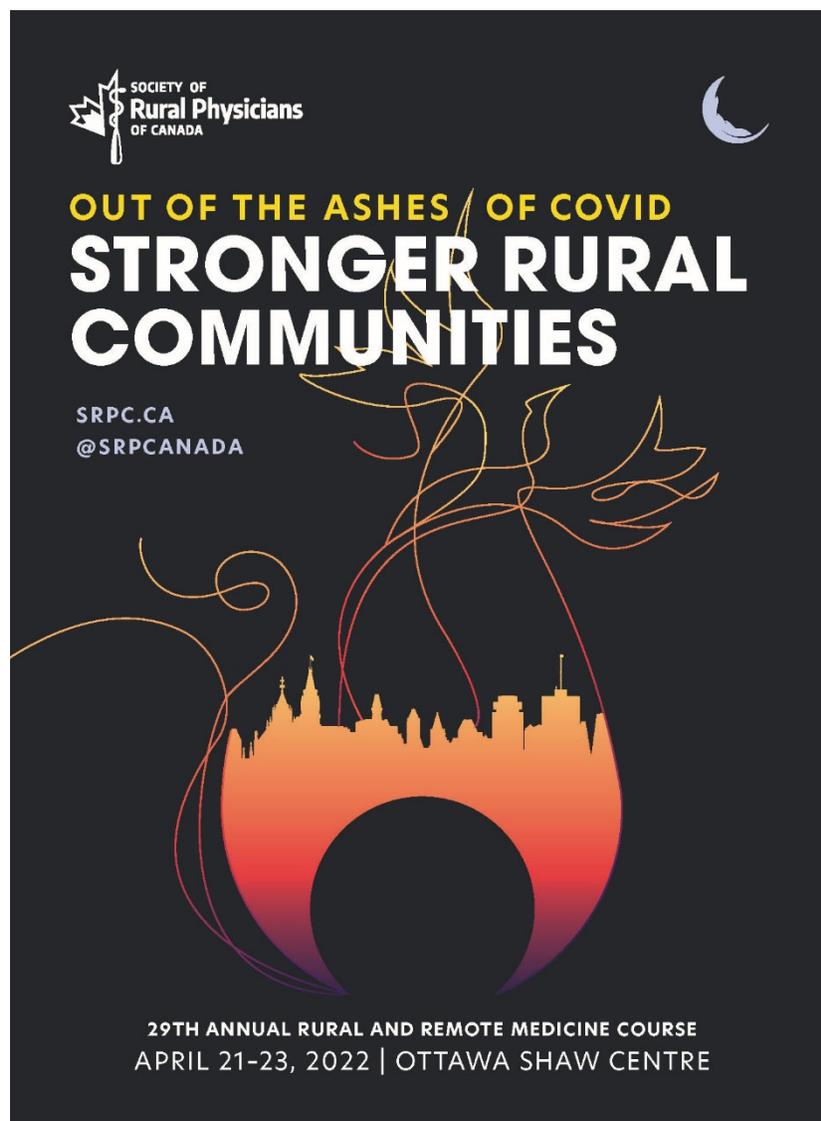


The 29th Annual Rural & Remote Medicine Course Descriptions & Objectives

Using **CTRL+F**, you may search this document for keywords, speaker names, or session numbers.



Healthy Rural Indigenous and Canadian Communities: Building Stronger Rural & Remote Health Care Together

The Honourable Murray Sinclair

The Honourable Murray Sinclair LLB MSC IPC

The Honourable Murray Sinclair's legal credentials are well known. What is less well known is that he is Anishinaabe and a member of the Peguis First Nation. He is a Fourth Degree Chief of the Midewiwin Society, a traditional healing and spiritual society of the Anishinaabe Nation responsible for protecting the teachings, ceremonies, laws, and history of the Anishinaabe. His Spirit Name is Mizhana Gheezhik (The One Who Speaks of Pictures in the Sky).

His Honour graduated from law school in 1979. He was the first Indigenous Judge appointed in Manitoba and Canada's second.

He served as Co-Chair of the Aboriginal Justice Inquiry of Manitoba and as Chief Commissioner of Canada's Indian Residential Schools Truth and Reconciliation Commission (TRC). As head of the TRC, he participated in hundreds of hearings across Canada, culminating in the TRC's widely influential report in 2015. He also oversaw an active multi-million dollar fundraising program to support various TRC events and activities, and to allow survivors to travel to attend TRC events. In 2017 Governor General Julie Payette awarded him and the other TRC Commissioners the Meritorious Service Cross (Civilian) (MSC) for service to Canada for their work on the TRC.

He has received Honorary Doctorates from 19 universities. He retired from the Bench in January 2016, and was appointed to the Senate on April 2, 2016. He retired from the Senate effective January 31, 2021, to return to the practice of law and to mentor young lawyers.

He has been invited to speak throughout Canada and internationally, including the Cambridge Lectures for members of the Judiciary of the Commonwealth Courts. He continues to maintain an active public speaking schedule and was named the 15th Chancellor of Queen's University in July 2021. His Honour is currently writing his memoirs.

The Management of the Intubated Patient in the ED

Dr. Gavin Parker

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.

Objectives

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).

Dr. Gavin Parker is a full scope rural family physician and GP-Anesthetist that has practiced in Pincher Creek for over a decade. He is the father of three wonderful children and husband to even more wonderful wife Jennifer. He has chaired numerous national medical educational conferences, has obtained an M.Sc. in medical education, and holds a position as Associate Professor with the Universities of Calgary and Alberta. He serves his community through positions such as medical director for the visitor safety program in Waterton Lakes National Park and Castle Mountain Ski Resort, is the site medical chief of Pincher Creek, and Jennifer and Gavin run the Barracuda Judo club in town. He holds black belts in karate and judo, enjoys golf and soccer, and is proud of the medical team in his community.

Clinical Advances in Rural and Remote Healthcare Settings

Dr. Samuel Ogbeide and Dr. Brendan Munn

Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.

Objectives

1. Present novel results from Canadian rural health research.
2. Facilitate constructive feedback on ongoing research projects.
3. Facilitate networking between rural health researchers, physicians, and students.

Brendan Munn is a rural MD currently working in Hawkesbury, ON where he does family practice anesthesia and the occasional emergency or ICU shift. He is cursed with a background in Engineering and an associated connection to quality improvement, and has personal interest in conducting research on medical best practices at music festivals, listening to Fugazi records on vinyl and trying to keep up with Nadia's approach to wellness and their three mountain biking boys.

Saskatchewan's Provincial COVID Response – Mobilizing Rural Care Teams Via A Tiers of Service Approach

Dr. Kevin Wasko & Ms. Jennifer Scherman

We'll discuss Saskatchewan's deployment of a Tiers of Service framework to inform its COVID response. Collaboration involving physicians, nursing, interprofessional staff and health system leaders enabled a province-wide approach to COVID care that defined and supported care that could safely be offered in rural Saskatchewan, encouraging care close to home.

This work built on Saskatchewan's longer-term development of a Tiers of Service framework for the province, learning from the Tiers of Service work done at Child Health BC and across multiple Australian jurisdictions. While Saskatchewan's development of Tiers of Service was still in its infancy at the time the pandemic began, it was identified as an important tool, and was used early in the pandemic to support rural sites preparing to care for higher acuity COVID patients and higher patient volumes overall.

Now amid Saskatchewan's 4th and most devastating wave, the Tiers of Service framework has been expanded to capture a wider range of patient pathways, describing a number of escalating tiers of service available for not only COVID patients, but also for some of the highest volume types of Medicine and Rehabilitation patient care. This work is supporting a significant change throughout the province, catalyzed by pressing and severe system capacity challenges, and is helping to: re-define the nature of shared care between urban and rural multidisciplinary care teams, re-route long-standing referral patterns across the province, support sites in rural and remote locations to shore up the education, equipment and innovative service delivery models they need to deliver more care to more patients closer to home.

Our team looks forward to reporting on the successes and challenges the province has already experienced in using this approach, and those still ahead in the coming weeks and months.

More information on this work can be found at:

<https://www.saskhealthauthority.ca/intranet/about-sha/news/covid-19-information-health-care-providers/tiers-of-service>

Objectives

1. Describe the successes and challenges in engaging and supporting rapid change across a wide network of stakeholders across interdisciplinary rural and urban care teams.
2. Explain specific interventions that were taken to increase overall system capacity by defining and expanding the service level provided in many rural settings as part of the Tiers framework (i.e. physician upskilling, expanded virtual care models, equipment distribution & training, etc.) and evaluate their system and patient impact.
3. Compare the experience of addressing long-term system challenges in a pandemic context, versus "ordinary times".
4. Analyze and compare the impact on the COVID response of the COVID care-focused Tiers of Service implementation versus the more expansive implementation, including a wider range of patient care.

Dr. Kevin Wasko is the Physician Executive for Integrated Rural Health with the Saskatchewan Health Authority. In this role, he leads in a dyad model with the Vice President and is jointly responsible for the delivery of health care services across rural Saskatchewan. He continues to work clinically in the emergency department at the Cypress Regional Hospital in Swift Current, SK.

Dr. Wasko grew up on a cattle ranch near Eastend, Saskatchewan. His roots run deep in rural Saskatchewan, with both sides of his family farming and ranching in southwest Saskatchewan for generations.

Dr. Wasko was the physician co-lead on the Saskatchewan Health System Transition Team in 2017, leading work in the areas of physician engagement, medical governance and the academic mandate when a new provincial health authority was launched. Dr. Wasko continues to be involved in teaching, as a Clinical Assistant Professor with the University of Saskatchewan. Research interests have focused on the provision of obstetrics, emergency medicine and mental health services in rural settings.

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Dr. Wasko is a graduate of the University of Calgary's Cumming School of Medicine and completed his residency in Family Medicine through the University of Saskatchewan. He has also obtained a certificate of added competence in Emergency Medicine. In addition to his medical degree, Dr. Wasko holds a Bachelor of Arts in political science from Dalhousie University and a Master of Arts in political science from the University of Calgary.

Jennifer Scherman is the Director for Maternal & Children's Education and Research with the Saskatchewan Health Authority (SHA). In this role, she leads a provincial Maternal & Children's Knowledge Mobilization Unit that collaborates with the multidisciplinary teams providing maternal and pediatric care to advance education, clinical standards, quality improvement and the level of maternal and pediatric services available to Saskatchewan patients. Since September 2021, Jennifer has also helped to deploy Tiers of Service work more broadly across the SHA. Jennifer grew up in a handful of towns and cities across Saskatchewan and brings a unique background to her work in healthcare. She holds bachelor's degrees in Engineering Physics and Mathematics, a decade of work in strategy & program management the Canadian aerospace sector, patient/family experience of her own that inspired her leap into healthcare, experience leading teams in the Saskatchewan Cancer Agency and the Saskatchewan Health Authority, and an International Masters in Health Leadership (M.Mgmt) from McGill University.

Conscientious Provision: Mifegymiso for Medical Abortion and Miscarriage Management

Dr. Madeleine Cole & Dr. Katie Matthews

Abortion is a common experience for women. Approximately 1 in 4 pregnancies end in miscarriage and 1 in 3 women choose to have a therapeutic abortion at some point in their reproductive lifetime. Since 2017, mifepristone, a drug which has been used in some countries for over 30 years, became available to Canadian women who wish to have a medical abortion rather than a surgical abortion. In combination with misoprostol (brand name Mifegymiso), it gives women more choice and control over how to end an early pregnancy. As well, for the medical management of early failed pregnancies, compared to misoprostol alone, premedication with mifepristone decreases the need for subsequent surgical evacuation of the uterus. Family medicine, and specifically rural MD's, NP's and pharmacists, can do more to improve reproductive health services and lower barriers to care and choice for rural women. This presentation supports that aim through education.

Objectives

1. Learn about resources to overcome barriers to offering medication abortion in rural settings.
2. Understand the pros and cons of medication and surgical abortion methods.
3. Become familiar with the mechanism and use of mifepristone.
4. Review the evidence for using mifepristone in addition to misoprostol for miscarriage management.
5. Become better able to support women seeking abortion care through expertise, provision of medical abortion care or appropriate timely referral.

Madeleine Cole is a family doctor who lives and works in Nunavut. Despite growing up in downtown Toronto, she is the anomaly that has found professional and personal happiness in a small northern community. She has a longstanding commitment to sexual health and reproductive rights and remains passionate about improving the health of Inuit and being an ally to all Indigenous people. Health Ethics is another professional interest and she led the creation of a hospital-based ethics committee in Iqaluit.

Dr. Katie Matthews is a family physician with a focused practice designation in women's health. She completed her family medicine training at Queen's University, and went on to complete a women's health fellowship at the University of Ottawa. She provides abortion and contraception services in Gatineau, QC and Ottawa, ON, where she also has an office-based gynaecology practice.

Moving Towards Cultural Safety, Reconciliation & Anti-Racism

Dr. Darlene Kitty

This session will review cultural safety and related concepts, the history and impact of residential schools and systemic racism affecting Indigenous populations and their health. Pearls, including a holistic approach in caring for Indigenous patients, families will be shared and applied to interactive case discussions.

Objectives

1. Define cultural awareness, cultural sensitivity, cultural competency, cultural safety, and cultural humility.
2. Explain the historical impact of residential schools and how the TRC Calls to Action contribute to reconciliation.
3. Discuss how systemic racism has negatively affected the health and well-being of Indigenous peoples and ways to address it in your workplace.
4. Learn and apply pearls to effectively interact with and give culturally safe care to Indigenous patients, families, and communities using case discussions.

Dr. Kitty is a Cree woman and family physician practicing in Chisasibi, the largest of 9 Cree communities in northern Quebec, since 2006. Being President of the Council of Physicians, Dentists and Pharmacists for this region, she works closely with their members, administrators and other health professionals to improve health services and resources. She is the Director of the Indigenous Program at the University of Ottawa Faculty of Medicine, leading the efforts to recruit, admit and support of Indigenous students to become physicians. In addition to lecturing in Indigenous health topics, she has published and contributed to several articles in Indigenous health and has made presentations at many conferences over her career. As the Chair of the College of Family Physicians of Canada Indigenous Health Committee, Dr. Kitty and her colleagues collaborate with their partners to advance Indigenous health at the national level. This committee contributes to Indigenous-relevant initiatives, research and publications, aimed to educate family physicians and medical trainees. Dr. Kitty greatly values her clinical, academic and administrative work that are important avenues of care, teaching, advocacy to address and improve Indigenous health and social issues, including anti-racism and cultural safety, in the spirit of reconciliation.

Grabbing Medicine by the Horns – Early and Mid-Career Perspective on Rural Practice

Dr. Chris Patey

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. In this session we will present topics of how to balance and engage rural practice (i.e.. Learners, hobbies, leadership, innovators, etc.). More specifically we will review through the background experience of two practicing rural physicians who are on different stages of their career with aligning perspectives.

Objectives

1. Through an interactive didactic model, with extensive participant involvement, we will present and unearth a number of relevant topics of how to best live through rural and remote practice.
2. Expect interesting physician anecdotes, philosophical reviews of rurality, personal positive physician feedback and also clarity for learners to the hidden benefits and approaches to rural practice.

Christopher Patey BSc (Hon) MD CCFP FCFP FRRMS

Fortunately exposed to a golden rural childhood in St. Anthony, Newfoundland, Dr. Christopher Patey advanced to graduate from Memorial Medical School in 2000. With a continued keen interest in rural family medicine and a quest for adventure, he completed a residency through Family Medicine North in Thunder Bay, Ontario. Following this outstanding rural experience, he has practiced as a rural family physician with a specific interest in rural emergency medicine. Later creating roots in Carbonear, NL where spectacular teamwork and site potential was profound. Always eager to implement positive change initiatives he has also created a rural research unit CIRRS (Carbonear Institute of Rural Reach and Innovation by the Sea) to encouraged academic growth in the area with a focus of improving community health.

Ultrasound Scanning Sessions - Cardiac Image Acquisition

Dr. Virginia Robinson & Dr. Tracy Morton

Pre-workshop teaching material will be emailed to each participant prior to the workshop, courtesy of UBC's HOUSE course. Pre-reading maximizes understanding and makes the best use of the hands on portion. This workshop consists of a 10-minute didactic slide portion, followed by 50 minutes of scanning.

Objectives

1. Understand the clinical questions that can be answered with cardiac POCUS.
2. Discuss basic ultrasonographic views of the heart and how to acquire.
3. Hands-on practice on models with POCUS instructors.

Virginia Robinson moved to Fernie, BC 20 years ago to ski and mountain bike and never left. She practices maternity and emergency medicine and spends as much time as possible outdoors gardening. Virginia has been using POCUS for over 10 years and teaches both the UBC HOUSE OB and EM courses. She is the rural lead for the Intelligent Network for POCUS and a co-lead of the RCCBC provincial POCUS initiative with Dr. Tracy Morton. As part of her passion for POCUS she is a disciple of “patient centred” and “closer to home” care.

Tracy Morton is a full service family physician, very grateful to be living and working for more than 20 years on Haida Gwaii, a remote group of islands off BC's northwest coast. He believes that rural health care can be as good (or better!) than in urban settings when provided by multidisciplinary teams who know well the social context of person and place. His professional interests are GP Oncology, emergency medicine, culturally sensitive care, and of course, the use of ultrasound in rural medicine. Personal interests are family, biking, woodworking and meditation.

Advanced Wound Assessment and Suturing Workshop (Repeat)

Dr. Wade Mitchell, Dr. Peter Wells, Dr. Matt DiStefano & Ms. Sarah Giacobbo

This workshop will look at more complex wound types (traumatic or surgical) and help with developing an approach to closure. We will discuss surgical planning for excisional biopsies, undermining, subcutaneous wound closure to reduce tension at the wound site and different flap repairs / considerations. Corner stitch and stellate wound repairs will also be reviewed.

Objectives

1. Surgical wound planning and closure.
2. Traumatic wound assessment and closure of complex wounds.
3. Undermining wound edges and subcutaneous suturing technique to reduce tension and other considerations for the best cosmetic results.

Dr. Wade Mitchell - Completed UBC Rural Residency program in 2002, worked for 6 months in Atikokan then entered a year of Enhanced Skills in General Surgery/ Advanced OB. From 2003-2009 I worked as a rural GP Surgeon/Obstetrician in Narrandera, NSW Australia and during that time completed a diploma in primary skin cancer management through ACRRM. Have since returned to Canada and work in Collingwood, Ontario - continuing to do primary skin cancer management through my clinic, low-risk OB, am one of our 'Neonatal' Call group and work in our ER on a part-time basis. I am also the McMaster Rural Family Medicine Site Director.

Dr. Matt DiStefano - 18 years in community/rural Ers. Casted course faculty.

Sarah Giacobbo is a third-year medical student at the University of Ottawa. Prior to medical school, she completed her Masters in Management of Innovation at the University of Toronto. Following her Masters, she worked as a Data Analyst at the Royal Bank of Canada, building machine learning models to optimize operations processes. She became passionate about Rural Medicine while completing her Family Medicine rotation in Barry's Bay this past year. She was involved in clinic, hospitalist, and emergency medicine at St. Francis Memorial Hospital as well as at the Algonquins of Pikwakanagan First Nation Reserve. She was drawn to the broad skillset, wide scope of practice, and continuous challenge and reward of providing accessible high quality care with limited resources. She strives to become a Rural Family Physician and integrate her passions for technology and medicine to optimize care in rural communities. In her free time, she enjoys all types of fitness, hiking and exploring outdoors, baking, and spending time with family and friends.

Managing Hemorrhagic Shock in Rural Hospitals

Dr. Tom O'Neill

The purpose of this presentation is to present practical facts which will help in the management of the patient in hemorrhagic shock.

Objectives

1. The recognition of hemorrhagic shock.
2. The practical management including - the size of the IV, the location of the IV, IV access, the use crystalloid, colloid and blood.
3. Examples from our 42 bed rural hospital.
4. Controversies in fluid resuscitation.
5. Closing comments and conclusion.

Dr. Thomas O'Neill. F.C.F.P., C.C.F.P. (FPA)

Assistant Professor of Family Medicine, McGill University.

Dr. O'Neill is a family doctor practising in rural Quebec. He has been teaching residents critical care skills and office based family medicine. He has been involved with the SRPC since 1993 and has given several talks and workshops on airway management, hemorrhagic shock, etc.

Jeopardy

Dr. Mike Allan

This talk is a fast-paced review of answers to common clinical questions. The audience will select the questions from a list of 28-32 possible topics. For each answer the audience will be asked to consider a true or false question and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.

Objectives

1. Be able to incorporate best evidence in the management of a number of clinical questions in primary care.
2. Be able to differentiate between interventions with minimal benefit and those with strong evidence for patient oriented outcomes.

Dr G. Michael Allan (Mike) is the Director of Program and Practice Support in the College of Family Physicians of Canada and Professor in the Department of Family Medicine at University of Alberta. He has been in practice 20 years, given over 300 invited presentations and published over 100 articles. He contributes to a regular evidence-based update (called Tools for Practice) distributed to >38,000 clinicians and published in the journal "Canadian Family Physician." He also co-presents a weekly medical podcast (on i-tunes) called Best Science Medicine podcast.

"So, You Wanna Locum?"

Dr. Marnie Jakab, Dr. AC Silver & Dr. Sabrina Slade

This talk is focused on answering your questions about locuming. Locuming is where you are able to fill in for a physician at a clinic, either for the long or short term, usually in rural areas, including remote opportunities! During this talk I will be explaining the process, providing cross country resources and pearls for this unique opportunity!

Objectives

1. What is a locum?
2. Who can locum?
3. Where can you locum? (Canadian/rural focus).
4. Tips/pearls for locuming, both medical and logistics (i.e. housing).
5. Provincial differences.
6. Contacts and links for locuming.

Marnie is a first year resident in Campbell River BC as part of the Strathcona Family Medicine Program. Originally from Ontario, completing medical school at Queens. Sue loves full scope rural family medicine, particularly emergency and obstetrics. Marnie balances medicine with many outdoor adventures like paddling, skiing, hiking and avidly biking!

Nova Scotian born and raised, AC Silver is currently a first-year Family Medicine resident at Dalhousie's Annapolis Valley site. A graduate of Dalhousie Medical school, they fell in love with rural family medicine's challenges early in medical school.

Extending Access to Pregnancy Termination Into Rural/Remote Canada

Dr. Nadin Gilroy

This presentation is a practical and comprehensive overview of aspects to consider when implementing medication abortion provision into a rural and/or remote primary care practice. The focus is on all the important aspects other than the medications used. It is an interactive session which allows participants to understand their role in both advocacy and practical implementation of pregnancy termination for their patients in their specific locations. In addition, it also includes a review of the role physicians in referral centres, including rural centres, can play in supporting their colleagues in smaller outlying communities in their provision of abortion care as well as care for their patients who require transfer for termination or management of complications.

Objectives

1. Describe a plan for safe access to pregnancy termination for patients in their rural or remote areas.
2. Assess who would and wouldn't be a good candidate for a medication abortion outside of a larger centre.
3. Engage their clinics, colleagues (intra- & interprofessional), and referral sites to ensure improved access for pregnancy termination.

Nadin Gilroy is a physician with a broad spectrum medical practice in Kinosao Sipi (Norway House), Manitoba. She is the Obstetrics Lead on the physician team and has been hired by the Norway House Cree Nation to develop an obstetrics program and return birthing to the community. She is a medication abortion provider and until April 2021 was the Medical Director of the Women's Health Clinic Abortion Program as well as one of their aspiration abortion providers. In addition, Nadin Gilroy has a Fellowship in Palliative Medicine and works as a paediatric and adult palliative care physician in Manitoba.

Rural Patient Transfer – Facilitating a National Dialogue on Call to Action

Dr. Ruth Wilson & Dr. Sean Moore

In April 2021, the College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC), through the Rural Road Map Implementation Committee (RRMIC), launched a call-to-action to address rural patient transfer based on patient-centred care principles. The statement raised awareness about the significance of this problem as it impacts interfacility transfers between rural and urban hospitals, safe medical transport, the application of comprehensive standards/guidelines and access to comprehensive data on medical transport. The statement has been well-received by key stakeholders including government officials and Senate of Canada members. SRPC advocacy efforts have included calling on government leaders for an effective pan-Canadian approach to better bridge the gaps created by current patient transfer practices and protocols.

The COVID-19 pandemic has further exacerbated the challenges that has existed with medical transport among Canada's rural and Indigenous communities resulting in rural health workforce shortage crisis, the need for medical transport between provincial borders and access to virtual health care technologies. Pre-existing barriers to transfers such as licensing requirements and policies prohibiting air transport across provincial boundaries have fallen. This unprecedented flexibility must be leveraged to address the longstanding issues for rural patients requiring transfer. Crisis brings opportunity.

In August 2021, a SRPC national advisory planning group was struck, led by Dr. Ruth Wilson, to explore an approach to implementing the statement through its stakeholder engagement consultations. A key finding emerged from these consultations is that there is support for a national dialogue with the rural health care providers, administrators, rural and Indigenous community leaders and policy/decision-makers directly involved in the provision of rural patient transport. Key themes to be considered for a national dialogue include: exploring systemic and regional approaches to access comprehensive data on transfers across jurisdictions for effective HHR planning/policy development; the effectiveness of no refusal policies and formal cross jurisdictional/interfacility agreements; using the statement as an accreditation standard for health institutions; and using the statement as a quality improvement framework.

Given the current health care crisis, participants will be asked for their perspectives and their recommendations to key decision-makers on how the statement can be adopted within systemic and regional levels to improve rural patient transfer through enhanced standards and better coordination (end-to-end planning) between facilities and across jurisdictions.

Objectives

1. Learn progress made to date and discuss collaborative initiatives/models on where transfers are working.
2. Discuss ways to advocate for a systems and regional approaches for effective rural patient transfer with multi-level accountability.
3. Provide advice on what are the key issues and players that should be part of a national dialogue.

Dr. Wilson is a practicing family physician in Yellowknife, and a Professor Emerita of family medicine at Queen's University, where she was chair of the department for ten years.

From 2001-2004, she served as Chair of the Ontario Family Health Network, a provincial government agency created to implement primary care reform in Ontario. This effort laid the groundwork for the widespread primary care models in Ontario including Family Health Teams. She is a past president of the College of Family Physicians of Canada, and immediate past president of the North American region of WONCA, the world organization of family doctors. She co-chaired the Rural Road Map committee and implementation committee on behalf of the CFPC.

In 2015 she was named a member of the Order of Canada. She is the recipient of the Canada 125 medal, the Diamond Jubilee Medal, and an honorary Doctor of Laws degree from Thomson Rivers University. In 2010 Dr. Wilson was named one of Canada's Top 100 Most Powerful Women. She is married to Dr. Ian Casson, and they have five adult children and four grandchildren.

Sean Moore is an emergency physician working in Kenora Ontario. He is the Chief of Emergency Services in Kenora, teaches at NOSM, and is Associate Medical Director for Ornge Transport and CitiCall Ontario. He spends far too much of his time in planes, choppers and ambulances.

The Aggressive Patient

Dr. Dan Eickmeier

Violence is common in many workplaces. Unfortunately it is becoming even more common in the ER. Those of us who chose to work in this difficult environment will encounter violence most days at work. This can be a major cause of burnout and people leaving the field. We may not be able to prevent all violence in the ER but with careful use of the right tools we can stay safe.

Objectives

1. Attendees will be able to recognize that violence is common in the ER and it affects all types of workers.
2. Attendees will learn the basic of deescalating a potentially violent situation in the ER.
3. Attendees will learn how to safely and effectively use physical and chemical restraints when de-escalation fails.

Dan Eickmeier, BSc,MD, FCFP, FRRMS

Rural GP for eighteen year with rural ER a major focus of those years. Currently I have a focused practice in the ER with only a small community focused family practice. I like to ride bicycles, watch old movies, listen to vinyl and debate philosophy and religion. I practice all over southwestern Ontario in communities from 2000-35000.

Bog Bikes & Snow Crab – Rural Newfoundland Emergency Cases

Dr. Chris Patey & Dr. Shane Stratton

Background: 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.

The Session: This session is suitable for anyone interested or possibly intrigued by rural emergency medicine, but especially medical learners, rural nurses (registered and practitioner), and active family physicians practicing or interested in community or tertiary ED care. This is a lighthearted relaxing session where emergency stories are told and retold and odd differential diagnosis are captured.

Objectives

This session uses a series of mini-cases presented by two rural emergency family physicians. At the conclusion of this activity, participants will be able to:

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.

Christopher Patey BSc (Hon) MD CCFP FCFP FRRMS

Fortunately exposed to a golden rural childhood in St. Anthony, Newfoundland, Dr. Christopher Patey advanced to graduate from Memorial Medical School in 2000. With a continued keen interest in rural family medicine and a quest for adventure, he completed a residency through Family Medicine North in Thunder Bay, Ontario. Following this outstanding rural experience, he has practiced as a rural family physician with a specific interest in rural emergency medicine. Later creating roots in Carbonear, NL where spectacular teamwork and site potential was profound. Always eager to implement positive change initiatives he has also created a rural research unit CIRRIIS (Carbonear Institute of Rural Reach and Innovation by the Sea) to encouraged academic growth in the area with a focus of improving community health.

Dr. Shane Stratton, B. Kin (Hons), M. Dip. Clinical Epidemiology, MD, CCFP.

Dr. Stratton grew up playing hockey and rugby in the small town of Goulds, NL. His involvement in sport sparked an interest in exercise sciences, which ultimately lead to him completing a Bachelor of Kinesiology at Memorial University. Being proud to be from his home Province, Dr. Stratton continued the remainder of his education in Newfoundland & Labrador, including a Master's Diploma in Clinical Epidemiology, Doctor of Medicine, and Family Medicine Residency training. He continues to work in Family Medicine and Emergency Medicine in Carbonear, NL, a rural community on the Avalon Peninsula. Current career interests are Rural Emergency and Sports Medicine (training ongoing). Personal interests include hunting, dogs (particularly hunting dogs), fishing, and snowboarding. If you want to get his attention ask him about the Newfoundland Ptarmigan

Clinical Coaching for Excellence, Resiliency and System Change

Dr. Kirstie Overhill & Dr. Renate Kahlke

"Do not imitate others - seek what they sought" This interactive session will introduce the research, concepts and principles of the UBC RCPD coaching and mentorship programs to assist others in their own program design. Feedback on the programs will be shared as well as discussion of possible applications for individuals, teams and system change.

Objectives

1. To introduce the UBC RCPD programs on Coaching and Mentorship (CAMP) and the research behind them.
2. To discuss how the development was based on Resiliency concepts incorporated into a CPD framework.
3. To share key principles of the UBC Clinical Coaching model and how they assisted in iterative program design.

Dr. Overhill has recently retired after forty years of rural practice in BC, Canada. Her presentation at the 2022 SRPC conference is related to work that she performed while associated with the RCCbc (Rural Coordination Centre of BC) in the area of physician and practitioner resilience and with UBC RCPD related to their coaching and mentorship projects. She currently lives on Cortes Island, BC near Manson's Landing Marine Park on an off grid water access property and has just purchased another boat!

Dr. Renate Kahlke is a researcher, qualitative methodologist, theorist, and educator. After working in curriculum design and faculty development for interprofessional education and simulation, she earned a PhD in Education at the University of Alberta (2016) and completed a postdoctoral fellowship at the Centre for Health Education Scholarship at the University of British Columbia (2018). Since then, she has worked as a Research Associate at the Royal College of Physicians and Surgeons of Canada and is now Assistant Professor in the Division of Education & Innovation, Department of Medicine, and Scientist in the McMaster Educational Research, Innovation and Theory Program at McMaster.

Currently, Dr. Kahlke is developing a program of research that uses a range of qualitative methods to explore how social and systemic pressures influence health professionals' and trainees' decisions. For instance, she recently explored how professionals work to improve their practice in spite of obstacles, and how learners understand their role as health advocates when there is often significant pressure not to advocate. She is also interested in moving qualitative research in health professions education forward by engaging in methodological innovation, theory development, and meta-research.

Advanced Wound Assessment and Suturing Workshop (To Be Repeated)

Dr. Wade Mitchell, Dr. Peter Wells, Dr. Matt DiStefano & Ms. Sarah Giacobbo

This workshop will look at more complex wound types (traumatic or surgical) and help with developing an approach to closure. We will discuss surgical planning for excisional biopsies, undermining, subcutaneous wound closure to reduce tension at the wound site and different flap repairs / considerations. Corner stitch and stellate wound repairs will also be reviewed.

Objectives

1. Surgical wound planning and closure.
2. Traumatic wound assessment and closure of complex wounds.
3. Undermining wound edges and subcutaneous suturing technique to reduce tension and other considerations for the best cosmetic results.

Dr. Wade Mitchell - Completed UBC Rural Residency program in 2002, worked for 6 months in Atikokan then entered a year of Enhanced Skills in General Surgery/ Advanced OB. From 2003-2009 I worked as a rural GP Surgeon/Obstetrician in Narrandera, NSW Australia and during that time completed a diploma in primary skin cancer management through ACRRM. Have since returned to Canada and work in Collingwood, Ontario - continuing to do primary skin cancer management through my clinic, low-risk OB, am one of our 'Neonatal' Call group and work in our ER on a part-time basis. I am also the McMaster Rural Family Medicine Site Director.

Dr. Matt DiStefano - 18 years in community/rural Ers. Casted course faculty.

Sarah Giacobbo is a third-year medical student at the University of Ottawa. Prior to medical school, she completed her Masters in Management of Innovation at the University of Toronto. Following her Masters, she worked as a Data Analyst at the Royal Bank of Canada, building machine learning models to optimize operations processes. She became passionate about Rural Medicine while completing her Family Medicine rotation in Barry's Bay this past year. She was involved in clinic, hospitalist, and emergency medicine at St. Francis Memorial Hospital as well as at the Algonquins of Pikwakanagan First Nation Reserve. She was drawn to the broad skillset, wide scope of practice, and continuous challenge and reward of providing accessible high quality care with limited resources. She strives to become a Rural Family Physician and integrate her passions for technology and medicine to optimize care in rural communities. In her free time, she enjoys all types of fitness, hiking and exploring outdoors, baking, and spending time with family and friends.

Rural Critical Care - Cervical Spine (To Be Repeated)

Dr. Peter Hutten-Czapski

Using a round table method this workshop will review how to read C-Spine x-rays and practice reading them from normal to subtle to outright wacky.

Objectives

1. Review C-spine anatomy.
2. Increase comfort in clearing c-spine x-rays.

Dr. Peter Hutten-Czapski has been practising family medicine in group rural practice in Haileybury and as a staff physician at the Temiskaming Hospital in New Liskeard since 1989. A graduate of Queens university, he is a Professor at NOSM and was previously an assistant professor and lecturer at the University of Ottawa. His experience on community boards include past President of the Society of Rural Physicians and board member on the Ontario College of Family Physicians, chief of staff at Temiskaming Hospital, and on the NOSM and OSCAR-EMR boards. Dr. Hutten-Czapski brings past experience as a rural generalist and the perspective of current focused work as hospitalist, cardiac stress testing, office practice, and consulting allergy clinics. Published in numerous peer-reviewed publications, Dr. Hutten-Czapski is the Chief Editor of a rural medical procedural textbook and is the Scientific Editor of the Canadian Journal of Rural Medicine. He was named a Family Physician of the Year in 2007 by OCFP and is a Fellow of the Society of Rural Physicians of Canada.

New True and Poo: New Clinically Relevant Studies for Primary Care

Dr. Mike Allan, Dr. Mike Kolber & Dr. Tina Korownyk

In this session, we will review studies which can impact primary care, from the past year. Topics will vary depending on recent studies. The presentations are case-based with questions and article reviews that focus on clinical application of the newest available information. We will discuss whether the research implications of these studies are practice-changing or re-affirming or whether they should be ignored.

Objectives

1. Briefly review evidence that highlights a new diagnostic test, therapy or tool that should be implemented into current practice.
2. Briefly review articles and evidence that may reaffirm currently utilized diagnostic tests, therapies or tools.
3. Briefly review articles that highlight diagnostic tests, therapies or other tools that should be abandoned.

Dr G. Michael Allan (Mike) is the Director of Program and Practice Support in the College of Family Physicians of Canada and Professor in the Department of Family Medicine at University of Alberta. He has been in practice 20 years, given over 300 invited presentations and published over 100 articles. He contributes to a regular evidence-based update (called Tools for Practice) distributed to >38,000 clinicians and published in the journal "Canadian Family Physician." He also co-presents a weekly medical podcast (on i-tunes) called Best Science Medicine podcast.

Mike Kolber is a Professor in the Department of Family Medicine at the University of Alberta. He practices in Peace River, Alberta using his additional skills training in gastroenterology. He contributes to Tools for Practice, medical podcasts, CPD Roadshows, and academic detailing within the province, and enjoys presenting at local, provincial, national, and international events. Mike also chairs the Practical Evidence for Informed Practice and Endoscopy Skills Day for Practicing Endoscopists conferences. He is passionate about sports and coaching and enjoys the outdoors with his wife and three great kids.

Tina is a Professor in the Department of Family Medicine at the University of Alberta and the Director of PEER. She has worked as a Family Physician for over 15 years, primarily in Edmonton at the Northeast Community Health Centre. Tina is actively involved in the development of Tools for Practice, Simplified Guidelines and numerous knowledge translation activities. She is involved in graduate and undergraduate medical education at the University of Alberta. Her research interests include practical questions relating to the improvement of primary care.

POCUS in Rural Canada: A Vision for the Future

Dr. Tracy Morton & Dr. Virginia Robinson

From its origins in emergency medicine, point-of-care ultrasound (POCUS) has expanded into a multitude of specialties and into primary care, in both urban and rural settings. In rural settings, particularly those without on-site diagnostic ultrasound, POCUS transforms the doctor-patient encounter, incorporating powerful imaging into the physical examination. This talk reviews the potential of POCUS in the rural setting, and reviews the work being done by the Rural Coordination Centre of British Columbia, which coordinates several POCUS initiatives for rural providers, promoting safe and effective use of this technology. It presents a vision for how POCUS may be used in concert with our specialist colleagues to improve care and address inequities for Canadians living rurally.

Objectives

1. Review the history and evolution of POCUS in health care.
2. Review current uses of POCUS, focused on integration in under resourced settings.
3. Present BC's POCUS activities and practice supports, including IN POCUS, a program introducing handheld ultrasound devices to physicians throughout rural BC.
4. Imagine what a future of deep POCUS integration in health care might look like.

Tracy Morton is a full service family physician, very grateful to be living and working for more than 20 years on Haida Gwaii, a remote group of islands off BC's northwest coast. He believes that rural health care can be as good (or better!) than in urban settings when provided by multidisciplinary teams who know well the social context of person and place. His professional interests are GP Oncology, emergency medicine, culturally sensitive care, and of course, the use of ultrasound in rural medicine. Personal interests are family, biking, woodworking and meditation.

Virginia Robinson moved to Fernie, BC 20 years ago to ski and mountain bike and never left. She practices maternity and emergency medicine and spends as much time as possible outdoors gardening. Virginia has been using POCUS for over 10 years and teaches both the UBC HOUSE OB and EM courses. She is the rural lead for the Intelligent Network for POCUS and a co-lead of the RCCBC provincial POCUS initiative with Dr. Tracy Morton. As part of her passion for POCUS she is a disciple of "patient centred" and "closer to home" care.

And You Thought You Knew Everything About Tramadol

Dr. Jessica Otte

Tramadol and tramadol-acetaminophen are frequently prescribed for the treatment of acute and chronic pain in Canada. Although recommended as a 'safer opioid,' the effects of tramadol can be challenging to predict because of its unique pharmacology. Is it a safer alternative to other drugs? Why is Health Canada changing its regulation in April 2022? What surprising adverse effects might it cause in your patients?

This session will present the best available evidence of side effects and effectiveness of this drug, including results from our own systematic review (UBC Therapeutics Initiative) .

Objectives

1. Understand the unique pharmacology of tramadol, and how this translates into benefits and harms.
2. Compare safety & efficacy of tramadol (+/- acetaminophen) to other analgesics.
3. Recognize the new Health Canada regulations for this drug and how it may impact your practice.

Dr Jessica Otte, MD, CCFP

Otte is a family physician in Nanaimo, BC practicing with a focus on Palliative Care and Care of the Elderly. She is passionate about helping patients find the right health care according to the evidence and their needs and values, and shares this approach by educating peers, students, and allied health practitioners. Her policy work with provincial and national bodies is mainly in the areas of high value care, resource stewardship, and Health Technology Assessment (HTA). She is a Clinical Assistant Professor, UBC Department of Family Practice, member of UBC Therapeutics Initiative, Co-Chair of the Health Authority/BC Ministry of Health's HTA Committee, and Chair of the Doctors of BC's Council on Health Economics and Policy (CHEP).

She lives with her family and their creatures on a rural acreage where she loves growing mammoth basil and tomatoes, adding new items to her edible foraging hit list, and chasing beavers in the canoe.

Choosing Wisely X-rays, CT Scans, Ionizing Radiation and Health

Dr. Dale Dewar

In spite of the ubiquitous use of imaging and diagnostic radiation, few physicians are aware that exposure to ionizing radiation. This omission in our training permits public health to ignore radiation side-effects everywhere from nuclear bomb tests to nuclear reactors, from chest x-rays to CT scans and radionuclide use. Doctors know more about the side effects of anti-hypertensives than they know about the health effects of intravenous radioisotopes.

Are Small Modular Reactors the “light cigarette” of the nuclear industry? Are imaging cardiac catheterizations the “blood-letting” of the 2000’s? We may not reach answers but we’ll have a lively conversation.

Objectives

1. To put “Choosing Wisely” into perspective with respect to the use of ionizing radiation in medicine.
2. To establish a better understanding of how imaging, and diagnostic uses of ionizing radiation affects the health of individuals and populations.
3. To question environmental effects.

Member of International Physicians for Prevention of Nuclear War (IPPNW), author of “From Hiroshima to Fukushima to You: Ionizing Radiation and Health” book, “Uranium Mining Health Effects” published in Family Practice Journal, Former ED of Canadian affiliate of IPPNW, Rural Family Physician x 40 years

Airway Management in Trauma

Dr. Leilani Doyle

This will be a practical update on what's new in airway management in trauma, in addition to some practical tips and trick.

Objectives

- 1 - Understand the current state of literature for best practices in airway management in trauma including: -'C' before 'A' or resuscitate before you intubate.
- 2 - Management of the soiled airway.
- 3 - Airway checklist and algorithms - why are they worth the time.
- 4 - CICO emergencies and how to train for the surgically inevitable airway.

LCol in the Canadian Armed Forces (CAF). Enlisted in 1997 whilst in medical school. Deployed as a GP to Bosnia in 2002, and Afghanistan in 2004. Returned to residency in 2005 at the University of Ottawa. Once finished residency in anaesthesia, returned to Afghanistan multiple times (2009/10/11) - Role 3 in Kandahar - in addition to multiple deployments to Africa and a deployment to Iraq with the Mobile Surgical Resuscitation Team (MSRT). Completed a MSc in Trauma Sciences - Military and Austere - from Queen Mary University in the UK (2016). Involved in the creation and inaugural deployment of the Canadian Medical Emergency Response Team (CMERT) to Mali in 2018. Continue to work at the Ottawa Hospital as an anesthesiologist and trauma team lead, in addition military work on CMERT, Critical Care Air Evacuation (CCA) etc.

CaRMS "How To" Guide

Ms. Avery Palmer & Ms. Rachel Howlett

The CaRMS How To presentation will be aimed at medical students entering their final year of training and will allow them to learn more about the Canadian Residency Match process. We'll be discussing the CaRMS process, ways to prepare, how to decide on programs to apply to, personal experiences and more. Come with any questions about CaRMS, choosing a program, and the match itself.

Objectives

1. Discuss the CaRMS process to give students a better understanding of what to expect in their graduating year.
2. Provide advice on navigating the CaRMS process virtually.
3. Add a rural lens to the CaRMS process.

Avery was born and raised in Nakusp, BC, a small community of 1500 people in the Kootenay's. She completed her B.Sc in Microbiology and Immunology at the University of British Columbia before moving to Ottawa for medical school. She is currently finishing her final year at the University of Ottawa and is looking forward to pursuing a rural residency training in Family Medicine. As a proud Metis woman, she believes that Indigenous health is very relevant to rural practice and enjoys teaching fellow students about Indigenous culture, health, and social issues. She is currently Co-Chair for the SRPC Student Committee and involved in many rural advocacy initiatives. In her free time she enjoys hiking, running, camping, and cooking.

Rachel is currently a fourth year medical student at the University of Ottawa. She is from Dartmouth, NS and pursued her B.Sc in Chemistry at Mount Allison University in Sackville, NB. She is excited about beginning her rural residency training in Family Medicine. She has been a member of the SRPC Student Committee for the past two years, working on the Rural & Elective Catalogue. She is passionate about climate change advocacy and enjoys hiking, camping, baking and listening to podcasts.

Lipid Emulsion Therapy in the ER -- from ODs to LAST

Dr. Sarah Giles & Ms. Mary Ollier

Lipid Emulsion Therapy is a relatively cheap intervention that can be used in life-threatening beta-blocker, calcium channel blocker, and tricyclic antidepressant overdoses. It can also be used in the rare instance that a nerve block causes systemic toxicity. Become familiar with this intervention -- from where to buy it and its shelf life to how to administer it -- we will cover it all.

Objectives

1. Learn how to procure lipid emulsion therapy.
2. Learn the indications for lipid emulsion therapy.
3. Learn how to administer lipid emulsion therapy.
4. Leave the presentation ready to use lipid emulsion therapy.

Sarah Giles is an ER doc/hospitalist in Kenora, Ontario. Sarah's passions include making the ER a less scary place to work and playing with other people's dog.

Mary Ollier (she/her) is a second-year medical student at the University of Toronto. She completed her BSc at Queen's University in kinesiology and MA at the University of Ottawa. Mary's experiences growing up in the small community of Grimsby, ON and completing a community-based research project in Inuvik, NT for her master's thesis inspired her to pursue a career in rural medicine.

Practical Deprescribing - A Professional Community Approach (2 hours)

Dr. Thomas L. Perry, Dr. Dee Mangin, Ms. Sydney Saunders, Ms. Charissa Tonneson & Ms. Ashley Perreault

This workshop will engage participants in developing a systematic approach to thoughtful medication review and reduction of pointless polypharmacy in their own practice and community. We will build on Dr. Dee Mangin's deprescribing research and a South Peace (B.C.) Division of Family Practice 1-year project sponsored by Shared Care B.C. involving MDs, pharmacists, and an NP that increased medication reviews and appropriate deprescribing for in an area population of nearly 27,000.

Objectives

1. Inspire participants that relieving people of inappropriate/excessive medication load is one of the most satisfying professional experiences in health care.
2. Help local practice leaders develop a community network with other prescribers and pharmacists to encourage high quality medication reviews and appropriate deprescribing.
3. Work through case examples to show that deprescribing is not as hard as it may seem.

Dr. Tom Perry is a general internist/clinical pharmacologist in the Dept. of Anaesthesiology, Pharmacology & Therapeutics at UBC. His medical school and CPD teaching emphasizes understanding evidence about drug therapy and appreciating the effects of drugs on individual patients. During 2020-2021, he assisted the South Peace Division of Family Practice with its innovative project to address polypharmacy in 3 northern B.C. communities.

Dr. Dee Mangin is the David Braley Chair in Family Medicine at McMaster University. She is also the Associate Chair (Research), and Professor in the Department of Family Medicine at McMaster. She is the Director of MUSIC, the McMaster University Sentinel and Information Collaboration practice-based research network, and the Medical Director of RxISK.org a website for consumer information and reporting of drug adverse reactions.

Dr. Mangin's broad interests are: rational prescribing with a focus on matching burden of care with capacity to benefit; innovative models of primary care service delivery; and the influences of science, policy and commerce on the nature of care. She has wide clinical research experience in primary care, including observational and interventional quantitative research methods and has led community RCTs of innovative models of care, deprescribing trials on the reduction of single medicines and deprescribing of multiple medicines among older adults.

Sydney Saunders is a pharmacist with Northern Health in Dawson Creek, BC, splitting her time between primary care, acute care and most recently long-term care work. Since developing this position over the past two years, she has integrated into medical clinics within her community to complete medication assessments and provide recommendations and support to providers in a co-located practice model. She works to optimize patients' medication therapy, simplify regimens, manage drug interactions and side effects and enhance patients' understanding of their medications. She practices in a team-based, patient-centred fashion and strives to keep patients happy, healthy, and thriving in their community.

Charissa Tonneson graduated from UBC with a BScPharm in 1999 and recently enrolled again at UBC to earn her PharmD. She is an independent pharmacy owner and manager in Tumbler Ridge, BC and has been practicing there for over 20 years. In her spare time she enjoys karate, hiking, cross country skiing and playing various stringed instruments. She thoroughly enjoyed the challenge of trying to address Polypharmacy in her patients in Tumbler Ridge.

Ashley Perreault (she/her) is a second-year medical student at the Northern Ontario School of Medicine's Thunder Bay Campus. Prior to medical school, she worked as both a Registered Nurse and a Clinical Research/ Quality Improvement Assistant at The Ottawa Hospital.

The Value of Informal Peer Support

Dr. Shireen Mansouri & Mr. Sherif El Meniawy

There is a lot of discussion about physician burnout, although our understanding of how we might address this is more limited. Informal peer support has been shown to be a valuable source of support for rural physicians, and yet this may not be readily available. In this interactive and experiential workshop we will identify and discuss key elements of meaningful peer support. While these skills are conceptually easy to understand, they can be difficult to enact. There will also be a safe and supported opportunity to practice the skills necessary to both give and receive this support.

Objectives

1. Review key elements of helpful informal peer support.
2. Recognize enabling factors for these elements.
3. Increase capacity to provide and receive informal peer support.

Shireen Mansouri CCFP(EM) FCFP is a family physician who lived and worked in Yellowknife NWT for the majority of the last 25 years, although now living in Ontario she continues to work remotely in the NWT, and on site in Yellowknife in primary care and supporting the Oncology program. In 2017 she became a certified Compassion Cultivation Teacher. She is interested in the application of Compassion Cultivation as a means to enhance Joy in Work and prevent burnout for health care providers.

Sherif is a 3rd Year Medical Student at UOttawa who hopes to become a Rural Family Medicine Doctor. His experience in Rural Medicine includes his 5-week rotation in Calabogie which was split 50/50 between clinic and Emergency Medicine. He has a Bachelor's of Science in Kinesiology which he completed at McMaster University. Outside of school, he enjoys sports and being outside. He is an amateur Triathlete and works as a part-time personal trainer.

Rural Critical Care - Cervical Spine (Repeat)

Dr. Peter Hutten-Czapski

Using a round table method this workshop will review how to read C-Spine x-rays and practice reading them from normal to subtle to outright wacky.

Objectives

1. Review C-spine anatomy.
2. Increase comfort in clearing c-spine x-rays.

Dr. Peter Hutten-Czapski has been practising family medicine in group rural practice in Haileybury and as a staff physician at the Temiskaming Hospital in New Liskeard since 1989. A graduate of Queens university, he is a Professor at NOSM and was previously an assistant professor and lecturer at the University of Ottawa. His experience on community boards include past President of the Society of Rural Physicians and board member on the Ontario College of Family Physicians, chief of staff at Temiskaming Hospital, and on the NOSM and OSCAR-EMR boards. Dr. Hutten-Czapski brings past experience as a rural generalist and the perspective of current focused work as hospitalist, cardiac stress testing, office practice, and consulting allergy clinics. Published in numerous peer-reviewed publications, Dr. Hutten-Czapski is the Chief Editor of a rural medical procedural textbook and is the Scientific Editor of the Canadian Journal of Rural Medicine. He was named a Family Physician of the Year in 2007 by OCFP and is a Fellow of the Society of Rural Physicians of Canada.

Imagining the Future – A Consultation with Rural Teachers (2 hours)

Dr. Nancy Fowler & Dr. Roy Wyman

In January 2022 the CFPC released a report— Preparing our Future Family Physicians: An educational prescription for strengthening health care in changing times. The report offers a critical reflection on the current training of family physicians in dynamically changing times and outlines a set of educational recommendations for both core and enhanced skills family medicine training. This includes the recommendation that all family physicians should have comprehensive training, now defined by the Residency Training Profile requiring three years of training. A CFPC Education Reform Taskforce, with representation from the SRPC is being constituted to advise on the redesign of residency training. In this interactive “roundtable” session participants will hear from CFPC leadership about the recommendations and ask questions followed by a moderated discussion. The discussion invites rural teachers to imagine and share ideas on what a reformed residency training program could and should look like including advice about pitfalls and opportunities. Input from the session will be directed to the Education Reform Taskforce.

Objectives

In this highly interactive consultation with rural teachers, you will:

1. Learn about the CFPC’s Outcomes of Training Project, specifically the rationale and recommendations for the future of family medicine residency training.
2. Reflect on the opportunities and risks presented as we make changes to training.
3. Contribute your own experience and expertise toward the redesign of a three-year residency program.
4. Learn from your rural colleagues about ‘best practices’ in rural medical education.

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

Dr. Simon Moore & Dr. Paul Dhillon

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

Objectives

1. Master simple, easy-to-remember tools to understand and efficiently apply the Patient-Centred Approach that underlies the CCFP exam.
2. Identify recent guideline changes to major family practice topics and rural family medicine topics, and apply these to sample written exam questions during the session.
3. Augment performance by implementing in-exam techniques that increase mental performance and aid in easily identifying common CCFP exam errors.

Dr. Simon Moore hates boring lectures. He is an award-winning keynote speaker to medical and corporate audiences, and provides training and consulting to speakers, universities and national medical conferences. Dr. Moore founded The Review Course in Family Medicine and the Vital FM Update conferences. He practices clinically in Urgent Care and Indigenous Health. He is a former President of Resident Doctors of Canada.

Dr. Paul Dhillon is a rural physician in Sechelt BC. He completed medical school at the Royal College of Surgeons in Ireland and met his wife Sarah in the pub down the road from RCSI. He now lives and works in BC with his 2 wee boys. After completion of residency in Regina, Saskatchewan he worked as a rural locum across Saskatchewan and the NWT before settling back in BC. He completed further training in Disaster Medicine, Tropical Medicine, and enjoys working as a Reservist Medical Officer with 12 (Vancouver) Field Ambulance. He was the editor of The Surprising Lives of Small-Town Doctors which contained many stories from members of the SRPC in its pages.

Lung PoCUS

Dr. David Bradbury-Squires

Participants will learn an approach to using PoCUS to assess for pulmonary pathology in a patient with dyspnea.

Objectives

1. Understand the clinical questions that can be answered with lung PoCUS.
2. Describe PoCUS findings of pneumothorax, pleural effusion, and pulmonary edema.
3. Complete hands-on practice on models with PoCUS instructors.

David is primarily based in Grand Falls-Windsor, NL and works as a rural Emergency and Family Medicine Physician across NL. David obtained his MD from Memorial in 2017, and completed his Family Medicine residency rurally in Grand-Falls-Windsor, followed by his CCFP (EM) year at Memorial. David started practice in July 2020 and is excited to incorporate research into his rural practice. Currently, his areas of interest include rural-based simulation training and anaphylaxis management in the Family Medicine clinic.

His interests outside of work include hiking and snow shoeing with his wife Christy and their dog, Charlie, as well as biking, skiing, and snowmobiling.

Clearing the Water - An Approach to the Management of Patients Who Have Drowned

Dr. Dave Jerome

Drownings are the third leading cause of accidental deaths in Canada, and the second leading cause for children. Many misconceptions persist amongst clinicians about drownings and the appropriate management of a patient who has drowned, leading to suboptimal care of this patient population. This presentation will review the appropriate terminology to use when discussing a patient who has drowned, discuss the pathophysiology of drowning and outline the appropriate management of a patient who has drowned. A drowning classification system will be presented. Finally, the presentation will provide evidence-based recommendations about when it is appropriate to discharge patients from the Emergency Room following a drowning.

Objectives

1. Recognize that drownings are not necessarily fatal events, and that patients can drown and survive.
2. Utilize appropriate terminology when discussing a patient who has drowned.
3. Describe the pathophysiology of a drowning.
4. Describe an evidence-based approach to the resuscitation of a patient who has drowned.

Dr Dave Jerome is a family physician with the Canadian Armed Forces, currently living in Yellowknife NWT. He completed med school at MUN and a rural family medicine residency at NOSM. He has deployed overseas with the Army and the Navy. He is the co-founder and the current President of the Canadian Association of Wilderness Medicine (www.cawm.ca).

First Trimester Prenatal Care (The Facebook Weeks)

Dr. Paul Cano

We will review and discuss some of the key aspects of early Prenatal care with some emphasis on what's new. There will be a case based practice in prioritizing the many needs that are triggered by use of the provincial/territorial Prenatal forms.

Paul practiced for 30 years in rural Niagara (Smithville, ON, with ED/OB/Inpatient at the rural hospital in Grimsby), then retired in 2020. This included being a Residency preceptor and Faculty development coordinator for the McMaster Rural Stream. He planned to devote his time to music and taking naps. However, his partner got tired of listening to him (the music, not the naps), so he's now doing northern locums, OB and IT committee work.

Medical Assistance in Dying

Dr. Amita Dayal & Dr. Sarah Gower

Dr. Amita Dayal and Dr. Sarah Gower are both family physicians working in rural communities in Southern Ontario. This workshop will involve a discussion around the background of MAiD in Canada, the current legislation surrounding MAiD, the basics of a MAiD assessment as well as an exploration of some of the nuances involving in MAiD practices. We will explore how to incorporate MAiD into a busy rural practice. All levels of interest and experience are welcome!

Objectives

1. Overview of MAiD in Canada.
2. Assessment and Provision - review.
3. Challenges of MAiD provision.
4. Incorporating MAiD into your practice.

Amita is a family physician practising generalist medicine in Port Perry, ON. Her medical interests include family medicine, emergency medicine, LTC, MAiD, physician wellness and narrative based medicine. She and her husband have recently moved to a farm with their two children and a multitude of family pets. Outside of work her interests are walking in nature, reading fiction and creative writing.

Dr. Sarah Gower

I finished my rural Family Medicine program in Sudbury twenty years ago, and locumed throughout rural Ontario until starting my comprehensive family practice in Elora/Fergus, Ontario in 2009. Since then I have been practicing cradle to grave office care, obstetrics, inpatient and palliative care. I am passionate about maternal and newborn health and am looking forward to developing this committee into a strong national rural force for change

Practical Deprescribing - A Professional Community Approach (2 hours)

Dr. Thomas L. Perry, Dr. Dee Mangin, Ms. Sydney Saunders, Ms. Charissa Tonneson & Ms. Ashley Perreault

This workshop will engage participants in developing a systematic approach to thoughtful medication review and reduction of pointless polypharmacy in their own practice and community. We will build on Dr. Dee Mangin's deprescribing research and a South Peace (B.C.) Division of Family Practice 1-year project sponsored by Shared Care B.C. involving MDs, pharmacists, and an NP that increased medication reviews and appropriate deprescribing for in an area population of nearly 27,000.

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Ashley Perreault (she/her) is a second-year medical student at the Northern Ontario School of Medicine's Thunder Bay Campus. Prior to medical school, she worked as both a Registered Nurse and a Clinical Research/ Quality Improvement Assistant at The Ottawa Hospital.

Putting the CanMEDS-FM Indigenous Health Supplement into Action (2 hours)

Dr. Darlene Kitty, Dr. Ojistoh Horn & Ms. Sarah Giacobbo

A few members of the Indigenous Health Committee of the College of Family Physicians of Canada (CFPC) will present several case narratives, while inviting the participants to identify the roles that the physicians involved in the cases are exemplifying and which they may also have demonstrated. At the end of each case, we will invite those attending our session to engage in discussion, and share their own experiences and the ways they have been called to "show up" to their Indigenous patients. We will also emphasize a strength-based approach to our work.

Objectives

1. Learn to identify and practise in all the roles we are called to do and which are outlined and described in the CanMEDS-FM Indigenous Health supplement.
2. How to use the document and our work in our teaching and in our work with the Indigenous people we serve.
3. Sharing ways to decrease anti-Indigenous racism both individual and systemic, in Health care, and to increase our contribution to fulfilling the Calls to Action Numbers 18 -24 in the TRC Report.

Dr. Kitty is a Cree woman and family physician practicing in Chisasibi, the largest of 9 Cree communities in northern Quebec, since 2006. Being President of the Council of Physicians, Dentists and Pharmacists for this region, she works closely with their members, administrators and other health professionals to improve health services and resources. She is the Director of the Indigenous Program at the University of Ottawa Faculty of Medicine, leading the efforts to recruit, admit and support of Indigenous students to become physicians. In addition to lecturing in Indigenous health topics, she has published and contributed to several articles in Indigenous health and has made presentations at many conferences over her career. As the Chair of the College of Family Physicians of Canada Indigenous Health Committee, Dr. Kitty and her colleagues collaborate with their partners to advance Indigenous health at the national level. This committee contributes to Indigenous-relevant initiatives, research and publications, aimed to educate family physicians and medical trainees. Dr. Kitty greatly values her clinical, academic and administrative work that are important avenues of care, teaching, advocacy to address and improve Indigenous health and social issues, including anti-racism and cultural safety, in the spirit of reconciliation.

Sarah Giacobbo is a third-year medical student at the University of Ottawa. Prior to medical school, she completed her Masters in Management of Innovation at the University of Toronto. Following her Masters, she worked as a Data Analyst at the Royal Bank of Canada, building machine learning models to optimize operations processes. She became passionate about Rural Medicine while completing her Family Medicine rotation in Barry's Bay this past year. She was involved in clinic, hospitalist, and emergency medicine at St. Francis Memorial Hospital as well as at the Algonquins of Pikwakanagan First Nation Reserve. She was drawn to the broad skillset, wide scope of practice, and continuous challenge and reward of providing accessible high quality care with limited resources. She strives to become a Rural Family Physician and integrate her passions for technology and medicine to optimize care in rural communities. In her free time, she enjoys all types of fitness, hiking and exploring outdoors, baking, and spending time with family and friends.

Evaluating Anemia: When to Refer and When to Follow

Dr. Kate Miller & Dr. Menaka Pai

Anemia is highly prevalent in Canada. About 2% of men and nearly 10% of women are anemic. The prevalence is even higher in the elderly and in Inuit and First Nations communities. Most anemia is discovered on a routine blood count, after a patient has a CBC done for an unrelated issue. Minor decreases in hemoglobin are often transient and benign. However, anemia that is associated with symptoms, that is persistent, that is associated with other disease, or that takes the form of rapid hemoglobin drops should raise red flags.

We too often fall back on iron deficiency as the cause without critically assessing the anemia or appreciating the number of clues in the lab work before us. A full review of laboratory information – and a focused clinical assessment – can help us diagnose, treat, and refer patients with anemia effectively. Most anemias can be investigated and treated without referral, and without tests that are unavailable close to home.

Objectives

By the end of this talk, the participants will be able to:

1. Quickly sort through the causes of anemia and be able to spot “red flags” in an anemic patient that requires urgent referral.
2. Use clues in the CBC to begin to understand the anemia and order appropriate follow-up testing.
3. Treat or monitor common causes of anemia.
4. Consult appropriately while minimizing testing and/or referral outside of their rural community.

Menaka Pai is an Associate Professor of Medicine at McMaster University, and a hematologist and thrombosis medicine physician at Hamilton Health Sciences. She is Head of Service for Benign Hematology at Hamilton Health Sciences, and Quality Lead for Transfusion Medicine in the Hamilton Regional Laboratory Medicine Program. Dr. Pai completed her medical training at McMaster University and the University of Toronto. As a benign hematologist, Dr. Pai's clinical interests focus on thrombosis and bleeding disorders. Her research interests include venous thromboembolism, transfusion medicine, research methods in rare diseases, and clinical practice guideline development. She is currently Chair of the American Society of Hematology's Guideline Oversight Subcommittee and Co-Chair of the Ontario COVID-19 Science Advisory Table's Drugs and Therapeutics Clinical Practice Guideline Working Group.

Imagining the Future – A Consultation with Rural Teachers (2 hours)

Dr. Nancy Fowler & Dr. Roy Wyman

In January 2022 the CFPC released a report— Preparing our Future Family Physicians: An educational prescription for strengthening health care in changing times. The report offers a critical reflection on the current training of family physicians in dynamically changing times and outlines a set of educational recommendations for both core and enhanced skills family medicine training. This includes the recommendation that all family physicians should have comprehensive training, now defined by the Residency Training Profile requiring three years of training. A CFPC Education Reform Taskforce, with representation from the SRPC is being constituted to advise on the redesign of residency training. In this interactive “roundtable” session participants will hear from CFPC leadership about the recommendations and ask questions followed by a moderated discussion. The discussion invites rural teachers to imagine and share ideas on what a reformed residency training program could and should look like including advice about pitfalls and opportunities. Input from the session will be directed to the Education Reform Taskforce.

Objectives

In this highly interactive consultation with rural teachers, you will:

1. Learn about the CFPC’s Outcomes of Training Project, specifically the rationale and recommendations for the future of family medicine residency training.
2. Reflect on the opportunities and risks presented as we make changes to training.
3. Contribute your own experience and expertise toward the redesign of a three-year residency program.
4. Learn from your rural colleagues about ‘best practices’ in rural medical education.

Transition to Rural Residency

Dr. Emma Crawley, Dr. Marnie Jakab & Dr. AC Silver

In this talk, geared towards medical students at all stages, we will cover the clinical and non clinical tips and tricks that will help facilitate a seamless transition to rural medicine residency! Come on out and we look forward to connecting!

Objectives

1. What is a rural residency and what to expect.
2. Logistics of a rural residency: resources in rural vs urban - knowing what's available vs what the guidelines are, patient transfer networks, how to connect with specialists on call, home call and handling on call emergencies, calling team in, etc.
3. Non clinical pearls.
4. What to expect with rural living.
5. Maintaining wellness.
6. Moving to a rural location.

Dr. Emma Crawley is a first year family medicine resident at Dalhousie University's South West Nova site. An avid surfer and rural medicine enthusiast, she finds joy training in the small seaside community of Yarmouth, NS.

Marnie is a first year resident in Campbell River Bc as part of the strathcona family medicine program. Originally from Ontario, completing medical school at Queens. Sue loves full scope rural family medicine, particularly emergency and obstetrics. Marnie balances medicine with many outdoor adventures like paddling, skiing, hiking and avidly biking!

Nova Scotian born and raised, AC Silver is currently a first-year Family Medicine resident at Dalhousie's Annapolis Valley site. A graduate of Dalhousie Medical school, they fell in love with rural family medicine's challenges early in medical school.

Management of Shoulder Dislocation

Dr. Bruce Mohr

Discuss the history, epidemiology, and presentation of shoulder dislocation. Discuss and demonstrate the various techniques of reduction, what to watch out for, and how to follow up. Discuss and demonstrate why this is probably one of the most immediately satisfying things (for those of us with ADD) we will ever have the honour of doing in the practice of the ART of medicine.

Objectives

1. Review History and Epidemiology of Shoulder Dislocation.
2. Discuss methods of reduction.
3. Present an approach to shoulder reduction.
4. Tips and pearls for the "art" of reduction.
5. Demonstrate why this is one of the most clinically satisfying things we will ever get to do in medicine.

Bruce Mohr B.Sc. (Hons Kinesiology), MD, CCFP(EM), Dip. Sport Med, FRRMS

Appointments

Staff Physician Emergency Whistler Health Care Centre

Clinical Instructor University of British Columbia Department of Emergency Medicine and associate membership appointment Department of Family Practice

Work (1996 to present)

Emergency Physician Whistler Health Care Centre

Whistler Blackcomb Ski Patrol Physician

Canadian Alpine Ski Team Physician

Medical Event Physician local, provincial, national, and international events for summer and winter sports including Calgary Winter Olympics 1988 and Vancouver Winter Olympics 2010.

Work (prior to 1996)

GP locums 1986-88 in rural Alberta, BC, New Zealand, 1988-1994 Staff Emergency Physician Holy Cross and Rockyview Hospitals, Calgary

From the Ground Up: Health-care Provider Attraction and Retention in Rural Alberta

Ms. Rebekah Seidel

The Rural Health Professions Action Plan (RhPAP) focuses a large part of its work on the attraction and retention of health care providers to rural Alberta communities. Over 20 years of experience gives RhPAP a comprehensive toolkit of best and promising practices that result in success stories in a growing number of Alberta's rural communities. Enhancement of rural community capacity to actively engage in the successful attraction and retention of health care providers is a significant focus of RhPAP's work. From supporting site visits of potential health care providers and their families, to initiating health care provider appreciation activities, to integrating those giving health care service and their families into the community, rural communities play an important and rewarding role. RhPAP in turn collaborates with strategic rural focused provincial networks and organizations, ensuring further strengthening of communities' attraction and retention efforts. An interactive session will review what has shaped RPAP's community support work over the years, including strategic collaborations, and exploring how best communities can play an active part in the successful attraction and retention of rural health care providers. RhPAP's learnings will be shared with participants, offering the opportunity to learn of the value of supporting rural community attraction and retention work within a community development framework.

Objectives

1. To raise awareness of RhPAP's Community Development and Engagement (CD&E) program focused on supporting a rural community network engaged in the attraction and retention of health care providers.
2. To share a range of related tools, practices and capacity building opportunities proven successful in the work of attraction and retention in rural Alberta communities.

Rebekah Seidel is the Director of the Community Development and Engagement (CD&E) program with Alberta's Rural Health Professions Action Plan (RhPAP). She has both Bachelor and Master degrees focused on community work, accompanied by over 25 years of domestic and international experience in community development, engagement and capacity building. Her work has largely been focused on smaller, rural and remote communities at home and abroad. Rebekah has worked with RhPAP at various times and in various capacities since 2006.

Second Trimester Prenatal Care (The Instagram Weeks)

Dr. Sarah Gower

We will review & discuss everything you need to know about care in the second trimester, including what to do with soft signs in the anatomical ultrasound, different provincial approaches to GDM screening, vaccinations and how to manage unexpected results or fetal demise during these weeks.

Dr. Sarah Gower

I finished my rural Family Medicine program in Sudbury twenty years ago, and locumed throughout rural Ontario until starting my comprehensive family practice in Elora/Fergus, Ontario in 2009. Since then I have been practicing cradle to grave office care, obstetrics, inpatient and palliative care. I am passionate about maternal and newborn health and am looking forward to developing this committee into a strong national rural force for change

Narrative Based Medicine - A Newbie's Perspective

Dr. Amita Dayal

After only recently being introduced to NBM, Dr. Amita Dayal will review the background behind the current study of NBM, how to incorporate NBM in your practice and the benefits of doing so. We will put pen to paper to try out some techniques as well.

Objectives

1. Introduce participants to Narrative Based Medicine.
2. Overview of NBM.
3. Practice some techniques of NBM.
4. Find out where to learn more.

Amita is a family physician practising generalist medicine in Port Perry, ON. Her medical interests include family medicine, emergency medicine, LTC, MAID, physician wellness and narrative based medicine. She and her husband have recently moved to a farm with their two children and a multitude of family pets. Outside of work her interests are walking in nature, reading fiction and creative writing.

SRPC Reads

Mrs. Patti Kemp

In 2019, we launched the SRPC Book Club. In 2022, we would like to build on our success. Although we only meet once a year, like any good book club, we talk about books and enjoy good fellowship. As with our first year, we will discuss books from CBC's Canada Reads, described as the CBC's annual "Battle of the Books." These books are widely available across the country and the competition concludes with one book selected as the annual "must read" book for all Canadians. Read one, read none or read them all – it doesn't matter! Come out for a lively and engaging chat about books, Canada Reads and Canada's literary landscape.

Objectives

1. Engage in a wellness-related activity to enhance their experience at the conference.
2. Reduce practice-associated isolation and encourage social bonds with fellow book club members.
3. Build a sense of continuity from one conference to the next through an annual session.

Patti Kemp was personally trained by former US Vice-President Al Gore as a volunteer Climate Reality Leader. She is qualified as a lawyer in England and in Ontario. While living in London, England, she practiced as an immigration and human rights solicitor. She holds a Graduate Diploma in Law from Westminster University, London, England; a Masters in Creative Writing from Goldsmiths College, University of London, England; an Honours BA from Western University, London, Ontario, Canada and her Associate in Piano Performance from the Royal Conservatory of Toronto, Canada. Patti is also the founder of Kemps Confections, an ethical candy-making business. She lives in rural Southwestern Ontario with her daughter and her husband, who is a rural family and emergency physician. Patti is a founding member of the Partner & Family Network for the Society of Rural Physicians of Canada.

Putting the CanMEDS-FM Indigenous Health Supplement into Action (2 hours)

Dr. Darlene Kitty, Dr. Ojistoh Horn & Ms. Sarah Giacobbo

A few members of the Indigenous Health Committee of the College of Family Physicians of Canada (CFPC) will present several case narratives, while inviting the participants to identify the roles that the physicians involved in the cases are exemplifying and which they may also have demonstrated. At the end of each case, we will invite those attending our session to engage in discussion, and share their own experiences and the ways they have been called to "show up" to their Indigenous patients. We will also emphasize a strength-based approach to our work.

Objectives

1. Learn to identify and practise in all the roles we are called to do and which are outlined and described in the CanMEDS-FM Indigenous Health supplement.
2. How to use the document and our work in our teaching and in our work with the Indigenous people we serve.
3. Sharing ways to decrease anti-Indigenous racism both individual and systemic, in Health care, and to increase our contribution to fulfilling the Calls to Action Numbers 18 -24 in the TRC Report.

Dr. Kitty is a Cree woman and family physician practicing in Chisasibi, the largest of 9 Cree communities in northern Quebec, since 2006. Being President of the Council of Physicians, Dentists and Pharmacists for this region, she works closely with their members, administrators and other health professionals to improve health services and resources. She is the Director of the Indigenous Program at the University of Ottawa Faculty of Medicine, leading the efforts to recruit, admit and support of Indigenous students to become physicians. In addition to lecturing in Indigenous health topics, she has published and contributed to several articles in Indigenous health and has made presentations at many conferences over her career. As the Chair of the College of Family Physicians of Canada Indigenous Health Committee, Dr. Kitty and her colleagues collaborate with their partners to advance Indigenous health at the national level. This committee contributes to Indigenous-relevant initiatives, research and publications, aimed to educate family physicians and medical trainees. Dr. Kitty greatly values her clinical, academic and administrative work that are important avenues of care, teaching, advocacy to address and improve Indigenous health and social issues, including anti-racism and cultural safety, in the spirit of reconciliation.

Sarah Giacobbo is a third-year medical student at the University of Ottawa. Prior to medical school, she completed her Masters in Management of Innovation at the University of Toronto. Following her Masters, she worked as a Data Analyst at the Royal Bank of Canada, building machine learning models to optimize operations processes. She became passionate about Rural Medicine while completing her Family Medicine rotation in Barry's Bay this past year. She was involved in clinic, hospitalist, and emergency medicine at St. Francis Memorial Hospital as well as at the Algonquins of Pikwakanagan First Nation Reserve. She was drawn to the broad skillset, wide scope of practice, and continuous challenge and reward of providing accessible high quality care with limited resources. She strives to become a Rural Family Physician and integrate her passions for technology and medicine to optimize care in rural communities. In her free time, she enjoys all types of fitness, hiking and exploring outdoors, baking, and spending time with family and friends.

A Healthy Response to Climate Change

Dr. Courtney Howard

This presentation will introduce providers to the planetary health frame and the major threats posed by climate change to rural and remote health and health systems. Essential elements of the necessary response will be explored at the micro (provider), meso (institutional) and macro (broader policy) levels. Essential elements of focus for clinical work will be described, as will elements of adaptation, mitigation, and implications for healthcare system transformation.

Objectives

1. Describe the planetary health frame and how it relates to rural and remote health and health systems.
2. Anticipate and manage the major threats posed by climate change to health and health systems.
3. Describe priority action items to protect planetary health now and into the future.

Dr. Courtney Howard is an Emergency Physician in Yellowknives Dene Territory, a Clinical Associate Professor in the Cumming School of Medicine, University of Calgary, a Community Research Fellow in Planetary Health at the Dahdaleh Institute for Global Health Research, and Past-President of the Canadian Association of Physicians for the Environment (CAPE). Dr. Howard worked in Djibouti for six months on a pediatric malnutrition project with Médecins Sans Frontières, and that experience drives much of her work on climate-related mitigation and adaptation. She has researched menstrual cups and wildfires, and led policy work and advocacy regarding ecoanxiety, movement-building, active transport, plant-rich diets, divestment, carbon pricing, coal phase-out, hydraulic fracturing and with regards to Canada's Oil Sands. She led the 2017-2019 Lancet Countdown on Health and Climate Change Briefings for Canadian Policymakers and was the 2018 International Policy Director for the Lancet Countdown. Dr. Howard sits on the boards of the Canadian Medical Association and the Global Climate and Health Alliance, is the co-chair for advocacy for the WHO-Civil Society Working Group on Climate Change and Health, as well as being on the Steering Committee of the Planetary Health Alliance, and the Editorial Advisory Boards of the Lancet Planetary Health and the Journal of Climate Change and Health.

Panel presentation: Providing an Overview of Strategies Selected Index Rural Communities have Implemented in Response to COVID

Dr. Stefan Grzybowski

Brief overview introduction and summary of the CCEDARRbc (Climate Change and Ecosystem Disruption Adaptation Responses in Rural British Columbia) project. This will be followed by a presentation from three community physicians on how their communities had responded to Covid 19 highlighting characteristics of resiliency (proactive, reactive and transformative). Concluding the presentation with a summary of the project analysis identifying the key ways in which communities could strengthen themselves to respond to future threats like Covid.

Objectives

1. Provide an overview of the CCEDARR project.
2. Hear from physician-leads from communities that have demonstrated resiliency describe how their community achieved their resistance to COVID-19.
3. Consider barriers to strengthening resiliency from community case studies.

Current Topics in Indigenous Health Research

Mr. Lewis Forward & Mr. John Johnson

Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.

Objectives

1. Present novel results from Canadian rural health research.
2. Facilitate constructive feedback on ongoing research projects.
3. Facilitate networking between rural health researchers, physicians, and students.

First Five Years in Practice Panel

Dr. Paula Slaney & Dr. Angela Cung

As a new in practice physician the idea of working in a rural or remote location can be exciting but also quite intimidating. Many physicians interested in rural practice may have numerous questions as they embark on their career and this panel aims to help answer those questions. This is a panel of early in practice physicians working in rural communities throughout our beautiful country who will provide information on the challenges and benefits of such a diverse practice. There will be a significant amount of time allotted to take audience questions and would like this to be an interactive session.

Objectives

1. Discuss the challenges and benefits to starting your medical career in a rural area.
2. Discuss various rural job opportunities across Canada and how to find/choose rural practices.
3. Discuss some major topics of interest to new in practice rural physicians including courses that may be helpful for rural practice, financial tips, and family planning.

Paula Slaney MD, CCFP, FAWM

Paula is a rural family/ER physician in Newfoundland with a passion for wilderness medicine. She recently became a fellow of the Academy of Wilderness Medicine.

Dr. Cung is in her 4th year of practice in northern Manitoba. She completed her family medicine-rural and remote stream residency at the University of Manitoba. She provides locum services to the community of Oxford House and an inner city Indigenous population.

Management of Trauma at a Rural Emergency Room

Dr. Jacinthe Lampron

How to apply ATLS principle in the context of rural medicine, practical tips. How to make the best use of the resources available and to optimize possibilities in rural environments for trauma care.

Objectives

1. To optimize the use of trauma material available.
2. To review basic trauma resuscitation principles when resources are limited.
3. To develop team work for trauma care.

Dr. Lampron trained at Université Laval for medical school and general surgery. She did an adult critical care fellowships in Ottawa. She has been deployed twice to Kandahar Airfield, working at the field hospital. She has done some locums in Northern Ontario. She is currently working at The Ottawa Hospital in acute care surgery and trauma. She is the medical director of trauma at The Ottawa Hospital. She is an investigating coroner in Ottawa. She loves road cycling and running.

“Tim’s tips” for Avoiding Pitfalls in Early Management of Acute Coronary Syndromes

Dr. Tim Wehner

As an ACLS instructor for 29 years, and rural family doc who does stress tests, reads Holters, does battery checks on pacemakers and floats temporary pacers, Tim Wehner will walk participants through practical ways of deciding who should/should not receive fibrinolytics in a rural ER, how to manage a variety of nuances in acute myocardial infarction. This presentation will be based on real cases the presenter has encountered in the last 30 years.

Objectives

1. Walk participants through practical ways of deciding who should/should not receive fibrinolytics in a rural ER.
2. How to manage a variety of nuances in acute myocardial infarction.

Tim Wehner trained as one of the "original six" in the University of Manitoba Rural Program in Dauphin, MB. Subsequently lived in Churchill, MB, Sioux Lookout, ON and since 1994 Kenora, ON. He has a job share at this practice that has allowed one month locums in Happy Valley Goose Bay, NFLD & Labrador, Conception Bay South, NFLD & Labrador, Banff, AB, Bella Bella, BC, Masset, BC and three one month stints in Grand Cayman. He has been a full service rural family doc for > 30 years. Currently Service lead for Perinatal at Lake of the Woods District Hospital, NRP instructor, ACLS instructor. Although loving medicine, participating in and building infrastructure for Biathlon, Nordic Skiing and Rowing in Kenora are true passions. Tim and his wife Jennifer Findlay have five adult children.

Careers in Rural Surgery (ESS/OSS) for Family Physicians (Intended for Students and Residents)

Dr. Ryan Falk & Dr. Nicole Ebert

This workshop is intended for student and residents.

Surgical services in rural and remote communities are often provided by family physicians with additional surgical training. These physicians either provide a broad scope of services which includes cesarean sections, appendectomies, hernia repairs, laparoscopic tubal ligations, etc. (Enhanced Surgical Skills - ESS), or they provide surgical obstetrics alone (Obstetrical Surgical Services - OSS). This is an exciting career path for rural family physicians who want to support and maintain rural hospital programs and is soon to be designated a Category 1 program with its own Certificate of Added Competence, on par with Family Practice Anaesthesia.

Objectives

1. What Enhanced Surgical Skills and Obstetrical Surgical Skills is in rural Canada.
2. What a “a day in the life” as an ESS and OSS physician is like.
3. What training options are available for those interested in ESS and OSS.
4. What a Category 1 Program and Certificate of Added Competence mean.

Ryan Falk has been an ESS physician for 10 years and based in Inuvik, NWT, for most of that time. He recently became the lead for Rural Surgery at the SRPC and chair for the Rural and Deep Space Health Committee. His professional hobbies include global surgery and the history of medicine. Most of his spare time is spent enjoying time with a busy family and in the outdoors.

Nicole Ebert worked as a rural OSS physician for over 20 years in Vanderhoof BC. She was involved in the development of the R3 OSS program in Surrey and is the OSS lead for the Rural Coordinating Centre of BC. Nicole is currently working on various CPD initiatives for OSS including virtual rounds, an online curriculum, and various other courses.

She and her husband recently moved to the Okanagan and are enjoying having more time to ski, swim, mountain bike and garden.

Providing Medical Care in Antarctica

Dr. Colin McCready

From February 2020 to February 2021, I worked as the lead physician at two US research bases (McMurdo Station and South Pole Station) in Antarctica. I was contracted by the University of Texas to live and work in Antarctica during this time. In addition to providing medical care to all station personnel, I was also responsible for performing lab tests, taking x-rays, communicating with on-station and off-station leadership, as well as assisting with supply management and mass casualty training.

This presentation will review the unique challenges of living and working in extreme isolation and their implication on medical care.

Objectives

1. To explore the unique challenges of living and working in extreme isolation.
2. To review the vastly expanded scope of providers in extreme isolation such as in Antarctica.
3. To share the experience of medevac'ing a patient out of Antarctica.
4. To share the implications of being in Antarctica during a pandemic and its impacts on medical care.

I was born and raised in Sydney, Nova Scotia. I completed medical school at Dalhousie and Family Medicine with Integrated Emergency Medicine residency in Saint John, New Brunswick. Following my training, I moved to Iqaluit, Nunavut, when I practiced broad-scope family medicine for 4 years. I have also practiced in Yellowknife and Antarctica. Currently I am part of the Calgary hospitalist group and I also continue to practice rural emergency medicine in Alberta and the Northwest Territories.

Red Eye Simple Approach: Evidence, Pearls & Medico-legal Pitfalls

Dr. Simon Moore

The focus of this energetic lecture is to not only to review the scientific content, but also to help the learner apply clinical, patient-is-in-front-of-you management. This lecture will help the learner confidently differentiate which red eye patients need urgent referral versus those who can safely be discharged home. The talk also emphasizes pearls that every family physician should know about red eye. This presentation is the updated version of a highly rated presentation at FMF annually since 2014 as well as at OCFP ASA, the BC Rural conference, and the St Paul's EM conference. It incorporates updated recommendations and feedback from the previous presentations, plus a new algorithm adapted from the ophthalmology guideline.

Objectives

1. Differentiate various red eye diagnoses confidently and avoid common medico-legal pitfalls.
2. Prescribe therapeutics for red eye, including antibiotics, safely according to recent evidence.
3. Identify simplified red eye red flags requiring urgent referral.

Dr. Simon Moore hates boring lectures. He is an award-winning keynote speaker to medical and corporate audiences, and provides training and consulting to speakers, universities and national medical conferences. Dr. Moore founded The Review Course in Family Medicine and the Vital FM Update conferences. He practices clinically in Urgent Care and Indigenous Health. He is a former President of Resident Doctors of Canada.

Layered Learning: Teaching Tips for Residents and Early Career Preceptors

Dr. Lynette Power & Dr. Robert McCarthy

Are you a resident or early career preceptor interested in teaching multi-level learners? This talk's for you! As a resident, assuming the role of teacher is expected in multiple areas, including in-patient wards, emergency rooms and community-based clinical settings. This expectation arises both as an accreditation standard for residency training and is an important contribution to the supervision of junior learners.

The concept of "layered learning" is sometimes met with resistance and/or apprehension amongst Family Medicine preceptors. "Layered learning" refers to the process of having multilevel medical learners (i.e. medical student, clinical clerk, resident) in a clinical setting at one time. These learners may all be supervised by the same preceptor. In this context, residents are often expected to assume teaching roles.

The purpose of this workshop is to explore perceived barriers/challenges for residents in teaching multi-level learners and to stimulate discussion around strategies/solutions to this concept. Furthermore, we will offer teaching tips based on the literature and personal experience to help residents feel more comfortable in their role as a teacher.

Objectives

1. Identify challenges associated with resident teaching in a multi-level learner setting.
2. To describe and utilize teaching techniques useful for residents involved in teaching multi-level learners.

Dr. Robert McCarthy - I am a recent graduate of Memorial University's Family Medicine program and am currently completing the Enhanced Skills Emergency Medicine program. I am from a rural community in Newfoundland (St. Bernards) and have always been focused on practicing as a rural generalist when my training is finished. I have a special interest in medical education and hope to incorporate this into my practice as well. In my free time, I enjoy running and tennis.

Ultrasound Scanning Sessions - Gallbladder and Liver

Dr. Virginia Robinson & Dr. Tracy Morton

Pre-workshop teaching material will be emailed to each participant prior to the workshop, courtesy of UBC's HOUSE course. Pre-reading maximizes understanding and makes the best use of the hands on portion. This workshop consists of a 10-minute didactic slide portion, followed by 50 minutes of scanning.

Objectives

1. Review anatomy and indications for gall bladder and liver ultrasound.
2. Discuss ultrasound findings of cholecystitis and cholelithiasis.
3. Hands-on practice on models with POCUS instructors.

Virginia Robinson moved to Fernie, BC 20 years ago to ski and mountain bike and never left. She practices maternity and emergency medicine and spends as much time as possible outdoors gardening. Virginia has been using POCUS for over 10 years and teaches both the UBC HOUSE OB and EM courses. She is the rural lead for the Intelligent Network for POCUS and a co-lead of the RCCBC provincial POCUS initiative with Dr. Tracy Morton. As part of her passion for POCUS she is a disciple of “patient centred” and “closer to home” care.

Tracy Morton is a full service family physician, very grateful to be living and working for more than 20 years on Haida Gwaii, a remote group of islands off BC's northwest coast. He believes that rural health care can be as good (or better!) than in urban settings when provided by multidisciplinary teams who know well the social context of person and place. His professional interests are GP Oncology, emergency medicine, culturally sensitive care, and of course, the use of ultrasound in rural medicine. Personal interests are family, biking, woodworking and meditation.

Engaging Medical Students in Responding to Climate Change and Ecosystem Disruption

Dr. Stefan Grzybowski

Following a brief introduction the students would present their projects and findings. Potential strategies to engage medical students would be proposed and discussed building on examples from the participants and innovative ideas.

Objectives

1. Describe the FLEX program at UBC and the experience of two medical students carrying out projects focussed on youth and indigenous engagement.
2. Consider strategies to engage medical students.
3. Consider how the role of rural physicians in responding to climate change and ecosystem disruption could be incorporated into the medical student curriculum.

From Early Years to Early Learners: Current Topics in Medical Education

Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.

Objectives

1. Present novel results from Canadian rural health research.
2. Facilitate constructive feedback on ongoing research projects.
3. Facilitate networking between rural health researchers, physicians, and students.

Rural Electives Across Canada

Ms. Avery Palmer & Ms. Rachel Howlett

Finding rural electives can be challenging, and leaving an urban centre to pursue them can feel daunting. Come to our presentation to learn more about how to find rural elective opportunities, how to prepare for your elective placement and hear from a variety of students about their personal experiences.

Objectives

1. Guidance on how to prepare for your rural elective experience.
2. Finding and choosing a rural elective.
3. Sharing experiences in rural settings and what to expect.

Avery was born and raised in Nakusp, BC, a small community of 1500 people in the Kootenay's. She completed her B.Sc in Microbiology and Immunology at the University of British Columbia before moving to Ottawa for medical school. She is currently finishing her final year at the University of Ottawa and is looking forward to pursuing a rural residency training in Family Medicine. As a proud Metis woman, she believes that Indigenous health is very relevant to rural practice and enjoys teaching fellow students about Indigenous culture, health, and social issues. She is currently Co-Chair for the SRPC Student Committee and involved in many rural advocacy initiatives. In her free time she enjoys hiking, running, camping, and cooking.

Rachel is currently a fourth year medical student at the University of Ottawa. She is from Dartmouth, NS and pursued her B.Sc in Chemistry at Mount Allison University in Sackville, NB. She is excited about beginning her rural residency training in Family Medicine. She has been a member of the SRPC Student Committee for the past two years, working on the Rural & Elective Catalogue. She is passionate about climate change advocacy and enjoys hiking, camping, baking and listening to podcasts.

Procedural Skills in a 3D Printed World (Fishhook Removal, Adult IO, Peds IO)

Dr. Chris Patey, Craig Campbell, Mr. Reniel Engelbrecht & Mr. Ryan Wade

3 X 3-5 mins PowerPoint for overview of the 3 procedure topics

Then Rotate through 3 stations of 15 mins each of a 3D printed: Fishhook Removal Task Trainer, Pediatric Intraosseous Injection Simulator, Adult Tibia for Intraosseous

Rural emergency departments (ED) represent a challenging clinical environment often lacking access to resources and subspecialty assistance. Typically staffed by local family physicians, this environment requires technically-skilled practitioners with the confidence to perform procedures effectively. Some procedures in rural medicine happen infrequently, therefore requiring hands-on training to refresh skills. Unfortunately, there is a scarcity of cost-effective, anatomically correct trainers to improve physician confidence and competency in procedural skills. In this workshop, we promote 3D-printed models for simulation-based medical education (SBME), to build confidence and competence in rural skills.

Three medical students from Memorial University of Newfoundland, in conjunction with CIRRIIS (Carbonear Institute for Rural Reach and Innovation by the Sea), designed and field-tested three models for SBME - Fishhook Removal FISH-ER, Adult Intraosseous and Pediatric Intraosseous.

Objectives

1. Attendees will have an overview of each technique then an opportunity to use the 3D-printed models for experience with the procedures.
2. This interactive session will encompass specific, immediately applicable procedural skills experience for rural physicians. Attendees will be able to immediately employ methods in their own community ED's.

Christopher Patey BSc (Hon) MD CCFP FCFP FRRMS

Fortunately exposed to a golden rural childhood in St. Anthony, Newfoundland, Dr. Christopher Patey advanced to graduate from Memorial Medical School in 2000. With a continued keen interest in rural family medicine and a quest for adventure, he completed a residency through Family Medicine North in Thunder Bay, Ontario. Following this outstanding rural experience, he has practiced as a rural family physician with a specific interest in rural emergency medicine. Later creating roots in Carbonear, NL where spectacular teamwork and site potential was profound. Always eager to implement positive change initiatives he has also created a rural research unit CIRRIIS (Carbonear Institute of Rural Reach and Innovation by the Sea) to encouraged academic growth in the area with a focus of improving community health.

Craig Campbell is a fourth-year medical student at Memorial University. Born and raised in Charlottetown, PEI, he moved to St. John's to pursue medical studies at Memorial in 2014. His research interests include access to training and supportive resources for healthcare professionals as well as acute patient management in rural sites. He is pursuing a residency in Family Medicine and hopes to continue research that improves outcomes in rural primary care.

Reniel is a fourth-year medical student at the Memorial University of Newfoundland. Prior to medicine, he completed a bachelor's degree in Ocean and Naval Architectural Engineering at Memorial, followed by a master's degree in biomedical engineering from the University of Strathclyde, Glasgow. His research interests include simulation-based medical education and global health, supporting those practicing in rural areas and developing countries to provide quality health care. His career goal is to pursue critical care medicine and continue his academic involvement in these areas.

Ryan Wade is currently a fourth-year medical student at Memorial University and due to graduate this Spring. He was born and raised in St. John's, Newfoundland, and has resided there ever since except for a year in Moncton as part of his training. His research interests include emergency management in rural settings and health/human resource planning. He is hoping to pursue family medicine for residency and further research in these areas.

36 Ways to Recruit a Rural Doctor

Dr. Declan Fox, Dr. Megan Miller, & Ms. Jennie Thompson

We describe recent development of a new model of physician recruitment in PEI; a multi-agency approach involving the Medical Society of PEI, HealthPEI and the Dept of Health and Wellness Recruitment and Retention secretariat. Our mantra---PHYSICIANS RECRUITING PHYSICIANS.

We describe our methods and present evidence of effectiveness and encourage audience participation.

Objectives

1. Briefly review rural recruitment difficulties.
2. Cover the many methods currently in use to recruit and retain rural physicians.
3. Describe the development of the PEI model.
4. Report results with the new model.
5. Encourage audience participation to share experience.

Declan Fox--semi-retired rural FP with experience in PEI, N. Ireland and Scotland. Still crazy after all these years and working pro bono with the HealthPEI Recruitment staff to develop a new model of recruitment which should be usable in many other jurisdictions.

Megan Miller--experienced PEI doctor with a portfolio career, currently Chief Physician Recruiter in an exciting new recruitment model.

Jennie Thompson--senior physician recruitment co-ordinator. A very enthusiastic member of the team.

Wound Management for Rural ESS/OSS FPO's

Dr. Peter Miles

Review of the management of acute and chronic wounds.

Objectives

Attendees will learn the aetiology, pathophysiology, and surgical management of wounds and ulcers.

Dr. Miles is a General Surgeon with a special interest in managing acute and chronic wounds.

Getting Away From the Type A and Yogi Stereotypes : A Couple's Take on Getting Physician Wellness Right

Dr. Brendan Munn & Ms. Nadia Bonenfant

Even before the recent pandemic, physician wellness was emerging as a major consideration impacting health human resources, patient quality and safety, and individual and collective mental health across a heterogeneous spectrum of Canadian doctors. As formal physician wellness programs develop, so too does our understanding of the barriers to successful uptake in the physician cohort from both subjective and objective perspectives.

This session focuses on the not insignificant issues preventing the meaningful incorporation of successful wellness practice into the lives of busy clinicians. It will be presented through the lens of a couple -- one an unrepentant physician and one a wellness master -- who combine perspectives aimed at elucidating the Venn overlap between whatever sides you consider the physician wellness coin to have. Whether yin and yang, Mars and Venus, left and right brain it is undoubtedly true that understanding the whole is better for both parties.

This workshop will help you to examine the research, reality and knowledge gaps in what is currently understood and practiced by physicians when it comes to their own wellbeing. It will focus on helping you identify your own roadblocks as well as your own potential gains using both clinical and relationship humour as well as a mix of presentation, discussion and practice.

Objectives

1. Review the definition of wellness in the physician context.
2. Summarize the evidence for physician wellness programs.
3. Use examples to self-identify personal barriers to participation in wellness activities.
4. Engage the audience in the discussion around the integration of wellness into clinical life.

Brendan Munn is a rural MD currently working in Hawkesbury, ON where he does family practice anesthesia and the occasional emergency or ICU shift. He is cursed with a background in Engineering and an associated connection to quality improvement, and has personal interest in conducting research on medical best practices at music festivals, listening to Fugazi records on vinyl and trying to keep up with Nadia's approach to wellness and their three mountain biking boys.

Nadia Bonenfant is a skilled multitasker who juggles and coaches the many roles and stressors experienced by professional women mothers. Trained in outdoor guiding, ecology, wellness, yoga, leadership, and how to train the trainers -- among other things -- she most recently completed a master's in Innovation and Entrepreneurship and is involved in research looking at the factors motivating physicians in wellness programming. When not busy with her business or their children, she acts as a reliable sounding board for the lived experience of a health professional.

Wounds, Biopsies & Skin Closures (To Be Repeated)

Dr. Wade Mitchell, Dr. Peter Wells & Mr. Dakota Herman

Hands on skin workshop to go through everything from simple wound closures, ellipses, rotational, advancement flaps, suturing techniques (buried sub-cuticular/ simple interrupted/ running mattresses, and more). Extensor tendon repairs and other considerations depending on time.

Objectives

1. Manage acute simple and complex wounds secondary to trauma.
2. Excisional biopsies - planning, procedure and closure techniques including rotational and advancement flaps.
3. Suture selection and use for best cosmesis.
4. If time permits, extensor tendon repairs.

Dr. Wade Mitchell - Completed UBC Rural Residency program in 2002, worked for 6 months in Atikokan then entered a year of Enhanced Skills in General Surgery/ Advanced OB. From 2003-2009 I worked as a rural GP Surgeon/Obstetrician in Narrandera, NSW Australia and during that time completed a diploma in primary skin cancer management through ACRRM. Have since returned to Canada and work in Collingwood, Ontario - continuing to do primary skin cancer management through my clinic, low-risk OB, am one of our 'Neonatal' Call group and work in our ER on a part-time basis. I am also the McMaster Rural Family Medicine Site Director.

Joint Reduction

Dr. Bruce Mohr

I will present an overview of the most common joint reductions from finger to hip. I will discuss what to watch out for, how to reduce, and how to follow up. We will practice hands-on on each other the various techniques. I will welcome discussion of the cases and challenges you have experienced.

Objectives

1. Review the clinical presentation of major joint dislocations.
2. Present and practice reduction techniques.
3. Some tips and pearls.
4. Discuss post-reduction management.

Bruce Mohr B.Sc. (Hons Kinesiology), MD, CCFP(EM), Dip. Sport Med, FRRMS

Appointments

Staff Physician Emergency Whistler Health Care Centre

Clinical Instructor University of British Columbia Department of Emergency Medicine and associate membership

appointment Department of Family Practice

Work (1996 to present)

Emergency Physician Whistler Health Care Centre

Whistler Blackcomb Ski Patrol Physician

Canadian Alpine Ski Team Physician

Medical Event Physician local, provincial, national, and international events for summer and winter sports including

Calgary Winter Olympics 1988 and Vancouver Winter Olympics 2010.

Work (prior to 1996)

GP locums 1986-88 in rural Alberta, BC, New Zealand, 1988-1994 Staff Emergency Physician Holy Cross and

Rockyview Hospitals, Calgary

ST Segment Elevations in the Countryside

Dr. Mark Saul

An exploration of acute ST segment elevation electrocardiograms encountered in rural and remote medicine, when the physician on call has to make a rapid, yet safe, decision all alone in the middle of the night. Some are obvious, some are subtle, and some appear obvious but are actually mimics of a different disease.

Objectives

1. Accurately identify a STEMI.
2. List the most important causes of ST segment elevations.
3. Describe the acute MI ECG findings possibly requiring emergent intervention despite the absence of an ST segment elevation.

After 4 years of practicing as a nurse, including two years in Puvirnituq, I trained in medicine as a GP and began practice in Wakefield Québec, with 2 journeys each year to provide care in the villages of Chisasibi, Inukjuak, Puvirnituq and Salluit. I collected a number of compelling electrocardiograms along the way. My present interests are medical errors and complaints, medical education, button accordion music from Baffin Island to Ireland and France, passing through Gaspésie, and exploring as many obscure trails as I can before the Park tries to close them.

Indigenous Working Group: Engaging with Rural and Indigenous Communities to Respond to Climate Change and Ecosystem Disruption

Dr. Stefan Grzybowski

The workshop will be led by the indigenous working group of the CCEDARR project.

Objectives

1. Describe the experience of the CCEDARR indigenous working group and the findings of the case studies.
2. Consider the challenges of working with rural indigenous communities and pathways to success.
3. Map out a plan going forward to disseminate the findings to other indigenous communities.

Stepping into the Ruralverse: Advances in Rural Health Technology

Dr. Declan Fox & Ms. Megan Carey

Oral Research Presentation

Dr. Declan Fox - Rural family doctor, now semi-retired, with long standing interest in the processes of consultation. Experience in rural PEI, rural N. Ireland and Scottish Highland/Islands.

Real-Time Virtual Support: Relationship-Based Digitally Enhanced Collaborative Care in Rural BC

Dr. John Pawlovich, Dr. Jeff Beselt & Ms. Kim Williams

Real-Time Virtual Support (RTVS) pathways enhance health equity in rural, remote, and Indigenous communities across British Columbia (BC) by connecting rural healthcare providers and patients to RTVS Virtual Physicians via Zoom or telephone. RTVS was formally launched in April 2020 but stemmed from long-standing relationships across health care partners who recognized the need to provide on-demand peer-to-peer support to rural healthcare providers, enable timely delivery of culturally safe emergency and urgent patient-centered care to rural patients closer to home, decrease inequities in access to care for rural citizens, and become a support tool that emboldens providers and learners to venture away from urban centres. The program serves over 91 remote communities and continues to evolve with the Rural Urgent Doctor in-aid (RUDI) pathway assuming Most Responsible Provider (MRP) for patients at remote nursing stations where no physician is available on the ground as well as taking on first-call for rural ERs that would otherwise go into diversion. Simulations, faculty development opportunities and additional quick-response pathways continue being added to the suite of services. At the core of this work is continued relationship building, compassion, and ingenuity all aimed at the goal of improved patient outcomes and improved patient and provider experience.

Objectives

1. Health Care Practitioners will understand the context and intent behind the RTVS program, and its impacts on patient and practitioner well being.
2. Participants will be made aware of available quick reply and instant access support pathways tailored for rural practice.
3. Health Care Practitioners will learn how to access RTVS services.
4. Health Care Practitioners will have explored potential use cases for RTVS.
5. Participants will experience a Zoom Simulation of a call with a RTVS Virtual Physician.

Dr. John Pawlovich, MD, FCFP

Dr. John Pawlovich is a Clinical Professor and the Chair in Rural Health at the University of British Columbia (UBC) and acts as the Director of the Rural Education Action Plan, Medical Director for Carrier Sekani Family Services, and the Virtual Health Lead for the Rural Coordination Centre of BC. Dr. Pawlovich draws on his rural healthcare experience in these roles to innovate services and supports in remote, rural and Indigenous communities to better address inequities in the healthcare system.

Dr. Jeff Beselt, MD, CCFP(EM), FCFP

Jeff is driven by his passion for cultural humility. Jeff works as an emerg doc in Campbell River and as a member of the health and wellness teams in Kwadacha and Tsay Keh Dene since 2004. Jeff has served in many leadership roles in health care with Island Health, First Nations Health Authority, and the Rural Coordination Centre of BC. Some of Jeff's interests include remote Indigenous health, virtual care, transport, harm reduction, maternal health, quality reviews, hospital construction, and partnering with First Nations.

Ms. Kim Williams, BScN, MScN

Kim received her Bachelor of Science in Nursing from the University of Victoria and her Master of Science in Nursing from the University of British Columbia. She also has certificates in both leadership and engagement. Her passion for perinatal nursing began as a frontline nurse over 25 years ago at BC Women's Hospital & Health Centre. She worked with Fraser Health across many leadership roles, including clinical educator, unit manager, health service administrator, project manager, and system planner. She then returned to PHSA in 2008 and became the Provincial Executive Director of Perinatal Services BC (PSBC) in 2010. Kim's commitment to interdisciplinary collaborative care and equitable access to safe maternity care as close to home as possible have become the underpinnings for many other provincial initiatives.

Everyone Poops: What To Do If Your Patient Can't

Dr. Jesscia Otte

A discussion of an often overlooked topic: constipation. Pharmacologic prevention and management of functional and opiate-induced constipation in adults, the elderly, and those receiving palliative care. (UBC Therapeutics Initiative).

Objectives

1. Recognize medications that commonly cause constipation and confidently de-prescribe these.
2. Appreciate the modalities of bowel care and feel confident employing medications to treat constipation according to best available evidence.
3. Consider preventative bowel care in all patients receiving opiates, and apply the available evidence to treating opioid-induced constipation.

Dr Jessica Otte, MD, CCFP

Otte is a family physician in Nanaimo, BC practicing with a focus on Palliative Care and Care of the Elderly. She is passionate about helping patients find the right health care according to the evidence and their needs and values, and shares this approach by educating peers, students, and allied health practitioners. Her policy work with provincial and national bodies is mainly in the areas of high value care, resource stewardship, and Health Technology Assessment (HTA). She is a Clinical Assistant Professor, UBC Department of Family Practice, member of UBC Therapeutics Initiative, Co-Chair of the Health Authority/BC Ministry of Health's HTA Committee, and Chair of the Doctors of BC's Council on Health Economics and Policy (CHEP).

She lives with her family and their creatures on a rural acreage where she loves growing mammoth basil and tomatoes, adding new items to her edible foraging hit list, and chasing beavers in the canoe.

Third Trimester Prenatal Care (The Snapchat Weeks)

Dr. Sarah Gower

Everything you need to know about life in the third trimester, whether you've transferred care or not. Up to date guidelines on uses of ultrasounds and NSTs, gestational hypertension, timing of induction, fetal movements and debriefing both good and bad outcomes from your patients' labours & deliveries. Suitable for those providing complete or shared care in third trimester, or those who want an up to date understanding of their patients' management during this time.

Dr. Sarah Gower

I finished my rural Family Medicine program in Sudbury twenty years ago, and locumed throughout rural Ontario until starting my comprehensive family practice in Elora/Fergus, Ontario in 2009. Since then I have been practicing cradle to grave office care, obstetrics, inpatient and palliative care. I am passionate about maternal and newborn health and am looking forward to developing this committee into a strong national rural force for change

Remote Medicine Challenges From Earth to Space

Dr. James Rourke

Do you have questions and/or ideas about remote medicine on earth and/or in space? This session will start with a presentation on the rural medicine challenges on earth and in deep space, then shift to an interactive situational discussion to explore ideas (people, practice, programs, products) that might improve the health/healthcare of those living in remote communities on earth and those who may adventure into deep space.

Objectives

1. Participants will identify remote medicine challenges on earth and in space.
2. Participants will share ideas to address remote medicine challenges on earth and in space.

Dr. James Rourke grew up on a farm in rural Ontario and attended a one-room public school. He became a rural generalist family physician practicing with his wife Dr. Leslie Rourke (known for the Rourke Baby Record) for 25 years providing care for patients in their office, on house-calls, in the nursing home and the hospital, including emergency work and obstetrics, attending 740 births. He was the Society of Rural Physicians of Canada Co-chair of the Rural Road Map Implementation Committee, and Former Dean of Medicine (2004-2016), Memorial University of Newfoundland. Now retired and Professor Emeritus he is active in rural medicine and health systems improvement. Dr. Rourke is the RCPSC McLaughlin-Gallie Visiting Professor and a jury member for the Canada Space Agency's Deep Space Healthcare Challenge

Bridging the ACCESS Gap: Factors Impacting the Utilization of Cancer Screening Services in Indigenous Peoples in the Canadian Arctic: Results of the ACCESS Project

Dr. Sarah Cook & Dr. Fariba Kolahdooz

In this presentation we will share the results of the ACCESS project, examining “Attitudes towards Cancer in Arctic Indigenous Communities and Examining uptake of Screening Services” and discuss the emerging theme of trust and relationship as it applies to cancer screening, but also how this can be applied more broadly. Canada’s territories, which are located in the northern parts of North America and are home to large populations of Indigenous peoples, have the highest age-standardized rates of cancer mortality. Low uptake of cancer screening services could contribute to delayed diagnosis, advanced stage of cancer at diagnosis, and less favorable clinical outcomes. Remote Indigenous communities have disproportionately lower utilization rates of some types of cancer screening services. Knowledge of the factors contributing to low uptake rates and the most effective ways to promote uptake is limited. The ACCESS project examined “Attitudes towards Cancer in Arctic Indigenous Communities and Examining uptake of Screening Services” in 368 Indigenous peoples in two Northwest Territories communities. Through four focus groups and two one-on-one semi-structured interviews with local healthcare providers, community stakeholders, and Elders, perceived positive and negative factors influencing the utilization of cancer screening services were identified. The participants suggested five approaches to encourage utilization — outreach to communities by healthcare providers, better collaboration between stakeholders, increased sustainability of quality services, culturally relevant services and increased awareness and sensitivity of healthcare providers. Understanding barriers associated with cancer screening utilization could guide future educational and community-based interventions to improve utilization of cancer screening services and related support services in northern Indigenous communities.

Objectives

1. To help participants to understand barriers associated with cancer screening utilization in northern Indigenous communities as well as potential community-based interventions to improve utilization of cancer screening services and related support services.
2. To further discuss one theme emerging from this study that has broader implications for health in Indigenous communities: the importance of relationship and continuity between healthcare providers and communities, and how to create models of care that support this.

Dr. Sarah Cook is a family physician in Yellowknife, Northwest Territories. Her practice includes community-based primary care (including both in-person and remote support for a remote indigenous community), GP oncology, reproductive health services and maternity care. She holds both the Canadian Certified Physician Executive and Certified Health Executive designations, and serves as a Board Director for the College of Family Physicians of Canada and on the Advisory Board for Nutrition North Canada. She was the inaugural Territorial Medical Director of the Northwest Territories Health and Social Services Authority from 2016 to 2020 and is now the clinical lead for Choosing Wisely and Medical Assistance in Dying in the NWT.

The opportunity to live in Canada’s North, learn about Indigenous cultures, and practise full-scope family medicine inspired Dr. Cook to move to Yellowknife in 2008. Enhancing access to culturally safe care for patients close to their home communities and helping physicians find innovative solutions to health care challenges are driving forces in her work.

Dr. Fariba Kolahdooz is the Executive Director at the Indigenous & Global Health Research Group, Department of Medicine, and Faculty of Medicine & Dentistry at the University of Alberta. Fariba’s education has taken her across the globe: beginning in Iran, then moving to Australia, where she received her PhD in Epidemiology/Public Health from the University of Queensland. Fariba has now proudly published over 100 papers, on the topics of nutrition, public health, cancer, and access to healthcare services. Though chronic disease is a core component of her work, her projects frequently incorporate social determinants of health, community-based interventions, and health promotion to study the health of children, youth, pregnant mothers, adults, and elders hailing from diverse communities and vulnerable populations. In her current projects Fariba continues to work towards understanding the complexities of healthcare accessibility, patient experience, and vaccine confidence, particularly within Indigenous populations. In response to the COVID-19 pandemic, Fariba has also taken to studying its impacts on Canadian Arctic populations.

Wounds, Biopsies & Skin Closures (Repeat)

Dr. Wade Mitchell, Dr. Peter Wells & Mr. Dakota Herman

Hands on skin workshop to go through everything from simple wound closures, ellipses, rotational, advancement flaps, suturing techniques (buried sub-cuticular/ simple interrupted/ running mattresses, and more). Extensor tendon repairs and other considerations depending on time.

Objectives

1. Manage acute simple and complex wounds secondary to trauma.
2. Excisional biopsies - planning, procedure and closure techniques including rotational and advancement flaps.
3. Suture selection and use for best cosmesis.
4. If time permits, extensor tendon repairs.

Dr. Wade Mitchell - Completed UBC Rural Residency program in 2002, worked for 6 months in Atikokan then entered a year of Enhanced Skills in General Surgery/ Advanced OB. From 2003-2009 I worked as a rural GP Surgeon/Obstetrician in Narrandera, NSW Australia and during that time completed a diploma in primary skin cancer management through ACRRM. Have since returned to Canada and work in Collingwood, Ontario - continuing to do primary skin cancer management through my clinic, low-risk OB, am one of our 'Neonatal' Call group and work in our ER on a part-time basis. I am also the McMaster Rural Family Medicine Site Director.

Opioid Use Disorder 101: Introduction to Recognizing & Treating OUD In Your Practice

Dr. Anne Robinson & Dr. Sharon Cirone

This workshop will provide an introduction to recognizing and managing opioid use disorder in primary care. The basic pharmacology and mechanism of action for buprenorphine/naloxone will be reviewed, along with various methods for initiating treatment. Key aspects of ongoing follow up for patients will be discussed.

Objectives

1. How to respond to red flag behaviours associated with opioid prescriptions.
2. List diagnostic criteria for opioid use disorder.
3. Assess for possible “pseudo addiction” (i.e.. inadequately controlled chronic pain).
4. Know how to initiate buprenorphine therapy and follow up for OUD.

Anne has been practicing family medicine for 20 years. She has spent most of those years working in the Sioux Lookout region of Northern Ontario. She has a special interest in addictions medicine and is an advocate for incorporating addictions care into primary care practice. She is an Associate Professor at the Northern Ontario School of Medicine and is actively involved in teaching and curriculum development there.

Dr. Sharon Cirone is practising comprehensive primary care in the Sioux Lookout region after a change in scope of practice from 20 years of focused practice in Addictions and Mental Health. She has been involved in Addictions Medicine clinical care, education and policy development. Sharon enjoys discussing and sharing ideas for optimizing care for individuals, families and communities struggling with alcohol and substance use issues and looking toward wellness & healing from psychological and historical trauma.

Hands-on Practice on Three Dimensionally (3D) Printed Simulators in the Context of Training for Rural and Remote Practice

Dr. Adam Dubrowski, Dr. Gordon Brock & Dr. Bruno Gino

Additive manufacturing (AM), such as 3D printing, is disrupting simulation based education. The benefits include customization of simulators to fit any context while reducing costs. The overarching purpose of this workshop will be to allow the attendees to practice four (4) technical skills on 3D printed simulators.

This will be a 3-hours hands on experience (40 minutes per skills/station). Specifically, a group of 32 participants will be divided into four small sub groups (8 participants per group) and each group will be able to practice skills on four (4) simulators: suturing, cricothyrotomy, perineal repair, and tibial IO. Each group of eight will consist of four practicing physicians, two residents and two medical students. The instructions and feedback will be provided by a faculty member. Peer assisted learning (PAL) strategies will also be employed within each group.

Objectives

Demonstrates proficiency, as determined by the application of formative Objective Structured Assessment of Technical Skills (OSATS) global rating scales and skills specific checklists, when performing the following skills on 3D printed models:

- a. Suturing
- b. Cricothyrotomy
- c. Perineal repair
- d. Interosseous (Tibial)

Adam Dubrowski obtained his PhD from the University of Waterloo in 2001. The following year, he completed his postdoctoral fellowship in neuroscience at Wilfrid Laurier University and the University of Western Ontario, after which he became a scientist with the Wilson Centre for Research and Education and an Assistant Professor at the University of Toronto. He worked first with the Department of Surgery, and then in 2007 joined the Lawrence S. Bloomberg Faculty of Nursing. In 2009, he was promoted to Associate Professor and joined the Hospital for Sick Children's Learning and Research Institutes along with the Department of Pediatrics. In 2013, he became a full Professor at the Memorial University's Disciplines of Emergency Medicine and Pediatrics and was cross-appointed to the Marine Institute. After six years he returned to Ontario, as the Canada Research Chair in Healthcare Simulation at Ontario Tech University's Faculty of Health Sciences.

Dr. Gordon Brock has been a rural Family Physician in Temiscaming, QC, since 1978, with an interest in rural Psychiatry and workplace absenteeism. For the last 7 years, he has been Medical Director of Medextra Corporation of Canada, a medical disability management company specializing in mental health disability.

Dr. Bruno Gino is an Emergency Physician in Brazil and an Adjunct Professor in the Discipline of Emergency at Memorial University, School of Medicine in Newfoundland and Labrador in Canada. Recently, Dr. Gino has joined the Faculty of Health Sciences at OntarioTech University as a Master's student where his work is focused on high-level technologies applied to Emergencies, Medical Education, Simulation and performance under pressure. He is also a Deputy Editor in Emergency Medicine at The Cureus Journal of Medical Science.

Engaging with Rural Youth in CCEDARR

Dr. Stefan Grzybowski

Interactive workshop led by members of the youth committee.

Objectives

1. Describe the experience of the CCEDARR Youth Committee members.
2. Hear the voices and concerns of young people regarding climate change and COVID-19.
3. Discuss youth's ideas about collective behaviour change.

Real Talk About Emotional Fallout in the ER

Dr. Sarah Giles & Dr. Sarah Mathieson

Everyone who practices any sort of medicine will eventually have a case that has a bad outcome or is emotionally difficult. Difficult cases in smaller communities present special challenges. In this frank discussion, we will review our personal experiences with difficult cases, attempt to normalize some of the feelings healthcare providers might have after a difficult case, and look at ways of prospectively preparing for the inevitable.

Objectives

By the end of this discussion, participants will be familiar with:

1. Imposter syndrome and self-doubt.
2. Several coping mechanisms for dealing with difficult cases.
3. Strategies to help prospectively prepare for difficult cases.

Sarah Giles is an ER doc/hospitalist in Kenora, Ontario. Sarah's passions include making the ER a less scary place to work and playing with other people's dog.

Sarah Mathieson, MD, CCFP(EM), Dip Clin Epi

I work full-time ER in St. John's, NL and am involved with teaching medical students and residents at Memorial University. I love simulation, rugby, swimming and my two-legged puppies.

Follow Up Discussion - Real-Time Virtual Support: Relationship-Based Digitally Enhanced Collaborative Care in Rural BC

Dr. John Pawlovich, Dr. Jeff Beselt & Ms. Kim Williams

This hour will be a round-table discussion after those interested in further discussion after attending session number 249.

Real-Time Virtual Support (RTVS) pathways enhance health equity in rural, remote, and Indigenous communities across British Columbia (BC) by connecting rural healthcare providers and patients to RTVS Virtual Physicians via Zoom or telephone. RTVS was formally launched in April 2020 but stemmed from long-standing relationships across health care partners who recognized the need to provide on-demand peer-to-peer support to rural healthcare providers, enable timely delivery of culturally safe emergency and urgent patient-centered care to rural patients closer to home, decrease inequities in access to care for rural citizens, and become a support tool that emboldens providers and learners to venture away from urban centres. The program serves over 91 remote communities and continues to evolve with the Rural Urgent Doctor in-aid (RUDI) pathway assuming Most Responsible Provider (MRP) for patients at remote nursing stations where no physician is available on the ground as well as taking on first-call for rural ERs that would otherwise go into diversion. Simulations, faculty development opportunities and additional quick-response pathways continue being added to the suite of services. At the core of this work is continued relationship building, compassion, and ingenuity all aimed at the goal of improved patient outcomes and improved patient and provider experience.

Objectives

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2. Participants will be made aware of available quick reply and instant access support pathways tailored for rural practice.
3. Health Care Practitioners will learn how to access RTVS services.
4. Health Care Practitioners will have explored potential use cases for RTVS.
5. Participants will experience a Zoom Simulation of a call with a RTVS Virtual Physician.

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Jeff is driven by his passion for cultural humility. Jeff works as an emerg doc in Campbell River and as a member of the health and wellness teams in Kwadacha and Tsay Keh Dene since 2004. Jeff has served in many leadership roles in health care with Island Health, First Nations Health Authority, and the Rural Coordination Centre of BC. Some of Jeff's interests include remote Indigenous health, virtual care, transport, harm reduction, maternal health, quality reviews, hospital construction, and partnering with First Nations.

Ms. Kim Williams, BScN, MScN

Kim received her Bachelor of Science in Nursing from the University of Victoria and her Master of Science in Nursing from the University of British Columbia. She also has certificates in both leadership and engagement. Her passion for perinatal nursing began as a frontline nurse over 25 years ago at BC Women's Hospital & Health Centre. She worked with Fraser Health across many leadership roles, including clinical educator, unit manager, health service administrator, project manager, and system planner. She then returned to PHSA in 2008 and became the Provincial Executive Director of Perinatal Services BC (PSBC) in 2010. Kim's commitment to interdisciplinary collaborative care and equitable access to safe maternity care as close to home as possible have become the underpinnings for many other provincial initiatives.

Rural Residency Tour for Medical Students (2 hours)

Medical Students at all stages of training are highly encouraged to attend this event showcasing Rural and Remote Family Medicine Residency Programs across Canada. Programs will have booths setup for medical students to visit, and students will rotate through in a 'speed-dating' style. Programs will have current residents, faculty and/or support staff available at their booths to present the unique aspects of their program. This event is immediately followed by the Student/Resident/Mentor social.

Objectives

1. Participants will be able to catalogue the variety of rural and remote Family Medicine residency programs operating in Canada.
2. Participants will be able to identify residency programs that are suited to meet their individual learning goals.

Ventilate, Don't Intubate! A Common Sense Approach to Respiratory Distress

Dr. Filip Gilic & Ms. Ashley Perreault

Respiratory distress presents on a continuum, and can be treated with a continuum of treatment methods. In this session, we will present a simple yet effective schema for clinically evaluating patients in respiratory distress and treating them using a step-wise universal treatment progression. We will demonstrate how to use a variety of non-invasive respiratory support devices effectively and emphasize the options that a rural physician has at their disposal short of endotracheal intubation.

Objectives

1. Understand the basics of respiratory physiology.
2. Know how to apply the respiratory assessment triangle.
3. Know how to apply the universal respiratory treatment progression.
4. Understand the utility and limitations of non invasive respiratory support devices as well as supraglottic devices.

Dr. Filip Gilic - Assistant Professor, Queen's School of Medicine and Departments of Family and Emergency Medicine Fellow, Educational Scholarship Program, Queen's University
Simulation Educator. Founder of RuralResus.com medical education courses

Ashley Perreault (she/her) is a second-year medical student at the Northern Ontario School of Medicine's Thunder Bay Campus. Prior to medical school, she worked as both a Registered Nurse and a Clinical Research/ Quality Improvement Assistant at The Ottawa Hospital.

Back to Basics: Techniques for Improving Fundamental Airway Skills (To Be Repeated)

Dr. Jesse Guscott & Dr. Wilson Lam

This hands-on session will provide a review of the fundamental airway skills of bag mask ventilation, laryngeal mask insertion and endotracheal intubation. Designed for the occasional airway manager, the session will provide high yield pearls for improving success with these vital skills.

Objectives

1. List the appropriate steps to optimizing bag mask ventilation, LMA insertion and first pass success with direct and video laryngoscopy.
2. Demonstrate incremental laryngoscopy on an airway task trainer.
3. Demonstrate deliberately restricted laryngeal view for optimization of endotracheal tube delivery.

Dr. Lam is an emergency physician and medical educator. He completed his CCFP-EM training at Queen's and Ottawa, with fellowship training in Simulation. He has designed award-winning curricula for national audiences and is Program Director of The Ottawa Hospital Department of Emergency Medicine Off-Service Resident Education. His academic focus is in airway management and simulation-based education, with a particular focus upon delivery of education to rural and remote regions across Canada.

Care Close to Home: Choosing Wisely in Northern Rural and Remote Communities

Dr. Sarah Cook & Ms. Justina Marianayagam

Appropriateness means “the right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care” (definition adopted by the CMA). The importance of addressing low value care is amplified in rural and remote areas, and Choosing Wisely takes on a whole new meaning: appropriateness becomes not just about the test or treatment, but also about moving people. For every low value episode of care, the movement required to get the patient to that care has a multiplier effect on direct cost as well as on the indirect costs of the patient being away from home, work and family. One of the most important things we can do in rural and remote communities to use healthcare resources wisely is to ensure that care is high value AND is delivered as close to home as appropriate. In this presentation we will present strategies and together discuss ideas to:

- bring care close to home, when appropriate.
- move the patient to care, when necessary.
- when movement is required, optimize it!

Objectives

1. To introduce the concept of resource stewardship in rural health systems.
2. To engage medical students at an early stage to think about not just the appropriateness of a test or treatment, but the impact of associated travel from rural or remote communities

Dr. Sarah Cook is a family physician in Yellowknife, Northwest Territories. Her practice includes community-based primary care (including both in-person and remote support for a remote indigenous community), GP oncology, reproductive health services and maternity care. She holds both the Canadian Certified Physician Executive and Certified Health Executive designations, and serves as a Board Director for the College of Family Physicians of Canada and on the Advisory Board for Nutrition North Canada. She was the inaugural Territorial Medical Director of the Northwest Territories Health and Social Services Authority from 2016 to 2020 and is now the clinical lead for Choosing Wisely and Medical Assistance in Dying in the NWT.

The opportunity to live in Canada’s North, learn about Indigenous cultures, and practise full-scope family medicine inspired Dr. Cook to move to Yellowknife in 2008. Enhancing access to culturally safe care for patients close to their home communities and helping physicians find innovative solutions to health care challenges are driving forces in her work.

Justina Marianayagam is a 4th year MD student at the Northern Ontario School of Medicine. Originally from Yellowknife, Northwest Territories she has a passion for reducing Northern healthcare inequities. She has experience working in quality improvement alongside Dr. Cook for the Government of Northwest Territories, advocating with Health Canada on the Canadian Pain Taskforce and co-writing the new Guidelines for the Management of Chronic Pain in Children for the World Health Organization (WHO).

Guideline Review: PEER Team's 2021 Chronic Pain Guideline Highlights

Dr. Mike Allan, Dr. Mike Kolber & Dr. Tina Korownyk

In this session we will review new PEER simplified guidelines on the management of chronic pain in primary care. The talk will cover best evidence for chronic pain management, in addition to practical tools that can be used with patients to assist both patient and provider in determining optimal approaches to chronic pain management.

Objectives

1. Understand the evidence for commonly used interventions for chronic pain.
2. Employ the use of decision aids to work with individual patients in determining optimal treatment options.
3. Identify the limitations of chronic pain interventions.

Dr G. Michael Allan (Mike) is the Director of Program and Practice Support in the College of Family Physicians of Canada and Professor in the Department of Family Medicine at University of Alberta. He has been in practice 20 years, given over 300 invited presentations and published over 100 articles. He contributes to a regular evidence-based update (called Tools for Practice) distributed to >38,000 clinicians and published in the journal "Canadian Family Physician." He also co-presents a weekly medical podcast (on i-tunes) called Best Science Medicine podcast.

Mike Kolber is a Professor in the Department of Family Medicine at the University of Alberta. He practices in Peace River, Alberta using his additional skills training in gastroenterology. He contributes to Tools for Practice, medical podcasts, CPD Roadshows, and academic detailing within the province, and enjoys presenting at local, provincial, national, and international events. Mike also chairs the Practical Evidence for Informed Practice and Endoscopy Skills Day for Practicing Endoscopists conferences. He is passionate about sports and coaching and enjoys the outdoors with his wife and three great kids.

Tina is a Professor in the Department of Family Medicine at the University of Alberta and the Director of PEER. She has worked as a Family Physician for over 15 years, primarily in Edmonton at the Northeast Community Health Centre. Tina is actively involved in the development of Tools for Practice, Simplified Guidelines and numerous knowledge translation activities. She is involved in graduate and undergraduate medical education at the University of Alberta. Her research interests include practical questions relating to the improvement of primary care.

Opioid Use Disorder 201: Treatment Options in Fentanyl Exposed Communities & Other Topics

Dr. Anne Robinson & Dr. Sharon Cirone

This workshop will be tailored to the needs of the participants. The target audience is clinicians who work in communities that have a high prevalence of illicit fentanyl use or who are already comfortable with the basics of treating OUD, but are struggling with difficult cases or situations. Group discussion and sharing of cases will be encouraged.

Objectives

1. Discuss how to assess and treat high risk patients who use fentanyl.
2. Review various buprenorphine products and clinical applications.
3. Discuss patients for whom methadone treatment is indicated.
4. Discuss approaches to managing complex issues in opioid use disorder.

Anne has been practicing family medicine for 20 years. She has spent most of those years working in the Sioux Lookout region of Northern Ontario. She has a special interest in addictions medicine and is an advocate for incorporating addictions care into primary care practice. She is an Associate Professor at the Northern Ontario School of Medicine and is actively involved in teaching and curriculum development there.

Dr. Sharon Cirone is practising comprehensive primary care in the Sioux Lookout region after a change in scope of practice from 20 years of focused practice in Addictions and Mental Health. She has been involved in Addictions Medicine clinical care, education and policy development. Sharon enjoys discussing and sharing ideas for optimizing care for individuals, families and communities struggling with alcohol and substance use issues and looking toward wellness & healing from psychological and historical trauma.

Hands-on Practice on Three Dimensionally (3D) Printed Simulators in the Context of Training for Rural and Remote Practice

Dr. Adam Dubrowski, Dr. Gordon Brock & Dr. Bruno Gino

Additive manufacturing (AM), such as 3D printing, is disrupting simulation based education. The benefits include customization of simulators to fit any context while reducing costs. The overarching purpose of this workshop will be to allow the attendees to practice four (4) technical skills on 3D printed simulators.

This will be a 3-hours hands on experience (40 minutes per skills/station). Specifically, a group of 32 participants will be divided into four small sub groups (8 participants per group) and each group will be able to practice skills on four (4) simulators: suturing, cricothyrotomy, perineal repair, and tibial IO. Each group of eight will consist of four practicing physicians, two residents and two medical students. The instructions and feedback will be provided by a faculty member. Peer assisted learning (PAL) strategies will also be employed within each group.

Objectives

Demonstrates proficiency, as determined by the application of formative Objective Structured Assessment of Technical Skills (OSATS) global rating scales and skills specific checklists, when performing the following skills on 3D printed models:

- a. Suturing
- b. Cricothyrotomy
- c. Perineal repair
- d. Interosseous (Tibial)

Adam Dubrowski obtained his PhD from the University of Waterloo in 2001. The following year, he completed his postdoctoral fellowship in neuroscience at Wilfrid Laurier University and the University of Western Ontario, after which he became a scientist with the Wilson Centre for Research and Education and an Assistant Professor at the University of Toronto. He worked first with the Department of Surgery, and then in 2007 joined the Lawrence S. Bloomberg Faculty of Nursing. In 2009, he was promoted to Associate Professor and joined the Hospital for Sick Children's Learning and Research Institutes along with the Department of Pediatrics. In 2013, he became a full Professor at the Memorial University's Disciplines of Emergency Medicine and Pediatrics and was cross-appointed to the Marine Institute. After six years he returned to Ontario, as the Canada Research Chair in Healthcare Simulation at Ontario Tech University's Faculty of Health Sciences.

Dr. Gordon Brock has been a rural Family Physician in Temiscaming, QC, since 1978, with an interest in rural Psychiatry and workplace absenteeism. For the last 7 years, he has been Medical Director of Medextra Corporation of Canada, a medical disability management company specializing in mental health disability.

Dr. Bruno Gino is an Emergency Physician in Brazil and an Adjunct Professor in the Discipline of Emergency at Memorial University, School of Medicine in Newfoundland and Labrador in Canada. Recently, Dr. Gino has joined the Faculty of Health Sciences at OntarioTech University as a Master's student where his work is focused on high-level technologies applied to Emergencies, Medical Education, Simulation and performance under pressure. He is also a Deputy Editor in Emergency Medicine at The Cureus Journal of Medical Science.

Inspiring Collective Behaviour Change in Rural Communities in Responding to Climate Change and Ecosystem Disruption

Dr. Stefan Grzybowski

Interactive workshop with project investigators and rural community leaders to discuss the implications of the project and how we can scale up and spread the ideas to other rural communities.

Objectives

1. Explore examples of collective community behaviours change seen in CCEDDARR and describe community characteristics.
2. Examine the assumptions that underpin collective behaviour change to climate change and ecosystem disruption.
3. Discuss participants ideas about collective behaviour change and potential applications in their home communities.

Rx Nature: The Science of Forest Bathing

Dr. Paula Slaney & Ms. Vanessa Bournival

This oral presentation will focus on the positive health impacts of spending time in nature. As rural physicians we often experience resource scarcity however nature is a treatment that we have an abundance of.

Objectives

1. To define nature therapy.
2. To review research supporting the positive health impacts of nature.
3. To provide physicians with the tools to write nature prescriptions and incorporate them into practice.

Paula Slaney MD, CCFP, FAWM

Paula is a rural family/ER physician in Newfoundland with a passion for wilderness medicine. She recently became a fellow of the Academy of Wilderness Medicine.

Beyond the Overpass: Highlights of Rural Research

Dr. Margo Wilson & Ms. Dani Lee

The presentation will highlight top rural research studies from recent publications. It will outline how research based in rural places impacts communities.

Objectives

1. Highlight important and topical rural research studies.
2. Develop an understanding of rural research processes through the discussion of top rural research studies.
3. Discuss the impact and validity of recent rural research.
4. Describe some of the facilitators and barriers to rural research.

Rural Residency Tour for Medical Students (2 hours)

Medical Students at all stages of training are highly encouraged to attend this event showcasing Rural and Remote Family Medicine Residency Programs across Canada. Programs will have booths setup for medical students to visit, and students will rotate through in a 'speed-dating' style. Programs will have current residents, faculty and/or support staff available at their booths to present the unique aspects of their program. This event is immediately followed by the Student/Resident/Mentor social.

Objectives

1. Participants will be able to catalogue the variety of rural and remote Family Medicine residency programs operating in Canada.
2. Participants will be able to identify residency programs that are suited to meet their individual learning goals.

Code Alone

Dr. Filip Gilic & Ms. Erica Baines

Resuscitation patients when you are the only physician available and have limited allied health provider support is a fundamentally different proposition than doing it as a part of a larger, well supported team. In this session, we will illustrate the specific concerns and limitations of doing a "Code Alone", the ways in which you can effectively prepare yourself for it, and provide a simple yet effective framework for dealing with it when it happens.

Objectives

1. Understand the effects of cognitive overload on physician performance.
2. Know how to balance the opportunity costs of various resuscitation procedures.
3. Utilize simple resuscitation devices and methods to their maximum effectiveness.
4. Utilize the Resuscitate-Anticipate-Communicate framework to provide effective and timely acute care.

Assistant Professor, Queen's School of Medicine, Departments of Family and Emergency Medicine Fellow, Educational Scholarship Program, Queen's University
Simulation Educator

Erica is a PGY1 resident in Memorial University's Goose Bay rural family medicine program. After completing her medical studies at the University of Alberta, she made the move to Labrador to pursue her love for rural medicine in a program with opportunities for coastal community visits and medevac training. She plans to continue working in Canada's remote northern communities after residency with an expanded scope of practice including obstetrics, emergency medicine, hospitalist medicine. Outside of the hospital, she enjoys hiking, playing the french horn and spending time on her grandparents' ranch.

Back to Basics: Techniques for Improving Fundamental Airway Skills (Repeat)

Dr. Jesse Guscott & Dr. Wilson Lam

This hands-on session will provide a review of the fundamental airway skills of bag mask ventilation, laryngeal mask insertion and endotracheal intubation. Designed for the occasional airway manager, the session will provide high yield pearls for improving success with these vital skills.

Objectives

1. List the appropriate steps to optimizing bag mask ventilation, LMA insertion and first pass success with direct and video laryngoscopy.
2. Demonstrate incremental laryngoscopy on an airway task trainer.
3. Demonstrate deliberately restricted laryngeal view for optimization of endotracheal tube delivery.

Dr. Lam is an emergency physician and medical educator. He completed his CCFP-EM training at Queen's and Ottawa, with fellowship training in Simulation. He has designed award-winning curricula for national audiences and is Program Director of The Ottawa Hospital Department of Emergency Medicine Off-Service Resident Education. His academic focus is in airway management and simulation-based education, with a particular focus upon delivery of education to rural and remote regions across Canada.

Introductions to Ultrasound

Dr. Gavin Parker

Bedside ultrasound is increasingly available in rural emergency rooms and offices - but do you know how to turn the machine on? This will be a basic session on bedside ultrasound to 'wet' your appetite for a full course and eventual certification.

Objectives

1. Describe the simple physics of ultrasound imaging.
2. A chance to familiarize yourself with the basic "knobology" of the machines.
3. Enjoy an opportunity for hands-on practice.
4. Overview to catalog probe choices.

Dr. Gavin Parker is a full scope rural family physician and GP-Anesthetist that has practiced in Pincher Creek for over a decade. He is the father of three wonderful children and husband to even more wonderful wife Jennifer. He has chaired numerous national medical educational conferences, has obtained an M.Sc. in medical education, and holds a position as Assistant Professor with the University of Calgary. He serves his community through positions such as medical director for the visitor safety program in Waterton Lakes National Park and Castle Mountain Ski Resort, is vice chair of the St. Michael's School Council, and Jennifer and Gavin run the Barracuda Judo club in town. He holds black belts in karate and judo, enjoys golf and soccer, and is proud of the medical team in his community.

Learning in Practice: Audience Selected Cases

Dr. Mike Allan, Dr. Mike Kolber & Dr. Tina Korownyk

This Session will closely mirror your practice. We'll start with 12 patients in a morning clinic, listed with patient's name, age, sex, and chief complaint. The audience will then select which patients they want the presenter to review. Just like practice, patients will vary by age, sex, complaint and specific characteristics. We may see an adolescent with a new rash, nausea/vomiting in pregnancy, new onset of neurological disorder, elderly patient with atrial fibrillation med review, and many others, just like real practice. In each case, we will progress through chief complaint, history, physical exam (with actual rash/clinical exam findings), test options/results, and therapeutic considerations/trials. Each case contains at least 3 separate clinical question for audience members to reflect on their knowledge or approach. All answers are derived from the combinations of best available evidence, clinical practice guidelines, standards of care and clinical experience. We will also demonstrate the use of practical tools to enhance practice. This is a highly interactive session, reflects the office family practice across the country and will provide the most recent evidence/guidance for optimal management of our patients.

Objectives

1. Comprehend key features of quickly narrowing differential diagnoses on early presentations, including disease incidence.
2. Implement key aspects of diagnostic evaluation, including utility of differing diagnostic questions/exams/tests.
3. Formulate structured plans, including therapeutic interventions, for a wide variety of patient presentations.

Dr G. Michael Allan (Mike) is the Director of Program and Practice Support in the College of Family Physicians of Canada and Professor in the Department of Family Medicine at University of Alberta. He has been in practice 20 years, given over 300 invited presentations and published over 100 articles. He contributes to a regular evidence-based update (called Tools for Practice) distributed to >38,000 clinicians and published in the journal "Canadian Family Physician." He also co-presents a weekly medical podcast (on i-tunes) called Best Science Medicine podcast.

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Pelvic Floor Dysfunction

Dr. Michelle Lajzerowicz & Ms. Teresa Gawargy

We will review some of the symptoms of pelvic floor dysfunction, review the anatomy and then introduce the pelvic floor examination. We will then discuss and demonstrate fitting of ring pessaries.

Objectives

After the workshop participants should be comfortable with diagnosing and prescribing therapy for pelvic floor dysfunction. Additionally the participants should have an introductory comfort with ring pessary fitting.

Michelle Lajzerowicz is a generalist physician working in Wakefield, in the Gatineau Hills north of Ottawa. She has an interest in Women's Health and how to make the pelvic exam as comfortable as possible, for both the patient and the practitioner. She is also the Clerkship Director at the Campus Outaouais of McGill Medical School.

Teresa is a first-year medical student at the University of Ottawa, and also has B.Sc. with Minor in Biochemistry. During her undergraduate studies, through research scholarships, she worked under distinguished Professor Tito Scaiano exploring photochemical reaction pathways and inorganic photocatalysts, and has earned two first-author publications. She is currently part of a research team working for Dr. Sylvain Boet and Dre. Manon Denis-LeBlanc to evaluate effective communication techniques to decrease COVID-19 vaccine hesitancy. She invests much of her time in giving back to her community – currently working with the Vanier Social Pediatric Hub and is also a Special Olympics volunteer. In her free time, Teresa enjoys playing piano, painting and drawing, as well as playing soccer.

Hands-on Practice on Three Dimensionally (3D) Printed Simulators in the Context of Training for Rural and Remote Practice

Dr. Adam Dubrowski, Dr. Gordon Brock & Dr. Bruno Gino

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Adam Dubrowski obtained his PhD from the University of Waterloo in 2001. The following year, he completed his postdoctoral fellowship in neuroscience at Wilfrid Laurier University and the University of Western Ontario, after which he became a scientist with the Wilson Centre for Research and Education and an Assistant Professor at the University of Toronto. He worked first with the Department of Surgery, and then in 2007 joined the Lawrence S. Bloomberg Faculty of Nursing. In 2009, he was promoted to Associate Professor and joined the Hospital for Sick Children's Learning and Research Institutes along with the Department of Pediatrics. In 2013, he became a full Professor at the Memorial University's Disciplines of Emergency Medicine and Pediatrics and was cross-appointed to the Marine Institute. After six years he returned to Ontario, as the Canada Research Chair in Healthcare Simulation at Ontario Tech University's Faculty of Health Sciences.

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Time for a Reboot: How the COVID-19 Pandemic is Inspiring a New System of Health

Dr. Katharine Smart

The COVID-19 pandemic has put Canada's health system through the ultimate stress test, leaving the health workforce in a state of crisis and ever-widening gaps in access to care.

As Canadian Medical Association president and a pediatrician practising in the North, Dr. Katharine Smart will share her perspective on the lessons learned during the pandemic and the opportunities ahead to create change in health – highlighting the unique implications for physicians and patients in rural and remote communities.

Join her as she shares her vision for the future – one in which everyone has the chance to be healthy, the health care system is more sustainable and accessible, and medical culture sustains physicians as people as well as professionals.

Objectives

1. Explain the CMA's strategic focus on creating strong and accessible health systems, fostering well-being and diversity in medical culture, and ensuring every person in Canada has equal opportunity to be healthy.
2. Consider how the wide-ranging impacts of the COVID-19 pandemic have magnified the need for urgent change in health, health systems and the health workforce.
3. Identify some of the major aspects of the health care system that need re-thinking as part of pandemic recovery, including health human resource planning and strategy.
4. Describe some of the unique implications of these challenges and opportunities for physicians and patients in rural and remote communities.

Dr. Katharine Smart is the president of the Canadian Medical Association, the 10th woman to access the role in 154 years. Dr. Smart works as a pediatrician in Whitehorse, Yukon.

Her work is centred on developing collaborative partnerships with community and government services to serve marginalized children using a model of social pediatrics. She works primarily with children who have experienced trauma and adverse childhood events, and witnesses the broad and lasting impact these events have on children and their development daily. She is passionate about improving services for marginalized children in an effort to change their life trajectory.

In addition to her community-based work, Dr. Smart enjoys acute care and provides on-call services to the hospital. Before moving to the Yukon, she was a pediatric emergency medicine physician at the Alberta Children's Hospital in Calgary. She is the past president of the Yukon Medical Association.

Procedural Sedation In The Rural ED

Dr. Gavin Parker

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.

Objectives

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.

Dr. Gavin Parker is a full scope rural family physician and GP-Anesthetist that has practiced in Pincher Creek for over a decade. He is the father of three wonderful children and husband to even more wonderful wife Jennifer. He has chaired numerous national medical educational conferences, has obtained an M.Sc. in medical education, and holds a position as Assistant Professor with the University of Calgary. He serves his community through positions such as medical director for the visitor safety program in Waterton Lakes National Park and Castle Mountain Ski Resort, is vice chair of the St. Michael's School Council, and Jennifer and Gavin run the Barracuda Judo club in town. He hold black belts in karate and judo, enjoys golf and soccer, and is proud of the medical team in his community.

Stepping into the Ruralverse: Advances in Rural Health Technology

Dr. Shabnam Asghari, Mr. John Johnson & Mr. Erik Friesen

Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.

Objectives

1. Present novel results from Canadian rural health research.
2. Facilitate constructive feedback on ongoing research projects.
3. Facilitate networking between rural health researchers, physicians, and students.

Erik Friesen is an MD/PhD student at the University of Toronto and is currently completing a PhD in Clinical Epidemiology at the Institute of Health Policy, Management and Evaluation. His research focuses on understanding rural-urban differences in alcohol use and alcohol-related harms, with the intent of informing improved public health strategies to address historically high rates of alcohol-related harm in rural Canadian communities. Erik currently acts as the Student Research Representative for the SRPC Research Subcommittee.

Skin Cancer 101

Dr. Wade Mitchell

Generalist's approach to common non-pigmented/pigmented skin cancers and how to manage. Introduction to the dermoscope and it's utility in identifying benign/malignant skin lesions.

Objectives

1. Outline an approach to skin lesion presentations.
2. Discuss identification and management plans for skin cancers including SCCs, BCCs and melanoma.

Completed UBC Rural Residency program in 2002, worked for 6 months in Atikokan then entered a year of Enhanced Skills in General Surgery/ Advanced OB. From 2003-2009 I worked as a rural GP Surgeon/Obstetrician in Narrandera, NSW Australia and during that time completed a diploma in primary skin cancer management through ACRRM. Have since returned to Canada and work in Collingwood, Ontario - continuing to do primary skin cancer management through my clinic, low-risk OB, am one of our 'Neonatal' Call group and work in our ER on a part-time basis. I am also the McMaster Rural Family Medicine Site Director.

Surgical Experiences in Papua New Guinea

Dr. Roy Kirkpatrick

The talk is a slide show demonstrating the surgical practice in a small hospital in the Highlands of PNG over 2 years in the mid '80s including some history and anthropology of the people in the Highlands.

Objectives

1. To describe a practice in a truly rural and remote area.
2. To describe a number of rare and exotic disease entities.
3. To describe "workarounds" in an environment with virtually no laboratory or imaging technology.
4. To discuss some of the implications of colonialization in that part of the world.
5. To discuss unique methods for training health care personnel.

I am a Queen's MD (1977) graduate and did general surgery in Ottawa. I have been in Huntsville for 33 years and have worked in India, Papua New Guinea (with CUSO), Haiti (with Red Cross), and Pakistan (with MSF) internationally, and have worked in Ottawa (as an ER physician), Lindsay, Timmins, Arnprior, Iqaluit, Moose Factory and Kapuskasing for varying lengths of time, as well as having spent a month as a ship's doctor on a drilling ship off the shore of Labrador. I'm a member of SRPC, RRMIC, CAGS, OAGS, and the Royal College (and sit on Council). I'm Chair of the Division of Surgery at NOSM.

Beyond The Cervix - Practical Tips for IUD Insertion and Endometrial Bx

Dr. Lesley Spencer & Dr. Barb Zelek

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.

Objectives

1. Recognize eight common cervical and vaginal lesions and describe their management.
2. Describe the no-touch technique for intrauterine instrumentation.
3. List the eight "S's" of endometrial Bx technique.
4. List the hard and soft equipment needed to effectively manage office gynecological problems effectively.

Don't Fear the Cric! A Deliberate Practice Workshop

Dr. Filip Gilic, Dr. Jesse Guscott, Dr. Margaret Tromp & Dr. Wilson Lam

The cricothyrotomy - a once-in-a-career procedure that many of us dread. Using deliberate practice, we have developed a robust method of remote teaching of this critical skill. Come to build your confidence and learn how to bring this education back to your colleagues!

Objectives

1. Recognize the indications for performance of an emergency cricothyrotomy.
2. Perform an emergency cricothyrotomy with technical proficiency.
3. Implement the teaching from this workshop in your own community.

Dr. Filip Gilic - Assistant Professor, Queen's School of Medicine and Departments of Family and Emergency Medicine Fellow, Educational Scholarship Program, Queen's University
Simulation Educator. Founder of RuralResus.com medical education courses

Margaret Tromp is a family physician who relocated to Moose Factory just as the pandemic was starting. Prior to this, she worked in Picton, Ontario for 21 years and did GP Anesthesia for 20 years. She is a past president of the SRPC.

Dr. Wilson Lam is an emergency physician with fellowship training in Simulation. His academic focus is in airway management and simulation-based education, with a particular focus upon delivery of education to rural and remote regions across Canada.

How to Empower Your Complex Patient Into a Transformational Lifestyle Change in Under 30 Minutes!

Ms. Danika Koopmans

Metabolic syndrome comprises a constellation of physical disease attributes. It consists of a combination of abdominal obesity, dyslipidemia, and elevated glucose levels. Metabolic syndrome is prevalent in North America with upwards of 20% of adults meeting criteria for the condition. It is associated with increased risk of morbidity and mortality particularly cardiovascular disease, stroke, and renal failure in addition to many other complications. Its prevalence and widespread consequences have major implications for overall burden of disease and cost on the health care system. First-line therapy for diseases like metabolic syndrome and its associated individual components such as obesity, diabetes, elevated cholesterol, and hypertension require a multifaceted approach including non-pharmacological followed by pharmacotherapy. However, while the concept of non-pharmacological approaches (i.e.: “lifestyle modification”) may be accepted there is little in the way of guidelines to suggest what measures constitute non-pharmacological approaches may be effective for the management of this disease. This presentation assesses the literature and supports further insight into effective interventions in the management of MetS. These effective interventions outside of pharmacotherapy include, dietary modifications, exercise commitment, psychological support that evokes behaviour modification, and lastly a combined approach of all three. Particular attention will be focused on rural care delivery applicable to the primary care provider.

Objectives

1. To support and inspire providers in the rural primary care setting to evoke possibilities in patients for lifestyle modifications in the management of MetS.

Danika is a Family Nurse Practitioner and new mom to Aurora Jane 1 year baby girl. She most recently was living in Haida Gwaii, a remote island off the coast of BC and enjoying paddle boarding, hiking, and beautiful beach walks with her hubby and daughter. Through her diagnosis of multiple sclerosis and amidst studying to be a family nurse practitioner, she spent countless hours studying the effects of food on the body. When she learned the importance of nutrition and its role in healing the body, she became passionate and consumed by how the diet changes she was making in her own life would also support others in healing chronic diseases. Danika has a passion for holistically managing patients through her online business where she supports clients with the tools and knowledge to create sustainable healthy lifestyle habits. She believes that when we feel good inside our body, we can further improve the lives of those around us and create a vibrant and abundant life!

Intravenous Regional (Bier) Blocks

Dr. Bruce Mohr

A slide presentation of the history and technique of intravenous regional anesthetic block in the management of wrist trauma. Discussion of cases of wrist trauma and how this technique can be used in isolation or in conjunction with light procedural sedation in adults and children older than about 8 years of age.

Objectives

1. Short history of Bier Block.
2. Demonstrate equipment and technique.
3. Present examples in the management of wrist trauma.

Bruce Mohr B.Sc. (Hons Kinesiology), MD, CCFP(EM), Dip. Sport Med, FRRMS

Appointments

Staff Physician Emergency Whistler Health Care Centre

Clinical Instructor University of British Columbia Department of Emergency Medicine and associate membership appointment Department of Family Practice

Work (1996 to present)

Emergency Physician Whistler Health Care Centre

Whistler Blackcomb Ski Patrol Physician

Canadian Alpine Ski Team Physician

Medical Event Physician local, provincial, national, and international events for summer and winter sports including Calgary Winter Olympics 1988 and Vancouver Winter Olympics 2010.

Work (prior to 1996)

GP locums 1986-88 in rural Alberta, BC, New Zealand, 1988-1994 Staff Emergency Physician Holy Cross and Rockyview Hospitals, Calgary

The PRACTISS Platform: Helping Bring Medical Simulation to your Community

Mr. Mateo Orrantia, Dr. Eliseo Orrantia & Dr. Ryan Patchett-Marble

In this workshop, we will begin by giving an overview of medical simulation education, discussing barriers impeding its implementation in the rural and remote context. Then, we will introduce PRACTISS - Peer-Run Applied Cases for Teaching Interdisciplinary Simulations and Scenarios - a FOAMED online platform we have developed to help those in rural and remote areas deliver simulation education to their peers or learners.

PRACTISS was created by rural clinicians who desired a highly practical platform to address barriers in effectively bringing simulation to rural and remote areas. PRACTISS is, therefore, free and open-source, requires minimal resources (non-expert facilitators and minimal to no equipment), has a compendium of searchable cases which require minimal preparation, and allows for interactive simulation delivered on a tablet (complete with x-rays, ECGs, videos of ultrasound findings, etc.) We will give a broad overview of its main features—its database of scenarios, scripts and facilitator supports, live feedback resources, and scenario creation tools.

After we have explained the platform, we will have a 30-minute interactive portion where we use PRACTISS to run a simple demonstrative medical simulation with those in attendance. This session will walk attendees through the scenario set-up, pre-briefing, the scenario itself, debriefing, and collecting feedback—all using PRACTISS. As we run the simulation session, we will explain how each aspect of PRACTISS is being used. This will familiarize attendees with using PRACTISS, so they can use it to run simulations in their own settings.

There will be 10 minutes after the end of the simulation for discussion and feedback.

Objectives

1. Identify the importance of simulation education and its challenges in the rural and remote context.
2. Become familiar with the main features and functions of PRACTISS.
3. Use PRACTISS to implement their own local simulation program.

Mateo Orrantia is an undergraduate student in his final year of Arts & Science at McMaster. He works as a student researcher on the PRACTISS project, helping build the web platform and identify and create simulations geared towards the rural environment. Coming from a thoroughly interdisciplinary background, he's particularly interested in rural bioethics and healthcare, and hopes to one day return to northern Ontario as a rural physician.

Eliseo Orrantia is a rural generalist and an associate professor with NOSM. He is one of the co-creators and founders of PRACTISS. He is actively involved in rural health research with interests in education, human resources and health services. He teaches all levels of medical learners and has long been a proponent of innovation in rural medical education.

Ryan Patchett-Marble is a rural generalist and an assistant professor with NOSM. He is one of the co-creators and founders of PRACTISS, an information technology solution that facilitates non-expert facilitators to run patient simulation practice in low resource environments for their colleagues and learners. Dr. Patchett-Marble has received numerous awards at the provincial and national levels for innovation, IT, and rural program development - including the START-IT tool for automated urine drug testing interpretation, and the HARMS Program for safer Opioid Prescribing.

Ultrasound Scanning Sessions - IVC & Abdominal Aorta

Dr. Virginia Robinson & Dr. Tracy Morton

Pre-workshop teaching material will be emailed to each participant prior to the workshop, courtesy of UBC's HOUSE course. Pre-reading maximizes understanding and makes the best use of the hands on portion. This workshop consists of a 10-minute didactic slide portion, followed by 50 minutes of scanning.

Objectives

1. Review abdominal great vessel anatomy.
2. Review ultrasound findings of aortic aneurysm.
3. Discuss use of IVC in fluid assessment and management.
4. Hands-on practice on models with POCUS instructors.

Virginia Robinson moved to Fernie, BC 20 years ago to ski and mountain bike and never left. She practices maternity and emergency medicine and spends as much time as possible outdoors gardening. Virginia has been using POCUS for over 10 years and teaches both the UBC HOUSE OB and EM courses. She is the rural lead for the Intelligent Network for POCUS and a co-lead of the RCCBC provincial POCUS initiative with Dr. Tracy Morton. As part of her passion for POCUS she is a disciple of “patient centred” and “closer to home” care.

Tracy Morton is a full service family physician, very grateful to be living and working for more than 20 years on Haida Gwaii, a remote group of islands off BC's northwest coast. He believes that rural health care can be as good (or better!) than in urban settings when provided by multidisciplinary teams who know well the social context of person and place. His professional interests are GP Oncology, emergency medicine, culturally sensitive care, and of course, the use of ultrasound in rural medicine. Personal interests are family, biking, woodworking and meditation.

Bringing Your ER into the Year 2022

Dr. Sarah Giles & Dr. Sean Moore

In this presentation, we will give you practical, achievable, and affordable ideas to make sure your rural/remote ER is up to date with its equipment, organization, and communication.

This presentation is brought to you by two people who understand where you're coming from -- a former career rural/remote locum (Giles) and a rural/ER/transport doc (Moore). Join us to learn some tricks on how to modernize your ER.

Objectives

1. Review resuscitation equipment that should be available in rural/remote ERs.
2. Review organization techniques for equipment/medications to make high acuity low incidence events flow better.
3. Show off some pieces of technology that will make communication with other doctors and centres easier.
4. Show how to order equipment and the costs -- we will make it easy to implement the changes you like.
5. Have fun.

Sarah Giles is an ER doc/hospitalist in Kenora, Ontario. Sarah's passions include making the ER a less scary place to work and playing with other people's dogs.

From Patients to Physicians: Promoting Mental Health in Rural Medicine

Dr. Kirstie Overhill & Ms. Michelle Pavloff

Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 2-3 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&A is allotted after each presentation.

Objectives

1. Present novel results from Canadian rural health research.
2. Facilitate constructive feedback on ongoing research projects.
3. Facilitate networking between rural health researchers, physicians, and students.

Dr. Overhill has recently retired after forty years of rural practice in BC, Canada. Her presentation at the 2022 SRPC conference is related to work that she performed while associated with the RCCbc (Rural Coordination Centre of BC) in the area of physician and practitioner resilience and with UBC RCPD related to their coaching and mentorship projects. She currently lives on Cortes Island, BC near Manson's Landing Marine Park on an off grid water access property and has just purchased another boat!

Stabilizing the Sick Newborn & Preparing them for Transfer

Dr. Wade Mitchell & Mr. Sherif El Meniawy

Rural communities are sometimes faced with the delivery of a sick newborn that needs to be transferred to a Tertiary Care facility - how does the work and what are the key elements to a resuscitation and transfer.

Objectives

To answer the following questions:

1. When is a newborn "sick"?
2. What do I do when I called in to assess and manage a sick newborn?
3. Once stable how do I communicate to the Tertiary Care centre what they need to know in order to start the process of transfer.

Dr. Wade Mitchell - Rural Generalist/ Expert since 2003 working in a small community with interests in obstetrics, neonatal resuscitation, emergency medicine, hospitalist/ in-patient management, primary skin cancer management, medical aesthetics, and medical education.

Sherif is a 3rd Year Medical Student at UOttawa who hopes to become a Rural Family Medicine Doctor. His experience in Rural Medicine includes his 5-week rotation in Calabogie which was split 50/50 between clinic and Emergency Medicine . He has a Bachelor's of Science in Kinesiology which he completed at McMaster University. Outside of school, he enjoys sports and being outside. He is an amateur Triathlete and works as a part-time personal trainer.

SRPC Global Health: Wait! Isn't Everything Global Health?

Dr. Steve Ferracuti

This will be an informal panel discussion where presenters will provide brief descriptions of their work in global health activities. The bulk of the session will be composed of a guided open discussion with Q and A based upon the objectives listed.

Objectives

1. Attendees will learn what some of their rural (and rural at heart) peers are doing in the field.
2. Practitioners and learners new to global health will learn how they may become involved.
3. The Global health Committee will welcome input from participants to help guide committee activities.

Simulation Education: Pearls from the Rural Jedi Masters

Dr. Jesse Guscott, Dr. Filip Gilic, Dr. Margaret Tromp & Dr. Wilson Lam

Simulation education - equally loved and equally logistically, emotionally, and financially challenging. Come learn tips and tricks from our rural simulation educators that have allowed them to build successful careers in simulation education for medical students, residents, faculty, and the Canadian Forces!

Objectives

1. Analyze the logistical components of multiple successful simulation education programs.
2. Implement the teaching from this workshop in your own educational initiatives.

Dr. Filip Gilic - Assistant Professor, Queen's School of Medicine and Departments of Family and Emergency Medicine Fellow, Educational Scholarship Program, Queen's University
Simulation Educator. Founder of RuralResus.com medical education courses

Margaret Tromp is a family physician who relocated to Moose Factory just as the pandemic was starting. Prior to this, she worked in Picton, Ontario for 21 years and did GP Anesthesia for 20 years. She is a past president of the SRPC.

Dr. Wilson Lam is an emergency physician with fellowship training in Simulation. His academic focus is in airway management and simulation-based education, with a particular focus upon delivery of education to rural and remote regions across Canada.

Suturing for Leaners

Dr. Martha Riesberry and Dr. Dale Dewar

Two instructors, using video and slide material, will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.

Objectives

1. Learn equipment and basic suturing techniques for lacerations and minor surgery.
2. Learn appropriate application of the various techniques.
3. Have an opportunity to practice techniques under supervision.

Martha Riesberry: One-time neurosurgical resident convert to rural family medicine. Favourite place in medicine? The operating room. Jumps out of airplanes in her spare time.

Dale Dewar: Not-quite retired rural family physician, former Coordinator Rural Family Medicine, University of Saskatchewan, lifetime love of ER and the gore of medicine.

Rural Research: Where are we now and how do we make it happen?

Dr. David Bradbury-Squires & Dr. James Rourke

Dr. James Rourke grew up on a farm in rural Ontario and attended a one-room public school. He became a rural generalist family physician practicing with his wife Dr. Leslie Rourke (known for the Rourke Baby Record) for 25 years providing care for patients in their office, on house-calls, in the nursing home and the hospital, including emergency work and obstetrics, attending 740 births. He was the Society of Rural Physicians of Canada Co-chair of the Rural Road Map Implementation Committee, and Former Dean of Medicine (2004-2016), Memorial University of Newfoundland. Now retired and Professor Emeritus he is active in rural medicine and health systems improvement. Dr. Rourke is the RCPSC McLaughlin-Gallie Visiting Professor and a jury member for the Canada Space Agency's Deep Space Healthcare Challenge

The Workplace Depression Disability Tsunami: How to Make your Case to Insurance Companies and get your Patients their Disability Benefits

Dr. Gordon Brock

The last five years have seen a virtual tidal wave of workplace depression and time-off-work. By the end of this workshop, we hope that you will understand how insurance companies evaluate the records you send to us, what we look for, and how we decide whether to grant (or not) your patients' disability benefits, and understand how to do a proper functional disability assessment.

Objectives

1. Take the time to do a good first evaluation of the patient. Make a good first impression on us.
2. Rate the patient's disease using an objective scoring scale.
3. Do a proper functional assessment.
4. Use Proper DSM V format to write your diagnosis.

Dr. Gordon Brock has been a rural Family Physician in Temiscaming, QC, since 1978, with an interest in rural Psychiatry and workplace absenteeism. For the last 7 years, he has been Medical Director of Medextra Corporation of Canada, a medical disability management company specializing in mental health disability.

Chest Tubes (To Be Repeated)

Dr. John Soles and Dr. Kara Perdue

We will discuss the indications for chest tube drainage, the rationale for using small diameter tubes and those inserted via Seldinger technique. We will spend a significant amount of time inserting chest tubes in models and review the mechanics of chest tube drainage.

Objectives

1. To understand the indications and contraindications for chest tubes.
2. To understand the pros and cons of small diameter tubes and those inserted via Seldinger technique.
3. To practice the insertion of Seldinger technique chest tubes in relatively realistic models.
4. To discuss various aspects of the mechanics of chest drainage.

Dr. John Soles - I have been a rural doctor in Clearwater, BC for 32 years. Our hospital serves a population of about 5000 people.

Dr. Kara Perdue - I am a rural full service family physician who practices in Clearwater BC and Inuvik NT. I practice OB, ER, LTC, palliative and clinic and the little in between time explore the natural backyards of my practice towns.

Tackling 'Wicked' Problems in Rural Health Care: The Adaptive Action Method (AAM) in Action

Dr. Wendy Graham, Dr. Cheri Bethune & Dr. Shabnam Asghari

This workshop is designed to explore innovative strategies to vexing or wicked rural healthcare problems. Grounded in our own challenge of sustaining rural research engagement beyond a core training program (6for6) we approached this complex problem using the Adaptive Action Method (AAM).

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

What delivery methods: Following a brief description of our experience in using the AAM, participants will engage in small group discussion and problem solving around their own wicked problem using the Adaptive Action Method. Participants will leave the workshop with a new approach to tackling insoluble problems in their own rural context.

1. Brief didactic example
 2. Small group discussion around participants identified problem or challenge.
 3. Utilization of the AAM in small group discussion with identified next steps.
- No prerequisite knowledge is required to attend.

Objectives

1. Explore "lessons learned" from a rural health research development program.
2. Learn about the Adaptive Action Method (AAM) as an approach to addressing complex problems within rural healthcare.
3. Apply the AAM to their own current complex problem(s) to catalyse action using peer discussion.

Dr. Graham is a rural family physician and an associate professor at Memorial University. She is one of the leads for '6for6' - a successful faculty development program that teaches research skills to rural and remote physicians. She has held various leaderships roles in medical associations and in health policy/healthcare reform. Dr. Graham has been the recipient of various teaching and services awards and received a Senate 150th medal. She was the family physician of the year for Newfoundland and Labrador in 2021.

Cheri Bethune is a family physician clinical educator with appointments at Memorial University (adjunct professor) and NOSM (professor). Her current teaching and research interest includes rural faculty development and distributed medical education.

Dr. Shabnam Asghari (MD, MPH, Ph.D.) is a Professor with the Discipline of Family Medicine, the Research Director for the Center for Rural Health Studies.

Dr. Asghari undertakes research initiatives to support the improvement of health care in rural and remote communities. She is a member of the core team that has conceptualized, developed and delivered the '6 for 6', a unique and internationally recognized faculty development program that supports rural physicians to conduct locally-relevant research through a six-weekend curriculum grounded in education principles.

Dr. Asghari's research interests also include novel methods for large complex dataset analysis and creating simple, interactive tools for patient-centered healthcare decision-making. She has received numerous funds from national and international funding agencies for her research.

'The Long and Winding Road' Rural Medical Education in Canada 2015-2020: Analysis, Review, Next Steps, and Recommendations

Dr. Ghislaine Attema

The lack of access to timely and essential health care services in rural and remote areas has been declared a significant global health threat and is driving reform in education and practice around the world. Critical to this reform is the growing commitment towards social accountability and equity that further align educational accreditation standards with workforce needs. As a global leader in social accountability, Canada has an important role to play in advancing educational standards, policies, and practices that can support the rights of all Canadians to access quality, timely, and culturally safe health care. In Canada, approximately 20% of Canadians live in rural and remote regions, but fewer than 10% of family physicians and 3% of specialists practice in rural and remote communities. The unique make-up of rural Canada exacerbates this problem as large geographic distances can separate rural communities. COVID-19 has put rural communities in crisis and further exasperated the inequitable distribution of healthcare services. The need to act quickly to avoid irreversible and negative health outcomes to the many Canadians living in rural and remote Canada supports a call for rapid and extensive institutional responses at national, regional, and local levels. Now more than ever medical schools must collectively work to address the inequities felt in rural contexts by advancing rural medical education in Canada and providing appropriate resources to facilitate its success.

This presentation focuses on collaborative efforts to understand and better respond to rural health needs through the implementation of the Rural Road Map 2015-2020. Highlights of this presentation include a five-year review of rural medical education in Canada, along with analysis of promising and emerging practices within rural medical education. We will present findings from reports, presentations, and scholarly publications, and share findings from analysis of a two national surveys of rural medical education in Canada. Our presentation will conclude with recommendations for future actions and goals for medical education. This work was undertaken by the Rural Road Map Implementation Committee (RRMIC), The Medical Education Research Lab in the North (MERLIN) at the Northern Ontario School of Medicine (NOSM) and supported by the College of Family Physicians of Canada (CFPC) and the Society of Rural Physician of Canada (SRPC) through the creation of the Advancing Rural Family Medicine: Canadian Collaborative Taskforce in 2014.

Objectives

1. Understand the current state of Canadian rural medical education at both the undergraduate and postgraduate levels, along with an overview of rural education from 2015-2020.
2. Identify progress, trends, and gaps in rural medical education.
3. Discuss recommendations to inform future rural medical education to promote rural physician recruitment and retention.
4. Understand the role each medical school has to contribute to the success of rural physician workforces in Canada.

Ghislaine Attema is a third-year doctoral student in the Joint Ph.D. program in Education at Lakehead University, and a lifelong resident of Northern Ontario. She, and her thesis supervisor Dr. Erin Cameron, are Co-Investigators on funded projects in Community Engagement through the Northern Ontario Academic Medical Association (NOAMA) and the Canadian Institutes of Health Research (CIHR). Ghislaine's doctoral research focuses on impacts, outcomes, and perceptions of socially accountable medical education through textual analysis and is supported by a Social Sciences and Humanities Research Council of Canada (SSHRC) doctoral research award. Ghislaine is a founding member of the Medical Education Research Lab in the North (MERLIN) and contributes to the scholarship of the Centre for Social Accountability both at NOSM University. She has a professional background in Community Engaged Participatory Curriculum Development, access programming at the post-secondary level, and university research administration, ethics, and faculty development. Her educational background includes a master's degree in English and undergraduate degrees in English, Psychology and Education from Lakehead University and the University of Ottawa. She is a passionate advocate for the north, a mother to three teenage daughters and currently lives in Thunder Bay, Ontario.

Climate Change and its Impact on Rural Health

Mrs. Patti Kemp

This summer, Canada witnessed searing heat, vast wildfires, suffocating air quality, devastating drought, severe flooding, increased tornadic activity...Climate change isn't a future threat. It is here and we are seeing its impacts now. Many rural and remote practitioners will have witnessed these events first hand. Many more will be treating both its direct and indirect health impacts.

The need for action was recently highlighted in the report released by the Intergovernmental Panel on Climate Change (IPCC). UN Secretary-General António Guterres described the report as "a code red for humanity. The alarm bells are deafening, and the evidence is irrefutable."

We must act now. However, with negative media bias and doom and gloom reporting, we can feel overwhelmed and hopeless. But we have the solutions to hand and there is still reason to be hopeful. Rural practitioners are uniquely placed to have a significant impact on climate policy and positive climate outcomes which will benefit the health of rural populations.

Join Patti Kemp as she explores the science of climate change, its impacts, particularly on rural health, and solutions to the crisis. Patti Kemp was personally trained by former US Vice President Al Gore and the Climate Reality Project. Her presentation will be relevant for all rural medicine practitioners who would like to dive deeper into why climate change is happening and how we can solve it.

Objectives

1. To gain an understanding of the science of climate change and its impact on rural health.
2. To explore solutions and steps towards mitigating its impact.

Patti Kemp is a volunteer Climate Reality Leader and was personally trained by former US Vice-President Al Gore. She is qualified as a lawyer in England and in Ontario. While living in London, England, she practiced as an immigration and human rights solicitor. She holds a Graduate Diploma in Law from Westminster University, London, England; a Masters in Creative Writing from Goldsmiths College, University of London, England; an Honours BA from Western University, London, Ontario, Canada and her Associate in Piano Performance from the Royal Conservatory of Toronto, Canada. Patti is also the founder of Kemps Confections, an ethical candy-making business. She lives in rural Southwestern Ontario with her daughter and her husband, who is a rural family and emergency physician. Patti is a founding member of the Partner & Family Network for the Society of Rural Physicians of Canada.

National Newcomer Navigation Network: A Tool to Promote Equity for Family Physicians in Rural, Remote and Northern Communities

Ms. Christine Kouri, Dr. Sahar Zohni, Ms. Mariah Maddock

Health care providers are increasingly being challenged to address health inequities within a context of a lack of cross-sectoral collaboration between the health and settlement sector. Acknowledging this gap, the National Newcomer Navigation Network (N4) was founded in 2019 through a federally funded innovation grant. Presenters will discuss how this pan-Canadian Network is responsive to the upward trend in immigration and works towards creating a better connected and integrated health and social services system that benefits newcomers, including those being welcomed to rural, remote and northern communities. Family Physicians practicing in rural, remote and northern communities will learn about innovative tools they can use to connect, learn and collaborate cross-sectorally with peers across to ensure an equitable health care experience for new Canadians.

Objectives

1. Identify and recall unique models of care that work to overcome the cultural and linguistic barriers newcomers experience when interacting with Canada's health and social service systems.
2. Apply novel tools and resources that support connection, learning and collaboration among professionals in the health and social service sectors who work with newcomer populations.

Christine Kouri has over 30 years of experience in the Canadian healthcare system and is known for her initiatives and expertise in equitable health care across socioculturally diverse and marginalized populations. Upon obtaining her Master's in Health Administration, she was recruited to CHEO to lead the development of their Patient Experience department. As the Manager for that department, she led CHEO's efforts to ensure an optimal experience for Syrian Refugees that were welcomed to Ottawa in early 2016. In addition to oversight of the N4 project, Christine continues to lead CHEO's health equity efforts for their most vulnerable patients and families, including newcomers.

Sahar is the Project Manager for the N4 – National Newcomer Navigation Network. She has a Master and Doctor Degree in Pediatrics from Alexandria University in Egypt, and a Master of Health Administration from the University of Ottawa. Dr. Zohni brings to the role over 25 years work as a clinician, lecturer, researcher and passion for quality improvement. She has worked internationally including Egypt, England and now Canada. Sahar's career path makes her the ideal leader for the N4 team to create a national network aimed to improve the experience of newcomers in navigating Canada's complex health and social services.

Mariah brings several years of project management, coordination, and research experience to her role as Project Coordinator with the National Network Navigation Network (N4). She holds a Master's degree in Public Health with a specialization in Northern and Indigenous Health and is currently pursuing a Master of Social Work. Mariah's experiences living in northwestern Ontario and with N4 have provided her with direct knowledge of the social and health needs within newcomer and Indigenous populations in Canada. In her current role, Mariah enjoys finding ways the N4 project can support connecting the health and settlement sector to better support professionals who help newcomers navigate Canada's complex health and social service systems.

Postpartum Care (The TikTok Weeks)

Dr. Paul Cano

Review some key aspects of care of the parents and baby in the early hours/days postpartum. This will include a skill session in tongue tie release.

Paul practiced for 30 years in rural Niagara (Smithville, ON, with ED/OB/Inpatient at the rural hospital in Grimsby), then retired in 2020. This included being a Residency preceptor and Faculty development coordinator for the McMaster Rural Stream. He planned to devote his time to music and taking naps. However, his partner got tired of listening to him (the music, not the naps), so he's now doing northern locums, OB and IT committee work.

Rural & Isolated Support Endeavour: Lessons Learned & Volunteer Experiences

Ms. Ella Chochla, Ms. Tara Laurent & Ms. Anchaleena Mandal

The Rural and Remote Support endeavor was created by a working group of the Society of Rural Physicians of Canada (SRPC) Student Committee. The goal of this program was to provide emotional support to clients who live in rural areas across Canada during the COVID-19 pandemic. Our initiative partners medical students with clients in rural communities across Canada to provide weekly check-ins via phone and/or video platforms.

This presentation will discuss the experiences of the RISE clients and RISE volunteers to illustrate the impact of this initiative and illustrate the impact of a peer support organization in those facing isolation. Rural and remote Canadians face many barriers at baseline. With fewer access to mental health supports, medical care including both family physicians and specialists. With lockdowns and social distancing requirements, our rural Canadian communities already at risk of isolation faced further challenges. Seniors who rely on family travelling to their community for visits were at increased risk of loneliness and isolation. Our initiative mobilized medical students to provide free regular check-ins via phone and social connection for just about anyone in rural areas, including those with mental health conditions, LGBTQ+ populations, seniors, and more.

Objectives

1. Provide a description of the RISE (Rural and Isolate Support Endeavor) program – including how it's origins and structure, and the challenges we faced.
2. Describe the lived experiences of clients and volunteers of this program.
3. Illustrate how impactful peer support services can be for those facing isolation and loneliness in rural Canada, and how the incredible Canadian medical student community stepped up to support the vulnerable members of our population.

Ella Chochla is a 4th year medical student at the Northern Ontario School of Medicine and was one of the co-founders of the program. She has a background in peer support, having worked as a support worker and a Program Director of the Sexual Assault Support Centre of Ottawa prior to medical school. She enjoys hiking and camping in beautiful Northern Ontario in her free time.

Tara Laurent is a 3rd year medical student at the University of British Columbia. She enjoys spending her free time in the mountains with her dog. During her undergraduate education, she worked to promote diversity and inclusivity within the Faculty of Engineering at the University of Victoria.

Anchaleena Mandal is a 3rd year medical student at Queen's University and was one of the co-founders of the program. Anchaleena grew up in the arctic territory of Nunavut as a settler. She is passionate about rural medicine, Indigenous health and mental health. During her pastime, Anchaleena loves to play musical instruments, volunteer in the community, learn new languages and explore different cuisines!

Suturing for Leaners

Dr. Martha Riesberry and Dr. Dale Dewar

Two instructors, using video and slide material, will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.

Objectives

1. Learn equipment and basic suturing techniques for lacerations and minor surgery.
2. Learn appropriate application of the various techniques.
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Martha Riesberry: One-time neurosurgical resident convert to rural family medicine. Favourite place in medicine? The operating room. Jumps out of airplanes in her spare time.

Dale Dewar: Not-quite retired rural family physician, former Coordinator Rural Family Medicine, University of Saskatchewan, lifetime love of ER and the gore of medicine.

The Perks of Practising Rural

Dr. Marnie Jakab & Dr. Erica Baines

In this talk we will touch on the perks of working rural, from the medicine to the lifestyle and everything in between. Want to learn about the financial perks too? Come see why rural life is truly the best.

Objectives

Perks of Rural Medicine:

Increased scope of practice and more variety across all disciplines including surgery.

Increased autonomy and creativity of rural practice.

Personal and collaborative consultations.

Skill set that gives you the freedom to practice anywhere in Canada including low-resource locations.

Financial:

Rural loan forgiveness

Variable overhead costs

Decreased cost of living

Rural retention programs

Locuming

Lifestyle:

Community

Recreation

Logistics - minimal traffic

Marnie is a first year resident in Campbell River BC as part of the Strathcona Family Medicine Program. Originally from Ontario, completing medical school at Queens. Sue loves full scope rural family medicine, particularly emergency and obstetrics. Marnie balances medicine with many outdoor adventures like paddling, skiing, hiking and avidly biking!

Erica is a PGY1 resident in Memorial University's Goose Bay rural family medicine program. After completing her medical studies at the University of Alberta, she made the move to Labrador to pursue her love for rural medicine in a program with opportunities for coastal community visits and medevac training. She plans to continue working in Canada's remote northern communities after residency with an expanded scope of practice including obstetrics, emergency medicine, hospitalist medicine. Outside of the hospital, she enjoys hiking, playing the french horn and spending time on her grandparents' ranch.

36 Ways to End a Consultation

Dr. Declan Fox & Ms. Andrea Zukowski

Following on the success of this presentation at R&R 2021 and encouraged by the very active audience participation, we are keen to present an updated version with more emphasis on virtual consultations as well as live role plays. This presentation is more suited to the in-person setting anyway and we anticipate very active interaction with our audience.

Objectives

1. Brief review of consultation models.
2. A look at the tiny minority of problem patients who not only mess up our day but mess up our ability to give them useful care.
3. Role play to illustrate a number of useful techniques for bringing consultations to an end.
4. Encourage audience input.
5. Shared ideas.

Dr. Declan Fox - Rural family doctor, now semi-retired, with long standing interest in the processes of consultation. Experience in rural PEI, rural N. Ireland and Scottish Highland/Islands.

Andrea Zukowski is a fourth-year medical student at the University of Ottawa with the goal of practicing broad-scope rural family medicine. In her free time, she enjoys adventuring in the outdoors and can sometimes be found walking her cat on a leash.

Chest Tubes (Repeat)

Dr. John Soles and Dr. Kara Perdue

We will discuss the indications for chest tube drainage, the rationale for using small diameter tubes and those inserted via Seldinger technique. We will spend a significant amount of time inserting chest tubes in models and review the mechanics of chest tube drainage.

Objectives

1. To understand the indications and contraindications for chest tubes.
2. To understand the pros and cons of small diameter tubes and those inserted via Seldinger technique.
3. To practice the insertion of Seldinger technique chest tubes in relatively realistic models.
4. To discuss various aspects of the mechanics of chest drainage.

Dr. John Soles - I have been a rural doctor in Clearwater, BC for 32 years. Our hospital serves a population of about 5000 people.

Dr. Kara Perdue - I am a rural full service family physician who practices in Clearwater BC and Inuvik NT. I practice OB, ER, LTC, palliative and clinic and the little in between time explore the natural backyards of my practice towns.

Tackling 'Wicked' Problems in Rural Health Care: The Adaptive Action Method (AAM) in Action

Dr. Wendy Graham, Dr. Cheri Bethune & Dr. Shabnam Asghari

This workshop is designed to explore innovative strategies to vexing or wicked rural healthcare problems. Grounded in our own challenge of sustaining rural research engagement beyond a core training program (6for6) we approached this complex problem using the Adaptive Action Method (AAM).

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

What delivery methods: Following a brief description of our experience in using the AAM, participants will engage in small group discussion and problem solving around their own wicked problem using the Adaptive Action Method. Participants will leave the workshop with a new approach to tackling insoluble problems in their own rural context.

1. Brief didactic example
 2. Small group discussion around participants identified problem or challenge.
 3. Utilization of the AAM in small group discussion with identified next steps.
- No prerequisite knowledge is required to attend.

Objectives

1. Explore "lessons learned" from a rural health research development program.
2. Learn about the Adaptive Action Method (AAM) as an approach to addressing complex problems within rural healthcare.
3. Apply the AAM to their own current complex problem(s) to catalyse action using peer discussion.

Dr. Graham is a rural family physician and an associate professor at Memorial University. She is one of the leads for '6for6' - a successful faculty development program that teaches research skills to rural and remote physicians. She has held various leadership roles in medical associations and in health policy/healthcare reform. Dr. Graham has been the recipient of various teaching and services awards and received a Senate 150th medal. She was the family physician of the year for Newfoundland and Labrador in 2021.

Cheri Bethune is a family physician clinical educator with appointments at Memorial University (adjunct professor) and NOSM (professor). Her current teaching and research interest includes rural faculty development and distributed medical education.

Dr. Shabnam Asghari (MD, MPH, Ph.D.) is a Professor with the Discipline of Family Medicine, the Research Director for the Center for Rural Health Studies.

Dr. Asghari undertakes research initiatives to support the improvement of health care in rural and remote communities. She is a member of the core team that has conceptualized, developed and delivered the '6 for 6', a unique and internationally recognized faculty development program that supports rural physicians to conduct locally-relevant research through a six-weekend curriculum grounded in education principles.

Dr. Asghari's research interests also include novel methods for large complex dataset analysis and creating simple, interactive tools for patient-centered healthcare decision-making. She has received numerous funds from national and international funding agencies for her research.

So you've agreed to be an Event Medic?

Dr. Samantha Harper

Whether it be a small-town marathon or a wilderness reality TV show, there is often a need for physicians to provide 'first aid' at events in our communities or beyond. It can be daunting to figure out equipment needs, transportation/evacuation protocols, and liability when enlisting to be an Event Medic. Incorporating some real life experience and practical tips, this presentation hopes to provide a framework by which budding Event Medics can plan and operate more comfortably.

Objectives

1. Have a better understanding the medicolegal aspects of providing volunteer (or paid) care in an out-of-hospital environment.
2. Have strategies they can apply to assess risk and better plan equipment and medication needed for an event.
3. Be aware of resources (and their limitations) used for communication and extrication of patients if working remote areas of Canada.
4. Have practical tips on packing, travelling with and obtaining first aid supplies and medication.

Point-of-care Ultrasound (POCUS) in Primary Care

Dr. Virginia Robinson

Learn how you can incorporate POCUS into your office practice. Ultrasound devices are becoming increasingly more prevalent in the office as the cost of owning a handheld device becomes more affordable. Learn how you can leverage this new technology to enhance your practice.

Objectives

Learn how ultrasound can save time and increase diagnostic certainty in the following 4 scenarios:

1. First trimester bleeding, a ten second sweep of the uterus can reassure patients of a live pregnancy, or rule out ectopic.
2. The evaluation of dyspnea. Ultrasound can aid in differentiating pneumonia, from CHF, from PE, from pericarditis.
3. Screening for aortic aneurysm. Don't miss the opportunity to catch this life saving diagnosis.
4. The evaluation of abdominal pain. How to quickly diagnose hydronephrosis, and cholelithiasis.

Virginia Robinson moved to Fernie, BC 20 years ago to ski and mountain bike and never left. She practices maternity and emergency medicine and spends as much time as possible outdoors gardening. Virginia has been using POCUS for over 10 years and teaches both the UBC HOUSE OB and EM courses. She is the rural lead for the Intelligent Network for POCUS and a co-lead of the RCCBC provincial POCUS initiative with Dr. Tracy Morton. As part of her passion for POCUS she is a disciple of “patient centred” and “closer to home” care.

Sepsis Management Updates for Adult and Pediatric Management

Dr. Sean Moore & Dr. Janice Tijssen

This session will highlight the updated Surviving Sepsis Campaign 2021 highlights for both the pediatric and the adult changes with specific attention to rural considerations.

Objectives

1. The participants will be aware of the many new changes to the management of septic shock.
2. The participants will understand treatment priorities that can and should be met given the rural environment.
3. Participants will know the differences between adult and pediatric management guidelines and literature.

Sean is an FRCPC emergency specialist working in Kenora, Ontario. He has spent a career teaching and mentoring students, residents and staff physicians in the fields of transport medicine, simulation based education, and pain management. His blended family includes 6 kids and 20,000 bees.

Climate Change

Dr. Joe Vipond

It is rapidly becoming evident that the climate crisis is indeed an existential threat to our civilization, and perhaps our species. With weather calamities occurring almost daily, and headlines full of dire climate predictions, it can be overwhelming. But physicians have been some of the most effective advocates on the issue, really moving the ball on a number of policies, from a local to national, and even global extent. Learn how you can join the growing legions of physicians making a difference on the world's future.

Objectives

1. To understand the health impacts of the climate crisis.
2. To understand the health benefits of climate mitigation.
3. The physician's role in climate change advocacy.

Joe Vipond has worked as an emergency physician for twenty years, currently at the Rockyview General Hospital. He has been active on the climate crisis since learning of its repercussions 15 years ago . His first advocacy campaign was as a spokesperson and strategist for the Alberta Coal Phase Out movement, and more recently, the Canadian Coal Phase Out network, and with these has had an impact on approximately 66 MT of greenhouse gas emissions, or 9% of Canada's total GHGs. He is President of the national charity Canadian Association of Physicians for the Environment. He is also the co-founder and co-chair of the local non-profit the Calgary Climate Hub, and during COVID, the co-founder of #masks4Canada and ProtectOurProvinceAB. Joe grew up in Calgary and continues to live there with his wife and two daughters.

Rural Mentorship Panel

Dr. Mackenzie Moleski & Dr. Kimberley Chang

This will be a panel style presentation from current mentees and mentors in the SRPC mentorship program. We will highlight the benefits of having a mentor when pursuing a career in rural and remote. We will share our personal experiences with mentorship. This talk is ideal for students/residents interested in acquiring a mentor and those with questions about the SRPC Mentorship program.

Objectives

1. Describe the SRPC Mentorship program.
2. Highlight the benefits of the SRPC Mentorship program for mentors and mentees.
3. Discuss the benefits of having a rural mentor for trainees including: career exploration and guidance, understanding the scope of rural practice, increased rural recruitment and retention, better preparedness for living and practicing rural.

Mackenzie is a R1 in the Kelowna-Rural Family Medicine program. Prior to, and during medical school at the University of Saskatchewan she was able to spend time in Uganda and Vietnam and received her Certificate in Global Health. She soon realized you do not have to travel internationally to practice medicine for underserved populations in resource depleted settings. She is excited to be placed in Inuvik and Haida Gwaii during her R2 year.

Dr. Kimberley Chang - I am an R2 in the UBC Family Medicine program, based out of Nanaimo with an enhanced rural placement in Vanderhoof, BC. I have mentored two 4th year medical students through the SRPC mentorship program in 2021-2022 and am active on the SRPC resident committee, including the Medical Student Outreach subcommittee.

Tools of Advocacy

Dr. Joe Vipond

Advocacy is the lonely odd-man out of the CANMEDs framework. An integral component of being a physician, it is rarely taught, and therefore few physicians feel competent chairing a meeting, or standing in front of a microphone. Yet it truly is only via advocacy that one can change the status quo and seek a better future, for patients, and our society. Learn the tools that allow for the change making that this turbulent world needs.

Objectives

1. Define advocacy, and its role at different levels of engagement, from individual patients, to hospital, to political.
2. Learn best practices for meeting management.
3. Introduction to media, from op/ed writing, to live interviews.

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The 29th Annual Rural & Remote Medicine Course Descriptions & Objectives

Using CTRL+F, you may search this document for keywords, speaker names, or session numbers.

