners, rural nurses (registered and practitioner), and active family physicians who are presently practicing in rural Canada. 1. Present a number of themes of rural and remote practice. 2. Compare interesting physician anecdotes, philosophical reviews of rurality and positive physician feedback 3.Evaluate concepts to the hidden benefits of rural practice.
Session: • 149 ***Dr. Doug Myhre*** **• CALGARY • AB** ***Dr. Kristy Penner*** ***• BELLEVUE • AB***	**Build It Right, They Will Come: Effective Faculty Development Events** Teach the teacher or faculty development events require a different mind set than clinical medicine. Faculty development events are often seen as the poor cousin to other CPD meetings... but have their own structure for success. Come see what can ensure your success in creating a successful event from the get go. 1. At the end of this workshop participants will determine the principles of creating a successful faculty development event 2. At the end of this workshop participants will demonstrate the practical considerations to host a successful faculty development event 3. At the end of this workshop participants will explore how to accredit their program
Session: • 150 ***Dr. Amanda Pendergast***	**Common Clinical Issues in Breastfeeding**
Session: • 151	**Oral Research Presentation - Indigenous Health** Hear about a variety of exciting projects by four different researchers from around the country. These ten-minute presentations all relate to indigenous health, with an opportunity for discussion about the topic. Presentations include: 1. Discovering Nutshimit: The Value of an Innu Traditional Lifestyle in Diabetes Management 2. Co-Developing Curriculum for a Remote First Nation Community Residency Program: The NOSM/Matawa/Eabametoong Model 3. Comprehensive Indigenous Community Care Clinics Uniting

	Continuity of Care with Continuity of Trust 4. Medical care at a week long traditional gathering for the Innu, a First Nations group in Labrador
Session: • 152 ***Dr. Karim Keshavjee***	**The Once and Future EMR** This session will explore: 1) the history of electronic medical records --when and where they started, what the various visions for them were and how they evolved; 2) the current generation of electronic medical records and what led to their widespread use around the Western world; 3) the future of electronic medical records, the main drivers of change and how physicians can help drive that future. At the conclusion of this activity, participants will be able to: 1. List the key visions for electronic medical records when they were initially being developed. 2. List the key reasons for electronic medical record adoption in Canada 3. Explain why EMRs have been so widely adopted across Canada in the last 5 years 4. Explain why current EMRs are difficult to use and cause so many different types of issues 5. List features of future EMRs that may help solve current problem areas 6. Participate in and promote physician leadership in driving changes in future EMR development
Session: • 153 ***Dr. Peter Miles*** **• GRANDE PRAIRIE • AB** ***Dr. Lauren Smithson*** ***• ST ANTHONY • NL***	**Rural General Sx - Is There a Future?**
Session: • 160 ***Dr. Josh Briggs*** **• ST JOHN'S • NL**	**Simple Tricks For Tricky Airways**
Session: • 161 ***Dr Mark Saul*** **• STE CECILLE DE MASHAM • QC**	**X-Rays You Wish You Never Missed — Part 2** A review of X rays taken over the years from various rural sites displaying a wide variety of interesting, important, and often easy to miss findings. As well, this tour includes a gallery of possibly X rays less pertinent to our practice, but still strange and entertaining.

	1. Develop a systematic approach to the evaluation of X rays. 2.) Acquire skills in detecting subtle findings. 3. Build on skills in evaluating X rays mostly replaced by CT in larger centres but still.necessary in rural and remote sites. 4. Enjoy strange findings that rural X ray life sometimes brings us.
Session: • 162 ***Dr. Dawnelle Ruth Topstad*** **• RED DEER • AB**	**Too Much Care May Hurt: A Thyroid Cancer Epidemic, Disease Or Over-Diagnosis** Thyroid cancer incidence is escalating in some developed countries while there is little change in mortality. During this session, we will briefly review the types of thyroid cancer, diagnosis and treatment. The thyroid cancer incidence and mortality trends in Canada and its provinces over the past 40 years will be described. However, most of the session will be about changing practice patterns around the world. Bring your questions and comments to discuss with your colleagues. Hope to see your there! 1) List the types of thyroid cancer, steps in the diagnostic pathway, and treatment options. 2) Explain thyroid cancer incidence and mortality trends in Canada over the past 40 years. 3) Estimate how much thyroid cancer may be from over-diagnosis. 4) Discuss the changing medical practice for managing thyroid nodules and small cancers.
Session: • 163 ***Dr. Andrew Smith*** **• ST JOHN'S • NL**	**The Nimble Bureaucracy: Building Health Innovation from the Ground Up** Healthcare practitioners, institutions and governments are continuously seeking to improve patient care and health system performance through innovation. Innovation, however, is often fuelled through creative, semi-structured, out-of-the-box thinking that is often generated through frequent, casual conversation. Unfortunately, layers of processes, approvals and committees of large institutions frequently stymie the outlandish ideas that morph into a refined concept fast-tracked for integration into the health system. Join the author as they speak about their journey to create a medical technology ecosystem that has aligned the innovation agenda of multiple large institutions through the creation of a loosely-defined network 'Owned by none, driven by the community'. 1. Recognize some of the barriers and catalysts to advancing health innovation 2. Summarize several strategies that support health innovation both in urban and rural locations 3. Define entrepreneurship, innovation and commercialization and explain how these can serve as a mechanism for advancing health innovation 4. Recognize the fundamental principles associated with Intellectual Property and Conflict of Interest 5.Explain the life-cycle of the start-up company and how supporting these entities can lead to unique and intriguing experiences associated with the entrepreneurial spirit

Session: • 164 ***Dr. John Soles*** **• CLEARWATER • BC** ***Dr. Sarah Mathieson*** ***• ST JOHN'S • NL***	**Rural Critical Care — Seldinger Technique Chest Drainage** Participants will learn how to place chest tubes using Seldinger technique. There will be opportunity to practice this technique. 1.To list the indications for closed chest drainage 2.To recognize when Seldinger technique is appropriate 3.To demonstrate the technique in a model 4.To gain better interpretation of the use of 'underwater' drainage systems
Session: • 165 ***Dr. (Dan) Daniel Eickmeier*** **• SEAFORTH • ON**	**Managing A Violent Patient**
Session: • 166 ***Dr. Melissa Holowaty*** **• HAVELOCK • ON**	**Buprenorphine In Rural Practice For Opioid Use Disorder** Continuation - see
Session: • 167 ***Dr. Russell Dawe*** **• ST JOHN'S • NL** ***Ms. Sara O'Reilly*** ***Ms. Sandra Parsons***	**Program Evaluation in Global Health (Part II): Developing Evaluation Frameworks** Global health is an expanding field, which now includes clinical service, research, and education to underserved populations domestically and internationally. This often takes place in rural and/or cross-cultural settings with limited resources. Such contexts require creative innovation, but usually lack a trained program evaluation team to assess new programs' efficacy. A logic model is a tool that visually represents a program's components and the assumptions that underlie its intended effects. Its development is often the first step in evaluating a program. Intended audience: This introductory-level teaching session is intended for clinicians and/or educators who have an interest in evaluating the programs they implement. No research or program evaluation experience required. Activities/Teaching methods: Time will be approximately divided as follows: 1. Short presentations will be used to review an example logic model. 2. Small working groups of participants will then create a section of a logic model based on an example program. 3. Question/answer and large group discussion: Presenters will address participants' questions, but also pose questions to the group regarding participants' own experiences with program evaluation in global health. Anticipated outcome(s): Participants will leave this teaching session with the

	ability to describe the purpose of a logic model, create a logic model, and apply these skills in program planning, management, and improvement.
Session: • 168 ***Dr. Paul Dhillon*** **• REGINA • SK** ***Dr. Simon Moore*** ***• VANCOUVER • BC***	**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 Medicine. 1. Master simple, easy-to-remember tools to determine and efficiently apply the Patient-Centred Approach that underlies the CCFP exam 2. Identify recent guideline changes to major family practice topics and rural family medicine topics, and apply these to sample written exam questions during the session 3. Augment performance by implementing in-exam techniques that increase mental performance and aid in easily identifying common CCFP exam errors
Session: • 169 ***Dr. Peter Hutten-Czapski*** **• HAILEYBURY • ON**	**Rural Critical Care — C-Spine Injury** This session will review radiographic injury patterns of the cervical spine. 1. At the conclusion of this activity, participants will be able to appropriately order and interpret cervical spine X-rays. 2. Participants will learn to identify appropriate patients for imaging based on NEXUS and Canadian C-Spine rules. 3. Participants will be able to practice a systematic approach to interpret C-Spine films. Common pitfalls will be identified. 4. Participants will develop some comfort in identifying films with normal findings and some common injury patterns. 5. Participants will also identify films that they would not be comfortable with and might require further imaging and/or radiologist evaluation.
Session: • 170 ***Dr. Fred Janke*** **• SYLVAN LAKE • AB**	**Tips For Teaching Clinical Reasoning** Clinician teachers often struggle with teaching clinical reasoning. Three different methods for teaching clinical reasoning will be explored with a focus on effective questioning. Preceptors frequently use questions as a method of teaching in the clinical setting. However, the nature of questioning can have a significant impact on what is taught in the clinical context. By developing skill in questioning, clinician educators can become more effective at teaching clinical reasoning and decision making. In this workshop, participants will use case examples, guided exercises and group discussion, to analyze and develop their questioning skills to enhance the teaching of clinical reasoning and clinical decision making.

	1. At the conclusion of this workshop, participants will be able to list three different techniques in teaching clinical reasoning. 2.) At the conclusion of this workshop, participants will have better tools in useing questioning effectively to guide learners in the development of clinical reasoning skills.
Session: • 171	**Oral Research Presentation - Recruitment and Retention** Hear about a variety of exciting projects by three different researchers from around the country. These ten-minute presentations all relate to the recruitment and retention of healthcare professionals, with an opportunity for discussion about the topic. Presentations include: 1. Scoping Review of the Policy-related Evidence for Rural Primary Care Improvement 2. Rural Physician Retention: Perceptions of Longstanding and Recently-Recruited Physicians 3. Factors influencing recruitment and retention of family physicians to rural and remote communities: A systematic review of reviews
Session: • 172 ***Dr. Wade Mitchell*** **• COLLINGWOOD • ON** ***Dr. George Carson*** ***• REGINA • SK***	**Skin Cancer 101 — How To Use A Dermoscope** A general approach to assessing skin lesions for possible malignancy. Basic macroscopic and dermoscopic principles will be addressed to assist the clinician in identifying pre-malignant, potentially malignant and malignant skin lesions and how to manage these in a General Practice/ Family medicine setting. 1.Identify and differentiate macroscopic features of potential skin malignancies versus benign skin lesions 2. Learn how to use a dermoscope to identify microscopic features of benign, pre-malignant and malignant skin lesions 3. Develop an approach to managing these lesions in a family practice/general practice setting
Session: • 173 ***Dr. Jude Kornelsen*** **• SALT SPRING ISLAND • BC**	**Rural Obstetrics: Number Needed To Transport?**
Session: • 196	**Mix & Mingle — A Family Friendly Event** A chance to mingle and enjoy the evening with peers and other guests. A family friendly event!
Session: • 195	**Student/Resident Meet 'n Greet - Offsite**

Session: • 198	**Jam Session — Bring Your Musical Instruments and Join In The Fun!**
Session: • 197	**Trivia Night** Join in for a night of pub trivia with appetizers and a cash bar. Prizes for the top team!
Session: • 063 ***Dr. John Haggie*** • GANDER • NL	**From Inside Looking Out**
Session: • 064 ***Dr. James Irvine*** • LA RONGE • SK	**Meaningful Change Through Research: The Role For Rural Docs In Rural Research!** A presentation of the value and importance of research within the context of rural communities in Canada and the role that rural-based physicians can play in inspiring, initiating, complementing, collaborating, and interconnecting for research that is pertinent to rural practice in their setting and for the needs of the communities in which they practice. 1.Recognize and analyze the value of research done in rural communities; 2.Support and participate in research within the community or within their practice; 3.Determine potential research partnerships
Session: • 200 ***Dr. Michael Kirlew*** • SIOUX LOOKOUT • ON ***Dr. David Jerome*** • SIOUX LOOKOUT • ON	**Top 10 Practice Changing Publications from 2017** Join Dr. Mike Kirlew (of podcasting fame) and Dr. Dave Jerome on this high yield review of 'practice changing' publications published in 2017. Topics will include primary care, obstetrics, inpatient management and emergency care. Papers have been selected with rural and remote practitioners in mind. 1. At the conclusion of this activity, participants will be able to identify recent updates to evidence-based medical knowledge that are applicable to the rural and remote generalist. 2. At the conclusion of this activity, participants will be able to apply evidence based medicine within their rural and remote practice 3. At the conclusion of this activity, participants will be able to interpret the clinically relevant outcomes from recent medical publication

Session: • 201 ***Dr. Andrew Kotaska*** **• YELLOWKNIFE • NT**	**Two Step Delivery Reduces Shoulder Dystocia** A belief that prolonged head-to-body delivery interval endangers the newborn underpins the common obstetrical practice of delivering the baby's trunk immediately after the head is born. Without intervention, however, birth typically occurs in two steps: once the fetal head is delivered there is usually a pause, and the rest of the infant is born with the next contraction. Dr. Kotaska will discuss evidence showing that a two-step delivery does not increase the risk of fetal harm, may lower the incidence of shoulder dystocia, and should be considered physiologically normal, with implications for the definition of shoulder dystocia. 1. Describe the physiological mechanism of birth of the fetal trunk 2. Explain the mechanics and hemodynamics of shoulder dystocia 3. Explain the acid-base physiology of neonatal hypoxic encephalopathy caused by shoulder dystocia 4. Incorporate physiological two-step delivery into a definition of shoulder dystocia
Session: • 202 ***Dr. Susan Batten*** **• DURHAM • ON**	**MAiD - A Short Summary** Provide the most recent stats on MAiD deaths in Canada and then review the process of a MAiD death from the assessment to the administration of medications. 1. Provide an anaylsis of statistics on MAiD Deaths in Canada 2. Ensure patients are provided access to high-quality, team-based palliative care 3. Provide the technical aspects of MAiD 4. Fulfill legal and regulatory requirements in MAiD 5. Identify the importance of evaluating competency & capacity 6. Recognize and reflect on the impact of MAiD on yourself (both personal and professional)
Session: • 203 ***Dr. James Rourke*** **• ST JOHN'S • NL** ***Dr. C. Ruth (Ruth) Wilson*** ***• KINGSTON • ON***	**The Rural Road Map: Where Are We Now? How Do We Go Forward?** Striving to support equitable access to health care services and improve the health of individuals living in rural Canada, the Society of Rural Physicians of Canada and the College of Family Physicians of Canada released the Rural Road Map for Action in February 2017. Through small group, individual and large group exercises at this Rural Road Map Collaborative Forum Workshop, participants will be able to learn about and share key initiatives related to advancement of care in rural and remote areas across Canada. Highlights related to work of the CFPC in developing rural competencies and a discussion related to how training can be made available to family physicians while in practice to support their communities' needs will be discussed. The Rural Road Map highlights four directions and 20 actions that aim to: • Reinforce the social accountability mandate of medical schools and residency programs to address health care needs of rural and Indigenous communities

	• Implement policy interventions that align medical education with workforce planning • Establish practice models that provide rural and Indigenous communities with timely access to quality health care • Institute a national rural research agenda to support rural workforce planning aimed at improving access to patient-centered and quality-focused care in rural Canada 1. Identify key initiatives taking place across Canada related to supporting health care delivery in rural and remote settings 2. Integrate best practices related to supporting health care delivery in their own rural and remote settings 3. Connect with a community of practice consisting of rural physicians, government, community, academic, and health professional stakeholders committed to the advancement of rural healthcare
Session: • 204 ***Dr. Sarah Lespérance*** • IQALUIT • NU	**Latent TB Infection: Diagnosis and New Therapies** This session will provide a brief overview of diagnosis of latent TB infection, reasons to treat, and discuss the current treatments available in Canada. A highlight will be discussion regarding 3HP treatment for latent TB infection, including the presenter's experiences and lessons learned from using this treatment in a remote Canadian context (Iqaluit, Nunavut). 1. Learn criteria for diagnosis of LTBI 2.Become familiar with indications for treatment of latent TB infection, as well as risks of treatment. 3. Gain a knowledge of 3HP (rifapentine + isoniazid) treatment for LTBI, including specific drug intercations, indications for, and monitoring requirements for this new latent TB treatment 4. Have an introduction to common side effects and challenges faced in using 3HP treatment for LTBI in remote Canada
Session: • 205 ***Dr. F. Kris (Kris) Aubrey-Bassler*** • ST JOHN'S • NL	**Recent Research To Inform Rural and Family Physician OB Care** The evidence to inform decisions about the appropriate level of obstetrical services to offer at rural and remote hospitals is sparse. At this session, we will review recent evidence from our group showing how obstetrical outcomes are affected by poor geographic access to obstetrical services, and the impact of delivering at hospitals of different annual delivery volumes and levels of service. We will also attempt to apply these findings to real world health system decisions presented to us by the audience. If they wish to discuss cases, audience members should come with information about the obstetrical service level and volume at the hospital of interest as well as the next closest hospitals, and the distance between these hospitals. 1. Cite evidence comparing obstetrical outcomes between family physicians and obstetricians. 2. Use recent evidence to make decisions about the appropriate level of obstetrical service to offer at hospitals of a given size and remoteness from other hospitals.

Session: • 206 ***Mrs. Stephanie Welton*** **• BEAMSVILLE • ON** ***Mrs. Laura Soles*** ***• CLEARWATER • BC*** ***Mr. Fraser Turner*** ***• IQALUIT • NU*** ***Mrs. Patti Kemp***	**Rural Family Support Network - Working Group Discussion** We will discuss what a nationwide support network for families and partners of rural physicians might look like: what supports and services would be most useful, feasibility of providing these services, how the network itself will function, and steps to be taken for implementation. Partners and spouses are particularly encouraged to attend; everyone is welcome to join and share their perspectives.
Session: • 207 ***Dr. Dharm Singh*** **• DALHOUSIE • NB**	**Overactive Bladder** Recent advances in the management of Overactive Bladder (OAB). 1. Definition of OAB 2. How to make the diagnosis of OAB 3. Recent advances in the treatment of OAB
Session: • 208 ***Dr. Radha Jetty*** **• OTTAWA • ON**	**A Long Way From Home: understanding the challenges that Inuit families face when they access care in the "South"** 1. Discuss the challenges that families from Nunavut face when they are medically transferred to a tertiary paediatric hospital 2. Discuss this experience in the context of historical traumatic evacuations and relocations of the Inuit (TB mass evacuations, relocation to the high arctic) and how this impacts the current experience 3. Be introduced to the Nunavut Cultural Competency modules 4. Discuss what we can do to improve the provision of care in a tertiary hospital to ensure a culturally safe environment
Session: • 209 ***Dr. (Trish) Patricia Uniac*** **• WALTON • ON**	**Addiction In The Office** A brief primer on dealing with withdrawal and addiction in your practice. Bring cases to discuss that we can all learn from. The focus will be on uncomplicated treatment of the most common substances of abuse (opiates, alcohol, stimulants, marijuana, benzos). 1. Define addiction, withdrawal, dependence 2. Treat withdrawal symptoms of alcohol, opiates, stimulants, marijuana 3. Treat addiction to help your patients avoid relapse
Session: • 210 ***Dr. James Thorburn*** **• ST JOHN'S • NL**	**Paediatric Simulation**

Session: • 211 ***Dr. Peter Wells*** **• COLLINGWOOD • ON** ***Ms. Michelle Hunter*** ***• COLLINGWOOD • ON***	**Preceptor Engagement**
Session: • 212 ***Dr. Jude Kornelsen*** **• SALT SPRING ISLAND • BC**	**Building Blocks For Sustainable Rural Maternity Care**
Session: • 213 ***Dr. Archna Shah***	**Paediatric Simulation**
Session: • 220 ***Dr. Michael Kirlew*** **• SIOUX LOOKOUT • ON**	**SAMP Prep**
Session: • 221 ***Dr. Andrew Kotaska*** **• YELLOWKNIFE • NT**	**Venous Thromboembolism Prophylaxis: Who Really Needs Snake Oil?** Most DVT identified in screening studies of hospitalized patients remain clinically insignificant. These studies markedly overestimate the risk of clinical VTE and the benefit of heparin prophylaxis, yet form the basis of the 'Getting Started Kit' recommended by Accreditation Canada to help hospitals develop VTE guidelines. In compliance, most Canadian hospitals have instituted VTE guidelines that vastly over-recommend low molecular weight heparin. Most hospitalized patients have a risk of clinical VTE lower than the bleeding risk from heparin. They should not receive heparin until and unless randomized controlled trials demonstrate more benefit than harm. The author of the Getting Started Kit was removed from involvement with the latest edition of the American College of Chest Physicians VTE Guidelines because of conflict of interest, including financial ties to six companies that produce anticoagulants.

	1. State the approximate magnitude of clinical VTE risk in typical hospitalized patients 2. List the five REAL major risk factors that warrant thromboprophylaxis 3. Describe the use of standard evidence-based medicine tools to critically evaluate VTE guidelines 4. Estimate the magnitude of benefit and harm from low-molecular weight heparin in typical hospitalized patients 5. Explain why it is critical for real and potential conflicts of interest to be openly declared by academic clinicians and authors of guidelines
Session: • 222 ***Dr. Michael Kolber*** **• PEACE RIVER • AB**	**GI for the GP** Overview: In this session, we will focus on reviewing clinically relevant and common areas of gastrointestinal medicine seen in primary care. Potential topics reviewed could include (but are not limited to): • Gastroesophageal reflux disease (diagnosis and therapies), • Gastroprotection (who needs it and how to do it) • Proton Pump Inhibitors: benefits and potential adverse events • Barrett's esophagitis (who to screen, how often and how) • Celiac Disease • All plugged up (evidence based approach to constipation) • Irritable bowel syndrome dietary treatments, • C. difficile: risk factors, diagnosis and treatment (including fecal microbiota transplant) • Colorectal Cancer Screening evidence and guidelines • New tests in GI medicine: FIT, fecal calprotectin 1. To review the evidence pertaining to the diagnosis, treatment and prognosis of common gastrointestinal symptoms or conditions seen in primary care 2. To understand the potential benefits and harms of medications commonly used in treating GI conditions 3. To review current colorectal cancer screening guideline 4. Review rural Family Physicians' ability to perform endoscopy
Session: • 223 ***Dr. James Rourke*** **• ST JOHN'S • NL** ***Dr. C. Ruth (Ruth) Wilson*** ***• KINGSTON • ON***	**The Rural Road Map: Where Are We Now? How Do We Go Forward?** Continuation - see 206
Session: • 224 ***Dr. Paul Dhillon*** **• REGINA • SK**	**A Day in the Life of an Ebola Doctor** Dr. Paul Dillon will discuss and share his experiences working as an Ebola Doctor in the Red Zone during the recent Ebola Crisis in West Africa. He was a physician with Save the Children UK in the Kerry Town Ebola Treatment Centre in Sierra Leone.

	1. Learn about Ebola Virus transmission, treatment, and research during the epidemic 2. Lessons learned about working in austere humanitarian settings 3. Challenges to be expected while working in an Ebola setting and reintegration challenges upon return
Session: • 225 ***Mrs. Janine Woodrow*** ***Ms. Melissa DeLeon*** ***Mrs. Lisa Roberts***	**Rural Breastfeeding Support**
Session: • 226 ***Mrs. Stephanie Welton*** **• BEAMSVILLE • ON** ***Mrs. Laura Soles*** ***• CLEARWATER • BC*** ***Mr. Fraser Turner*** ***• IQALUIT • NU*** ***Mrs. Patti Kemp***	**Rural Family Support Network - Working Group Discussion** Continuation - see 211
Session: • 227 ***Dr. Dharm Singh*** **• DALHOUSIE • NB**	**Hematuria Update** An update on Microscopic Hematuria. 1. Definition and diagnosis of Hematuria 2. Investigations of Hematuria 3. Algorithm for the Management of Hematuria
Session: • 228 ***Dr. Karl Stobbe*** **• BEAMSVILLE • ON** ***Dr. Ray Markham*** ***• VALEMOUNT • BC*** ***Dr. (Steve) Stephen Ferracuti*** ***• HALIBURTON • ON***	**Ethics of Global Health For Rural Doctors** Using a case-based approach, with current and recent projects as examples, we will discuss the ethical issues Canadian rural doctors might wish to consider when embarking on global health work. The approach will be non-judgmental group discussion of ethical considerations for various types of global health work. 1. Explore the ethics of global health work: how to add value while avoiding pitfalls 2. Meet others interested in global health
Session: • 229	**How to Build a Resilient Practice**

Dr. (Trish) Patricia Uniac • WALTON • ON	There are a lot of things to consider when starting a new practice or changing your existing practice. This talk will present some practical ideas for making the change manageable, as well as how to avoid burnout by dealing with bad days as they are happening. 1. Deal with a bad day as it is happening 2. How to avoid burnout 3. Streamline the flow of a family practice 4. Choose and personalize a practise to ensure longevity
Session: • 230 ***Dr. James Thorburn*** • ST JOHN'S • NL	**Paediatric Simulation**
Session: • 231 ***Ms. Carrie Grigg*** • HAMILTON • ON ***Ms. Maria Shibish*** *• DUNDAS • ON*	**Housing Presentation**
Session: • 232 ***Dr. Stuart Iglesias*** • DENNY ISLAND • BC	**Careers for Rural Surgery for Family Physicians** There are 2 cohorts of rural Family Physicians who provide surgery- those with a broad scope of practice that includes hernias, appendices, etc and those who provide only Caesarean Section. The decision by the CFPC to elevate the training for these physicians to Category 1, on a par with Family Practice Anaesthesia, and to award a CAC, has opened new career paths for rural Family Physicians. This workshop will describe those career paths, from the training programs to a description of the rural practice context in which we work. 1. Participants will learn the significance of a CAC in ESS for rural Family Physicians 2. Participants will learn the significant details of the Canadian ESS training programs 3. Participants will learn about, and have the opportunity to question, the context of their future rural surgical practices
Session: • 233 ***Dr. Archna Shah***	**Paediatric Simulation**

Session: • 094	**Research Poster Contest**
Session: • 095	**SRPC Annual General Meeting**
Session: • 065 ***Ms. Shauna Curry*** • CALGARY • AB	**Water for Health: Breaking the Cycle of Poverty** Water is essential for public health and a powerful entry point for breaking the cycle of poverty. An estimated 2.1 billion people rely on a fecally contaminated water source; 4.5 billion people lack safely managed sanitation; 38% of health care facilities in developing countries lack a clean water supply; and over 350,000 children die each year due to inadequate water, sanitation and hygiene. CAWST, the Centre for Affordable Water and Sanitation Technology, is a Canadian non-profit that has trained over 1000 organizations in 84 countries who, in turn, have reached 15.4 million people with better drinking water or sanitation. This session explores global water issues and solutions, and CAWST's approach; and considers the potential application to rural and remote communities in the Canadian context. 1. Discuss global water and sanitation issues as they relate to health 2. Describe common transmission routes and interventions for waterborne infections 3. Identify ways to take action 4. Consider potential application as applied to the Canadian context
Session: • 240 ***Dr. Abraham (Braam) de Klerk*** • VICTORIA • BC	**Rapid Sequence Intubation For The Rural Doc**
Session: • 241 ***Dr. Martha Riesberry*** • GODERICH • ON	**MacGyver fixes in Rural Medicine**
Session: • 242 ***Dr. Michael Kolber*** • PEACE RIVER • AB ***Dr. Christina (Tina) S. Korownyk*** • EDMONTON • AB	**Tools For Practice Jeopardy** In this talk (where the audience chooses the topics), a fast-paced review of common clinical questions will occur. 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 answer.

	1. To quickly review the evidence pertaining to a multitude of common primary care clinical questions 2. To use the evidence to reaffirm or reconsider one's current practice pertaining to that clinical question 3. To appreciate potential bias in previous (and current) evidence
Session: • 243 ***Dr. Norah Duggan*** • ST JOHN'S • NL	**Using Ordinary Materials to Make Low Fidelity Simulation Models**
Session: • 244 ***Dr. Vanessa Cardy*** • CHISASIBI • QC	**Deprescribing in Palliative Care** Approaches for deprescribing common medications in palliative care patients. 1. At the conclusions of this talk, participants will have an approach for when to consider deprescribing medications in palliative care patients 2. At the conclusion of this talk, participants will be able to safely discontinue common family practice prescribed medications 3. At the conclusion of this talk, participants will have communication tools for addressing end of life deprescribing
Session: • 245 ***Dr. Jim Connor***	**Malnutrition Research in Newfoundland: A Case Study in Rural Medical History**
Session: • 246	**Oral Research Presentations - Education Development** Hear about a variety of exciting projects by three different researchers from around the country. These ten-minute presentations all relate to educational development, with an opportunity for discussion about the topic. Presentations include: 1. Interactive Prototype Development of a Mobile Tele Simulation Unit for Remote Training: An Update 2. Community Partnerships Successes: The Implementation of a Collaborative Selection Process for a New Remote First Nation Family Medicine Program Stream 3. Initial evaluation of a new rural mentorship program for pre-clerkship medical students
Session: • 247 ***Dr. George Kim*** • LONDON • ON	**Epidemiologic Toolbox**

Mr. Danny Kim ***• LONDON • ON***	
Session: • 248 ***Dr. David Jerome*** **• SIOUX LOOKOUT • ON** ***Dr. (Jay) Jessica Shanahan*** ***• ST JOHN'S • NL***	**Rural Residency Tour — Program Fair For Medical Students** Medical Students at all stages of training are highly encouraged to attend this event showcasing Rural and Remote Family Medicine Residency Programs across Canada. Programs will have booths setup for medical students to visit, and students will rotate through in a 'speed-dating' style. Programs will have current residents, faculty and/or support staff available at their booths to present the unique aspects of their program. This event is immediately followed by the Student/Resident/Mentor social. 1. At the conclusion of this activity, participants will be able to catalogue the variety of rural and remote Family Medicine residency programs operating in Canada. 2. At the conclusion of this activity, participants will be able to identify residency programs that are suited to meet their individual learning goals.
Session: • 249 ***Dr. Justin Morgenstern*** **• ETOBICOKE • ON**	**Performance Under Pressure: Being Your Best Under Stress** Stress is inescapable in medicine. This talk summarizes some of the ways that stress can impact performance and the various strategies that physicians can employ to perform at their best under pressure 1. Participants will be able to explain the potential impacts of stress on performance in medicine. 2.Participants will be able to develop their own plan for managing their performance under pressure, including strategies to employ before, during, and after exposure to extreme stressors.
Session: • 250 ***Dr. Sandra Allison*** **• PRINCE GEORGE • BC**	**A View Into The Opioid Crisis In Rural BC** An overview of the opioid overdose crisis in Northern BC, characteristics unique to the north, and response activities to address the crisis. 1. Recognize the current status of the opioid crisis in Northern BC. 2.Identify characteristics specific to rural, remote and northern settings. 3. Identify actions that can be taken in rural, remote and northern settings to address the opioid overdose crisis.
Session: • 251 ***Dr. Ailsa Craig***	**Gender Diversity Awareness: Language & Inclusivity** This session provides discussion of how our use of language can help to support the inclusion of gender diverse individuals. Definitions for commonly used terms will be discussed, and strategies for incorporating inclusive

	language and building cultural competence regarding gender diversity will be provided. At the conclusion of this activity, participants will be able to: 1. identify gender neutral language 2. implement strategies for gender inclusive service provision 3.support the inclusion of trans and gender diverse medical professionals
Session: • 252 ***Dr. Peter Miles*** **• GRANDE PRAIRIE • AB**	**Provision of Sustainable Rural Surgical Care**
Session: • 253 ***Dr. Heidi James*** **• MONCTON • NB**	**Create Your Own Podcast**
Session: • 260 ***Dr. Abraham (Braam) de Klerk*** **• VICTORIA • BC**	**Procedural Sedation and Analgesia**
Session: • 261 ***Dr. Sara MacDonald*** **• GATINEAU • QC**	**Acute Kidney Injury- Pre-Renal and Acute Tubular Necrosis**
Session: • 262 ***Dr. G. Michael (Michael) Allan*** **• EDMONTON • AB** ***Dr. Christina (Tina) S. Korownyk*** ***• EDMONTON • AB***	**Medical Cannabanoids in Primary Care** This talk will enable the health care provider to better understand the potential benefits (and harms) of medical cannabanoids. Information gained in this session will allow for the practitioner to have an evidence informed conversation with their patients who are inquiring about cannabinoids. This talk will review the recently published "Simplified Guideline for Prescribing Medical Cannabanoids in Primary Care" which highlight the best evidence of potential benefit (and potential harms) of using cannabanoids in treating medical conditions such as: • Neuropathic pain • Nausea and Vomiting • Spasticity We will also review: • Commonly experienced adverse effects seen in cannabinoid trials • Types of MC products available 1. Understand the evidence for using medical cannabanoids in primary care 2. Understand the potential harms of using medial cannabanoids 3.

	Understand the potential role and when to consider using medical cannabanoids in primary care
Session: • 263 ***Dr. Norah Duggan*** **• ST JOHN'S • NL**	**Basic Obstetrical Skills**
Session: • 264 ***Mr. Paul Norman*** **NL** ***Dr. Christopher Patey*** ***• ST JOHN'S • NL***	**Interesting Rural NL Cases** Rural Emergency care is challenging and rewarding. Never knowing what will pass through your doors to test the resources, skills and knowledge of your team can be humbling and even awe-inspiring. In this workshop, we will present an insightful, even comical view on uniquely Newfoundland emergency presentations that have made us come to appreciate and respect the trade. In so doing, we will broaden the audience's perspectives on emergency care through a different lens while also expanding their medical knowledge and list of differential diagnoses. 1. . List a broader range of emergency department patient presentations and diagnoses 2. Recognize the uniqueness of rural and community emergency practice in other regions of Canada. 3. Use emergency care stories to inspire and enlighten perspectives on practice.
Session: • 265 ***Dr. Dale Dewar*** **• WYNYARD • SK** ***Dr. (Jay) Jessica Shanahan*** ***• ST JOHN'S • NL***	**Midwives and Doctors**
Session: • 266	**Oral Research Presentation - Rural Health Delivery 1** Hear about a variety of exciting projects by three different researchers from around the country. These ten-minute presentations all relate to the delivery of rural health care, with an opportunity for discussion about the topic. Presentations include: 1. Quality improvement of colonoscopy procedures for patients in remote and northern communities 2. Addressing Unnecessary Emergency Department Visits from Personal Care Home Residents 3. The use of urine drug screening for safer opioid prescription to chronic non-cancer pain patients in rural Northern Ontario

Session: • 267 ***Dr. Rochelle Dworkin*** **• HANOVER • ON**	**Dermatologic Problems in Pregnancy** It's not all PUPP! Come and learn in an interactive fashion about the skin in pregnancy, especially rare conditions that you don't want to miss. The talk will be applicable to all doctors who provide antenatal care at any stage during a pregnancy. 1. Be able to diagnose and treat the most common skin problems in pregnancy. 2. Explore which conditions can lead to future adverse pregnancies 3.Determine why some skin conditions worsen in pregnancy, and why some get better.
Session: • 268 ***Dr. David Jerome*** **• SIOUX LOOKOUT • ON** ***Dr. (Jay) Jessica Shanahan*** ***• ST JOHN'S • NL***	**Rural Residency Tour — Program Fair For Medical Students** Continuation - see
Session: • 269 ***Dr. Mary Johnston*** **• BLIND BAY • BC** ***Dr. Kirstie Overhill*** ***• MANSONS LANDING • BC***	**Rural Women Family Physicians: Strategies For Successful Work Life Balance**
Session: • 270 ***Dr. Mary Ellen McColl*** **• HIGH RIVER • AB**	**National Advocacy For Rural Medicine** 1. At the conclusion of this activity, participants will be able to identify several pressing areas of medical care in rural Canada which require active advocacy plans. It is hoped that this can be translated into concrete steps to advance improvement. Previously successful resources will be recognized, and a proposal for national level cooperation will be presented.
Session: • 271	**Hot topics in Distributed Medical Education Administration**

Mr. Fred Ross **• LONDON • ON** ***Mrs. Kris Bowes*** ***• KINGSTON • ON***	Discussing current challenges and Opportunities in Distributed Medical Education Administration. This session is designed for Medical Education Administrators. 1.Participants will be aware of current challenges in administration of Medical Education 2.Participants will be able to identify best practices in administration of Medical Education
Session: • 272 ***Dr. Stuart Iglesias*** **• DENNY ISLAND • BC** ***Dr. Jude Kornelsen*** ***• SALT SPRING ISLAND • BC***	**BC's Rural Surgery and Obstetric Networks: Looking for Solutions** The Joint Position Paper on Rural Surgery and Operative Delivery (CJRM, 2015) has offered both new opportunities and new challenges for rural surgical and operative delivery programs. Specifically, the challenges are 1) building trusting relationships, without which successful networks cannot function, between specialist and ESS surgeons 2) demonstrating the safety and quality of these low volume surgeons and programs, and 3) providing sustainable volumes and capacity in these programs. This workshop will seek interactive engagement on how the new BC RSON program has attempted to answer these challenges. 1. Participants will learn of the principles from the literature underlying successful networks 2. Participants will learn the intellectual footprint and evidence base for the RSON program 3. Participants will engage in a conversation about the likelihood of success or failure in the RSON program
Session: • 273 ***Dr. Brian Metcalfe*** **• ST JOHN'S • NL**	**EMs Myths** A surprising review of dogmatic EMS topics and how we have it all wrong. At the conclusion, participants will be able to: 1. Identify various EMS practices that may cause patient harm 2. Explain practice-changing EMS evidence 3. Integrate EMS evidence into their practice
Session: • 296	**Student, Resident, Mentor Reception**
Session: • 297	**SRPC Awards Dinner**
Session: • 298	**Scotch Tasting — An Event for Beginners and Experts Alike!**

Session: • 299	**Movie Night At R&R - Le Grand Seduction - The Original Version**
Session: • 199	**Hockey Night In St. John's**
Session: • 066 ***Dr. Mohamed-Iqbal Ravalia*** • TWILLINGATE • NL	**A Reflection On Rural Practice: My Salt Water Joys!** A reflection on the journey of my life, living and practicing Generalist medicine in a rural community on the NE coast of Newfoundland. At the conclusion of this activity participants will be able to: 1. Reflect on the value of a lifelong practice in a rural setting 2. Explore the challenges of working in relative isolation 3. Consider the value of academic engagement in rural practice
Session: • 300 ***Dr. Gavin Parker*** • PINCHER CREEK • AB	**Procedural Sedation in the Rural ED** Rural doctors are often challenged to handle both the procedural and sedation elements of care in under-serviced rural emergency rooms. This talk with focus on the common pharmacological agents, principles of monitoring, planning, and follow up care of patients requiring procedural sedation in the rural ED. 1. Explain various policies on procedural sedation 2.Discuss pharmacology of sedatives/analgesics 3. Explain need and use of reversal agents 4.Discuss monitoring devices and requirements 5.Explore unique aspects of ED sedation Case based discussion
Session: • 301 ***Dr. J. Matt (Matt) Di Stefano*** • COLLINGWOOD • ON	**The ER Hip- Cases Of All Ages, X-Rays, Pearls For Diagnosis**
Session: • 302 ***Dr. Meghan Guy*** • GOLDEN • BC	**Mifepristone: Offering Medical Abortion In Your Practice** Learn how to safely provide medical abortion with Mifegymiso (mifepristone and misoprostol) in your office practice. This case-based presentation will review indications and contraindications to the medication as well as

	necessary follow-up. It will also discuss the logistics and challenges to providing medical abortion in a timely manner in your busy office practice. 1. Participants will be able to identify absolute and relative contraindications to medical abortion with Mifegymiso. 2. Participants will be able to describe the expected symptoms of a typical medical abortion with Mifegymiso. 3. Participants will be able to recognize complications of medical abortion with Mifegymiso. 4. Participants will be able to plan and carry out appropriate investigations and follow-up visits to provide medical abortion while adhering to the SOGC guidelines.
Session: • 303 ***Dr. Merrilee Brown*** **• PORT PERRY • ON**	**Toxicology Cases**
Session: • 304 ***Dr. Kirstie Overhill*** **• MANSONS LANDING • BC** ***Dr. Brenda Huff*** ***• STEWART • BC***	**Resiliency - What is Optimal Culture?** If Resilience is about Culture, can we develop a shared vision of optimal culture to work toward? A short didactic session will be followed by opportunity for dialog among the group, incorporating diverse points of view.
Session: • 305 ***Dr. James Rourke*** **• ST JOHN'S • NL**	**Rural Roadmap Direction 4: Developing A Canadian Rural Research Network** Bring your ideas: why, what, who, how? A small group discussion of how best to proceed will follow presentation of an initial draft proposal. DIRECTION 4: Institute a national rural research agenda to support rural workforce planning aimed at improving access to patient-centred and quality-focused care in rural Canada Action 16: Create and support a Canadian rural health services research network with the goal of connecting existing rural health research initiatives, and coordinating and strengthening research that enhances the health care of rural Canadians. Action 17: Develop an evidence-informed definition of what constitutes rural training to support educational policy and funding decisions, and to offer clear, accurate, and comparable information about rural family medicine training programs and sites. Action 18: Develop a standardized measurement system, with clear indicators that demonstrate the impact of rural health service delivery models for improving access and health care outcomes. Action 19: Develop metrics based on environmental factors to identify and promote successful recruitment and retention programs, using a measure of 5 years of service in a rural community as one

	goal for continuity of care. Action 20: Promote and facilitate the use of research-informed evidence by all organizations participating in rural workforce planning in Canada.
Session: • 306 ***Dr. Jill Konkin*** **• EDMONTON • AB**	**How To Be A Better Coach: Clinical Reasoning & Learners (Part 1)** Are you wanting to be a better coach for your learners? Understanding clinical reasoning will help you guide their growth over time. This presentation will mix a bit of theory with some practical teaching tools. 1. Define clinical reasoning 2. Discuss a model of clinical reasoning 3. Reflect on your own clinical reasoning 4. Practice with techniques/tools for coaching clinical reasoning
Session: • 307 ***Dr. Keith White*** **• KELOWNA • BC**	**Getting Serious About Polypharmacy In The Elderly — Tools and Resources** Interactive — A review of tools and resources which can be used to reduce polypharmacy risk in the elderly. 1. To examine the extent of the problem 2. To have attendees observe how a QI approach can improve patient care, provider experience, and savings to the system 3. Attendees will learn of the array of tools and resources available online to implement polypharmacy risk reduction 4. To show attendees how to use the resources effectively
Session: • 308 ***Dr. Sonia Sampson***	**Urgent Paediatric Airway** A concise review of the pediatric airway from neonatal to age 8. - Case based reviews of the approach to urgent pediatric airway management. - Case based discussion of difficulties with abnormal pediatric airways. 1. Identify differences in the pediatric airway 2. Explain the approach to urgent airway management in the pediatric patient 3. Identify challenges with the abnormal pediatric airway
Session: • 309 ***Dr. Mary Wall*** **• KELOWNA • BC**	**Immunotherapy: New Kid on the Block** Everybody has heard and wants it. What rural docs need to know. 1. Identify Immunotherapy's roll in several cancer sites 2. Explain appropriate use and time lines 3. Recognize adverse effects early and initiate appropriate treatment
Session: • 310	**Vertigo: Best Practices For Diagnosis and Treatment**

Ms. Kim Furlong • ST JOHN'S • NL	This session will review key concepts and recommendations for management of Benign Positional Paroxysmal Vertigo (BPPV). 1. Recognize and explain the signs and symptoms of BPPV 2. Perform a Canalith Repositioning Maneuver eg Epley 3. Refer to the recently published '2017 Clinical Practice Guideline BPPV (Update)' 4. Determine when to refer for further testing or vestibular rehabilitation
Session: • 311 ***Mr. Fred Ross*** • LONDON • ON	**Administrators Annual Meeting** Annual meeting of Medical Education Administrators 1. .Participants will be aware of the current state of Medical Education Administration 2.Participants will have a network of colleagues to interact with following the session
Session: • 312 ***Dr. Sarah Lespérance*** • IQALUIT • NU	**What The Cases Say, and What Should We Do About It? Rural Maternity Care Planning Workshop** This session will be a planning workshop for participants to help inform strategic directions for education, advocacy or awareness on rural maternity care. Data provided from the CMPA will be briefly presented with the purpose of finding themes unique to rural obstetrical care, and participants will use this information to determine priority action areas for the SRPC Maternity & Newborn Care Committee. 1. Explore the issues that lead to rural maternity care medicolegal cases involving the CMPA 2. Identify potential gaps currently present in research or quality care initiatives for rural providers 3. Prioritize areas of action for future advocacy, research or educational activities by the SRPC 4. Reflect on what some of this information may mean for the participant's individual practice
Session: • 313 ***Dr. James Kim***	**Breaking Down Silos: UBC Clinical Coaching For Excellence** Breaking Down Silos: UBC Clinical Coaching for ExcellenceLearn what is available in BC for GP/FP anesthetists in terms of novel CME with particular attention to the UBC clinical coaching for excellence program. 1. To define some of the challenges that practicing GP/FP anesthetists face in their practices 2. To describe the UBC Clinical Coaching for Excellence Program 3. To discuss how this program might help to improve patient care
Session: • 320 ***Dr. Gavin Parker*** • PINCHER CREEK • AB	**You've Intubated — Now What?** Rural emergency practitioners need to have comfort with establishing a definitive airway for care and transport of high acuity patients. Much of the focus is on capturing the airway, but what do you do with the patient while awaiting the transport team. This talk will focus on a simplified algorithm in

	managing an intubated patient in the rural ED, common pitfalls and their management, and best practices to help prevent the consequences of being ventilated. 1. Describe principles of monitoring of an intubated patient 2.Describe the basics of ventilator settings 3. Develop an approach to the deteriorating intubated patient 4.Discuss the need for adequate analgesia and sedation 5. Apply strategies to prevent ventilator associated pneumonia (VAP)
Session: • 321 ***Dr. Vanessa Cardy*** **• CHISASIBI • QC** ***Dr Adrien Selim*** ***• CHISASIBI • QC***	**Medical Myth Busting** In this interactive format audience members will help choose which medical myths they want busted. The presenters will review the literature relating to the myths and discuss what it means for practice. 1. At the conclusion of the session, participants will have a deeper measure of the literature behind 4-5 common medical practices 2. At the conclusion of the session, participants will be able to reflect on how their own practice reflects what the evidence shows
Session: • 322 ***Dr. Jessica Bishop*** **• EDMONTON • AB**	**Tongue Ties Demystified** While most breastfeeding problems can be managed effectively by a Lactation consultant, situations arise where infant and/or mother's symptoms (poor weight gain, nipple pain/damage/infections, supply issues) can be explained by a tongue or lip tie. I will explain effective diagnostic strategies and in-office surgical interventions to address these issues. 1.Define ankyloglossia, Frenotomy and various types of tongue ties 2.Identify the role of tongue ties in the breastfeeding dyad 3.Evaluate infants for a tongue tie using an assessment tool 4.Formulate an appropriate management plan 5.Perform a simple in office frenotomy
Session: • 323 ***Dr. Robert Porter*** **• ST JOHN'S • NL**	**Pediatric Emergency Cases** Through a case-based approach this session will explore some common and no-so-common office and emergency department pediatric conditions where management is tricky or informed by recent evidence. 1. Identify serious causes of vomiting in the first month of life 2.Manage pediatric asthma exacerbations consistent with current best evidence 3. Learn an approach to management of wrist injuries in children 4. Learn a comprehensive approach to the assessment and management of acute pain in a child
Session: • 324	**Resiliency and the SRPC**

Dr. Kirstie Overhill **• MANSONS LANDING • BC** ***Dr. Brenda Huff*** ***• STEWART • BC***	The SRPC is open to promoting physician and system resilience as an organization. It would help them to have an 'ask' from the membership to know how to proceed. What do you need? Come and join the discussion!
Session: • 325 ***Dr. (Dan) Daniel Reilly*** **• FERGUS • ON**	**Accessing The Endometrial Cavity Talk** Using models, participants will practice placing an IUD and performing an endometrial pipelle biopsy. 1. For participants to be able to safely place an IUD and perform an endometrial pipelle biopsy.
Session: • 326 ***Dr. Jill Konkin*** **• EDMONTON • AB**	**How To Be A Better Coach: Clinical Reasoning & Learners (Part 2)** Continuation - see
Session: • 327 ***Dr. Roger Butler*** **• ST JOHN'S • NL**	**4 Visit Approach To Sorting Out Dementia** This session will be an interactive session which will have a 30 min slide introduction describing the 4 visit approach followed by 30 min Q&A session. The attendee will receive a handout with the 4 visit protocol highlighted . 1.At the conclusion of this session the participant will be able to diagnose mild cognitive impairment and understand it's relationship to dementia . 2. Be aware of the differential diagnosis of dementia , be able to correctly diagnose the common forms of dementia. 3. Be aware of the common investigations used in the diagnosis of dementia . 4. Be aware of the commonly used drugs for treatment of dementia ,their indications/contraindications , and common side effects
Session: • 328 ***Dr. David Jerome*** **• SIOUX LOOKOUT • ON** ***Dr. (Jay) Jessica Shanahan*** ***• ST JOHN'S • NL***	**Transition To Practice Panel** Residents and medical students are invited to attend this panel of recently graduated practicing physicians discussing their transition to practice. Panel members will be recent grads, and will represent Family Physicians and Specialists working in rural and remote environments. A variety of practice styles will be represented across the panel. The session will be run in an informal style, with Q&A from the audience. 1. At the conclusion of this activity, participants will be able to discuss some of the unique challenges associated with transitioning into practicing in rural

	and remote practices/communities. 2. At the conclusion of this activity, participants will be able to prepare for their individual transition to practice in rural and/or remote practices.
Session: • 329 ***Dr. Karen Iny*** **• DUNHAM • QC**	**Discussion of Palliative Care and Particularly MAID** An account of my experiences with MAID and the difficulties, challenges, beauty and rewards that come with it, followed by discussion. 1.Participants will be able to reflect on first hand experiences with MAID 2.,Participants will be able to share and reflect on their experiences 3.We will explore our role in MAID, how this has made us feel and how our patients and their families have felt 4. The learner will reflect on their own practice, on their comfort or discomfort and on the challenges of integrating MAID into the spectrum of care offered in end of life
Session: • 330 ***Dr. Anne Robinson*** **• SIOUX LOOKOUT • ON**	**Rural Treatment of Opioid Use Disorder** We are in the midst of an opioid epidemic that is causing countless preventable deaths. You almost certainly have patients in your practice who are opioid-addicted or are demonstrating “red flags” for opioid abuse. Many of our rural and remote patients cannot access Addictions Clinics. Family physicians are ideally situated to identify and manage patients with OUD – referral to addictions specialists is rarely needed. This workshop will get you started with the basic skills and knowledge you need to treat OUD in a low resource setting. 1. List the key criteria for diagnosis of OUD 2. Define 'pseudoaddiction' 3. Describe the basic pharmacology of buprenorphine/naloxone (bup/nlx), its mechanism of action, and safety profile 4. Determine if their patient is eligible for drug coverage benefits for bup/nlx 5. Outline the approach to bup/nlx induction and the key elements of ongoing follow-up 6. Describe the process for establishing a treatment program in communities that do not have a pharmacy or on-site pharmacist
Session: • 331 ***Ms. Jessica McCann*** **• THUNDER BAY • ON** ***Mrs. Sara Hicks*** ***• ST JOHN'S • NL***	**Approach To Taking OSCE's** This session, intended for students, will provide a detailed approach to taking OSCEs.
Session: • 332	**Peds ER Cases**

Dr. Andrea Losier **• OTTAWA • ON**	
Session: • 333 ***Dr. James Kim***	**Difficult Airway**
Session: • 097	**OMA Rural Medicine Forum Lunch**
Session: • 340 ***Dr. Yogi Sehgal*** **• FREDERICTON • NB**	**Unusual Papers That Might Change Your Practice — Primary Care Edition** This is an interactive evidence-based review of several recent papers covering more practical unusual interventions that you might be able to use in your Primary Care practice. We will focus on simple interventions and the bottom line, although we will have some fun and learn a bit of evidence-based medicine in the process. At the conclusion of this session, learners will be hopefully have 1. . Learned about newer unusual interventions that can be applied in practice in Primary Care 2. Been inspired with curiosity and wonder 3. Learned to go beyond the next drug that has a number needed to treat of 1000 to some meaningless outcome 4. Learned to translate some research into practice
Session: • 341 ***Dr. Keith MacLellan*** **• SHAWVILLE • QC** ***Dr. Don Klassen*** ***• WINKLER • MB***	**Rural Critical Care - EKG** An interactive session with a large volume of electrocardiograms. 1. At the end of the session participants will have enhanced abilities to synthesize interpretation of a wide variety of electrocardiogram.
Session: • 342 ***Dr. Judith Roger*** **• CORNER BROOK • NL**	**Head-injuries and Burrholes** Description and classification of head-injuries. Guidelines for the appropriate assessment and treatment according to the injury class In case of a severe intracranial bleeding a surgical intervention is advised. The anatomy as well as the surgical procedure with the necessary medications and instruments

	gets explained. The post injury and postoperative prognosis according to research is explained. 1. Be able to assess the severity of head-injuries according to the Glasgow Coma Scale. 2. Be able to determine when to order a CT scan, decide when it is not necessary 3. Acquire how to carry out an ongoing neurologic evaluation 4. Determine where and in whom most commonly epidural hematoma arise 5. Identify when you need to intervene, explain how to do a burr hole
Session: • 343 ***Dr. Sarah Lespérance*** • IQALUIT • NU	**Can We Prevent The Prems? An Overview of Preterm Labour** This session will introduce rural physicians to risk factors for preterm birth, and discuss evidence and recommendations regarding preventative interventions. Investigation of possible preterm labour, useful diagnostic tools, and management of preterm labour will also be covered. 1. Learn the risk factors for preterm birth 2. Become familiar with screening tools and other assessments which may be of benefit for those with a history or risk factors for preterm birth. 3. Gain skills and confidence to manage preterm labour and birth in a rural/remote context. (Note, this session will NOT be discussing neonatal resuscitation)
Session: • 344 ***Dr. Darrell Boone*** • ST JOHN'S • NL	**Rural Trauma Care**
Session: • 345 ***Dr. (Dan) Daniel Reilly*** • FERGUS • ON	**The Occasional Disinterested Learner: Achieving Effectiveness By Respecting The Adult Learner** Approaches to the adult learner will be reviewed to better equip you to deal with the disinterested learner. 1.At the conclusion of this activity, participants will engage the adult learner more effectively.
Session: • 346 ***Dr. Dale Dewar*** • WYNYARD • SK ***Dr. Martha Riesberry*** • GODERICH • ON ***Dr. Ichpal Singh*** • BONAVISTA • NL	**Basic Flaps and Tendon Repair**

Session: • 347 ***Dr. (Kate) Katherine Miller*** **• GUELPH • ON**	**Cannabis in Pregnancy and Breastfeeding** As cannabis use increases, especially among young people in Canada, physicians are increasingly having to address the issue of its use in pregnancy and breastfeeding. This talk will equip you with the evidence and information you need to have those conversations, dispel myths and help improve outcomes for mothers and babies. 1. Understand the maternal impacts of cannabis in pregnancy 2. Understand the fetal/newborn impacts of cannabis in pregnancy and breastfeeding 3. Apply recent recommendations to their practice 4. Access resources for providers and patients online
Session: • 348 ***Dr. Paula Ryan*** **• SALT SPRING ISLAND • BC**	**Introduction to Dermoscopy in Primary Care**
Session: • 349 ***Ms. Shelly Cory*** ***Dr. Cornelius Woelk*** ***• WINKLER • MB***	**Meeting Needs of Underserved Populations: New Online Tools For Supporting Indigenous Peoples, Immigrants, Refugees, and Bereaved Family Members** This workshop will introduce two online, evidence-informed tools. Participants will learn how these tools can be used in practice to support patients and their families and for their own continuing education. An overview of the online tools LivingMyCulture.ca and MyGrief.ca will be provided including findings of the knowledge synthesis that informed the tools. Participants will navigate text and multimedia content on the platforms, view videos, learn how to use the tools to start conversations about difficult topics and strategies for using the tools in practice. Through collaborations with 80 pan-Canadian partners, Canadian Virtual Hospice developed and launched two online tools that reflect the lived experience of Indigenous people, immigrants, refugees, and bereaved populations: 1. LivingMyCulture.ca is both an educational tool for healthcare providers wishing to enhance their knowledge and skills in providing culturally-safe and inclusive care and a supportive tool to be used with patients and families. It includes a collection of videos that share the stories of members of 11 cultural communities about the intersection of culture, spirituality, and religion with their experiences of healthcare, advanced illness and grief. 2. MyGrief.ca, is the world's first evidence-based, online interactive psycho-educational tool providing loss and grief support. Developed by grief experts and available free of charge, it complements existing services and may be the only support option available for many. It includes nine self-directed modules, spanning a range of topics across the bereavement trajectory.

	Personal narratives of 21 diverse Canadians normalize the grieving process, share insights and provide hope. 1. Identify various cultural perspectives, traditions and rituals at end of life and challenges and barriers underserved populations face when accessing palliative and end-of-life care services that improve patient and family experiences and outcomes. 2. Recognize a range of issues across the bereavement trajectory that impact patient's physical and psychological wellbeing and a novel online tool specifically designed to support families in rural and remote communities who are grieving a loss. 3. Recognize how to use LivingMyCulture.ca and MyGrief.ca to improve your practice and support underserved populations.
Session: • 350 ***Dr. George Carson*** **• REGINA • SK**	**Choosing Wisely: Don't Just Do Something, Stand There!**
Session: • 351	**Oral Research Presentation - Rural Health Delivery 2 / Primary Care** Hear about a variety of exciting projects by four different researchers from around the country. These ten-minute presentations all relate to rural primary care, with an opportunity for discussion about the topic. Presentations include: 1. Redesigning health system to improve rural medicine in Nova Scotia: the Bridgewater clinic initiative 2. The Needs of the Many: NOSM Students' Experience of Generalism and Rural Practice 3. Expanding the Rural Voice at The Canadian Association for Medical Education 4. Should I stay or should I go? Physician counseling practices around delivery location in a remote Canadian community
Session: • 352 ***Dr. Andrea Losier*** **• OTTAWA • ON**	**Pediatric DKA Update**
Session: • 353 ***Dr. Gavin Parker*** **• PINCHER CREEK • AB**	**GP Anaesthesia Panel**

Session: • 360 ***Dr. Yogi Sehgal*** **• FREDERICTON • NB**	**Unusual Papers That Might Change Your Practice — ER Edition** This is an interactive evidence-based review of several recent papers covering more practical unusual interventions that you might be able to use in your Emergency Department. We will focus on simple interventions and the bottom line, although we will have some fun and learn a bit of evidence-based medicine in the process. At the conclusion of this session, learners will be hopefully have 1. Learned about newer unusual interventions that can be applied in practice in the Emergency Department 2. Been inspired with curiosity and wonder 3. Learned to go beyond the next drug that has a number needed to treat of 1000 to some meaningless outcome measure. 5. Learned to translate some research into practice
Session: • 361 ***Dr. Keith MacLellan*** **• SHAWVILLE • QC** ***Dr. Don Klassen*** ***• WINKLER • MB***	**Rural Critical Care - EKG** Repeat - see
Session: • 362 ***Dr. Gillian Sheppard*** **• ST JOHN'S • NL** ***Dr. James Thorburn*** ***• ST JOHN'S • NL***	**Surviving Sepsis: Strategies For Better Patient Care In 2018** Using mixed media, we endeavour to show why sepsis is a hot topic in 2018. This talk will include an up to date review of the literature as it relates to sepsis. More importantly, we will focus on practical strategies and tools every practitioner can use to identify and initiate treatment for sepsis as early as possible. 1.Define sepsis 2.List the sepsis 6 3. List at least one online clinical resource for sepsis
Session: • 363 ***Dr. Stephanie Young*** **• LA RONGE • SK**	**Whine and Wine**
Session: • 364 ***Confirmed To Be C***	**Rural Critical Care - Basic Airway Management**

Session: • 365 ***Dr. Michelle Lajzerowicz*** **• CHELSEA • QC**	**Pelvic Organ Prolapse and How To Use Pessaries** Pelvic organ prolapse causes significant morbidity to both younger and older women. We will review the anatomy, pthophysiology and symptomatology of pelvic organ prolapse. We will then proceed to learn to evaluate the individual, assess whether a pessary will be useful to her and then review how to size the pessary and teach the patient about how to use it. 1. Diagnose pelvic organ prolapse in the patient with various symptoms such as urinary incontinence 2.Determine if a pessary will alleviate the patient's symptoms 3.Fit the patient with a basic pessary system 4.Educate the patient in how to use her pessary
Session: • 366 ***Dr. Dale Dewar*** **• WYNYARD • SK** ***Dr. Ichpal Singh*** ***• BONAVISTA • NL*** ***Dr. Martha Riesberry*** ***• GODERICH • ON***	**Basic Flaps and Tendon Repair** Continuation - see 346
Session: • 368 ***Dr. Ian Whetter*** **• WINNIPEG • MB**	**Transgender Health**
Session: • 369 ***Ms. Shelly Cory*** ***Dr. Cornelius Woelk*** ***• WINKLER • MB***	**Methadone For Analgesia In Palliative Care: Online Educational Tool** Methadone is a valuable analgesic in the care of patients in palliative care with cancer pain. The prescribing of methadone can improve care outcomes in situations where other analgesia have proven ineffective or intolerable. Methadone, a restricted opioid in Canada under the federal Narcotic Control Regulations, can only be prescribed by a physician who is exempted from prescribing restrictions by the physician's provincial or territorial licensing body. Methadone prescribing by palliative care and pain and symptom management teams is limited by the paucity of family doctors able to continue with ongoing prescribing in patients discharged to care in the community.

	At the conclusion of this session, participants will: 1. Name 3 specific indications for the use of methadone in patients with advanced disease 2. List 3 key features of methadone that makes it more challenging to use than other more common opioids 3. Have become aware and developed an interest in Methadone4Pain, an innovative educational tool about methadone prescribing, available to practicing Health Care Providers and learners
Session: • 370 ***Dr. (Jay) Jessica Shanahan*** **• ST JOHN'S • NL**	**Perineal Repair Workshop**
Session: • 371	**Oral Research Presentation - The Art and Soul of Rural Medicine** Hear about a variety of exciting projects by three different researchers from around the country. These ten-minute presentations all relate to the art and soul of rural medicine, with an opportunity for discussion about the topic. Presentations include: 1. Collected Works: Creatively Exploring the Collective Medical Experience 2. Glutching, nish, and other idioms: Reducing misunderstanding and improving patient safety during patient-clinician encounters in Newfoundland and Labrador 3. A 'City Mouse' and a 'Country Mouse' - Phase 2
Session: • 372 ***Dr. Gordon Brock*** **• LA PRAIRIE • QC**	**Rural Critical Care - Management of Pediatric Status Epilepticus** Role playing. A group will be selected to play the role of doctor, Nurse, second physician, etc.....they will 'Manage' the case of a 5-6 year old in status epilepticus at the front, in conjunction with a PowerPoint show and questions posed to the audience as to treatment options at that time, in a sequential way. 1. How to make the most of what you have and set priorities, using the 'SRPC Generic Approach to the Critically-ill rural Patient' 2. Familiarization with the route and technique of 'non-IV route' for the medications used in the treatment of pediatric status epilepticus 3. Stress Importance of personnel management and calling for help early 4. Making a proper differential of the 'causes' of status epilepticus and treatment priorities
Session: • 373 ***Dr. Peter Collins***	**Controversy In Delayed Sequence Intubation** Delayed Sequence Intubation has been introduced as a new technique in airway management in emergency medicine. This session will explore the

	origins, potential benefits and potential pitfalls of the technique with a goal of clarifying the best approaches to mitigate risk of aspiration in patients at risk. At the end of this session those in attendance will be able to 1. List key elements of a rapid sequence induction and intubation as outlined by Stept and Sefar in 1970 2. Describe the process of delayed sequence intubation and how it differs from a true “rapid sequence” 3. List some advantages and disadvantages with respect to the technique in practical clinical scenarios 4. Use the basic principles of mitigating aspiration risk to formulate airway management plans for some common clinical presentations