

Workshop descriptions & objectives

Subject to change – Updated (10/26/24)

Session: 93

Dr. Abigail MacLellan

‘Busy Brains’ in Rural Practice: Identifying Pediatric ADHD and Its Mimics

A 15 minute presentation outlining clinical pearls for ADHD assessment in a pediatric population, tailored to rural and remote settings where diagnoses are being made in primary care. Recognizing the increasing volume of requests for evaluation, we will outline a generalized and high yield approach to gathering information through history and physical exam. Pearls from current guidelines will be presented, and accessible tools to facilitate documentation and ongoing care of kids with ADHD will be shared.

At the conclusion of this presentation, participants will be able to:

1. To gather pertinent history for pediatric ADHD evaluation efficiently, while identifying those children who would benefit the most from a psychoeducational assessment.
2. Participants will be able to develop a focused approach to physical exam for pediatric ADHD assessments and the findings that might signal comorbid conditions.
3. Participants will be able to more easily differentiate between pediatric ADHD and common mimicking presentations.

Session: 94

Dr. Stephanie Smith

A CALM Leadership Approach

The clinical environment presents a variety of stressful situations which can be magnified in rural and remote communities due to limited resources, peoplepower and speciality services. It is essential for clinicians to develop effective stress management tactics to lead and support our teams, so we are set up for success.

At the conclusion of this activity the participants will be able to:

1. Review stress response
2. Review Big4 +
3. Review CALM Leadership approach to leading teams in high stress environments

Session: 95

Dr. Hannah Roberts

Top Ten Emergency Medicine Papers

With 20 minutes I can do Three papers.

<p>Session: 98</p> <p>Dr. Pdraig Casey</p>	<p>Resident Supervision - Are You A "Helicopter Preceptor" Or A "Sink-Or-Swim" Coach?</p> <p>I will present interim findings of a research project in which I interviewed Family Medicine preceptors and recent graduates about their experience and their opinions on their own supervision practice.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Hear the practiced experience of resident supervision across the Maritimes from recent graduates and preceptors. 2. Appreciate the breadth of different experiences. 3. Situate your own supervisory practice within our practice community. 4. Contemplate an individualized approach to resident supervision.
<p>Session: 99</p> <p>Dr. Preston Smith</p>	<p>Navigating New Beginnings: The Launch of UPEI's Regional Medical Campus and the Power of Partnerships</p> <p>This short presentation will describe the early journey of the new medical school as it starts in Aug of 2025 as a regional campus at UPEI of MUN's undergraduate medical education program. Some of the basic principles of change management and their use (or not) will be discussed. The importance of and transformative potential of partnerships especially with the medical community, MUN and HPEI will be described.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Recall the journey to a new medical school on PEI. 2. Explain the transformative role of partnerships and specifically those between the medical community, Health PEI and Memorial University Of Newfoundland Faculty of Medicine. 3. Explain the principles and challenges of change management as seen on PEI.
<p>Session: 100</p> <p>Dr. Cian Ó Móráin</p>	<p>"The Patient's Journey" - Team based algorithms for Patient Management in a Medical Home</p> <p>This presentation aims to demonstrate a patient's journey through a medical home with specific reference to: Understanding the concept of patient medical homes and describe roles, scope and responsibility of team members. We will introduce the concept of population analysis and management and the use of team based algorithms for improving patient care and outcomes.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Concept of medical homes – evidence and outcomes. 2. Clinical evidence based algorithms for Common chronic diseases (HTN, Hypercholesterolemia, Chronic kidney disease, diabetes, etc). 3. Inbox management in team based care. 4. Roles, responsibilities and scope of practice of each team member. 5. Distribution of care throughout team members - moving decision making pathway from physician/NP focused to team based care. 6. Screening and creation of chronic disease registries for population-based management.
<p>Session: 104</p> <p>Ms. Bette Watson-Borg Mr. Peter Snow</p>	<p>Social Isolation and Loneliness in Older Adults: Let's Talk</p> <p>Social isolation and loneliness is impacting the physical, mental and social health of older adults across Canada. The Canadian Coalition for Seniors' Mental Health (CCSMH) has developed clinical guidelines on social isolation and loneliness in older adults primarily for Health Care and Social Service Professionals to support them in their professional roles working with older adults. This workshop will provide opportunity for rural and remote physicians to learn more about specific guideline recommendations and explore practical ways for integration into practice.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Discuss the new CCSMH clinical practice guidelines on social isolation and loneliness in older adults. 2. Reflect on opportunities for rural and remote physicians to utilize the guidelines. 3. Identify where and how specific recommendations might be (or already are) integrated into professional practice.

<p>Session: 105</p> <p>Dr. Stephanie Smith</p>	<p>CALM in CHAOS Workshop</p> <p>The CALM in CHAOS Workshop is designed to provide a tool kit of skills to navigate stressful situations and consolidates learning through exposure to practical simulations (ex: high fidelity, simulation trainers, actor lead or role playing scenarios) followed by a "START" decompression process. These skills ensure learners and clinicians develop the confidence to effectively lead teams in any environment, while shifting from surviving to thriving. *This workshop compliments the CALM Leadership Approach snapper presentation.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Apply stress management tactics to navigate responses in high stress environments 2. Lead teams with greater focus and improved communication 3. Develop strategies to manage new teams and conflict and adapt in challenging environments 4. Deliver effective debriefing session following stressful events.
<p>Session: 106</p> <p>Dr. Declan Fox Mr. Brian Hiscock Ms. Rachel Beyer Ms. Michelle Foster</p>	<p>A New Paradigm for Physiotherapy in Primary Care</p> <p>Prior to the fall of 2021, there were no publicly funded physiotherapy positions in primary care. Hospital departments have traditionally provided outpatient physio however waiting times are typically long, which can lead to worsening of the condition and leading to the need for longer courses of treatment. In essence, long wait almost guarantees greater demand on the service causing a vicious circle of worse access. Brian Hiscock PT and Declan Fox FP pioneered a rapid access MSK assessment service for un-insured patients in Tignish and were amazed to find outcomes audits showed excellent results following minimal intervention. The new Patient Medical Home model in PEI is following a similar approach and Michelle Foster PT and Rachel Beyer PT will talk about this service. We will discuss the wider implications of this approach which may be useful for over-burdened hospital PT departments and encourage audience comment.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Thinking outside the box. 2. Critical analysis of traditional ways of doing things. 3. Take home ideas for improving management of MSK conditions in your clinic. 4. Demonstration of the value of high level collaboration. 5. How we learn to trust colleagues.
<p>Session: 107</p> <p>Dr. Sarah Lespérance</p>	<p>Labs, Damned Labs and Statistics</p> <p>As physicians, we are dealing daily with abnormal tests, and discussing the results with patients and colleagues. In some cases, risk tools and guidelines help guide us in shared decision-making...or do they? In the words of Mark Twain, "There are 3 kinds of lies: lies, damned lies, and statistics." A session to turn the most optimistic into a skeptic, as we delve into the world of truths about the tests we look at daily.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Understand lab variation, costs, and relative benefits of common lab test results. 2. Be familiar with reliability and validity of prediction tools commonly used in primary care. 3. Apply a rational approach to future testing (and hopefully preserve some sense of hope in test utility!).

<p>Session: 108</p> <p>Dr. Tim Woodford</p>	<p>Point of Care Ultrasound (PoCUS) in Rural Family Medicine</p> <p>The future of Point of Care Ultrasound, in Family Medicine, will be as ubiquitous as the stethoscope has been for over 200 years. Going to work without an ultrasound will be the same as going to work without your stethoscope. Using case examples, the presenter will demonstrate how Point of Care Ultrasound can change management of your patients. The PoCUS certification process and necessary equipment costs will be explained.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Using case examples, recognize how Point of Care Ultrasound can change your practice. 2. Explain the PoCUS certification process. 3. Estimate the cost of training. 4. Identify the equipment needs.
<p>Session: 110</p>	<p>The Unforgotten Film Series Indigenous Health Content</p> <p>Play 5 short films. Include toolkit developed by the CMA. (self-reflection) Session to include a moderator and a discussion forum. https://theunforgotten.cma.ca/film</p>
<p>Session: 111</p> <p>Dr. David Wong</p>	<p>Differentiating ADHD from Depression and Anxiety in Adults: A Guide for Practitioners</p> <p>The session focuses on helping practitioners differentiate ADHD from depression and anxiety in adults, as overlapping symptoms can complicate diagnosis and treatment. It will provide guidance on using validated assessment tools and thorough patient history to avoid misdiagnosis and ensure effective treatment. Attendees will gain insights on recognizing when ADHD is misdiagnosed as, or coexists with, anxiety and/or depression for better patient outcomes.</p> <p>At the conclusion of this activity the participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify the clinical presentation and diagnostic criteria for ADHD, depression, and anxiety in adults. 2. Differentiate between the overlapping and distinguishing symptoms of ADHD, depression, and anxiety. 3. Apply evidence-based diagnostic strategies and assessment tools to accurately differentiate these conditions, with a focus on recognizing ADHD in cases of misdiagnosed or comorbid anxiety and depression.
<p>Session: 118</p> <p>Dr. John Chiasson</p>	<p>Married to Your Work, Heading for Divorce</p> <p>This talk will review the unique experience of rural Canadian physicians and the pressures they face as result of insufficient resources, isolation, the impact of colonialism on delivery of care, and other factors identified by rural physicians. Coping strategies that improve resilience and coping will be discussed. Lessons from astronauts may be referenced.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> 1. To recognize what drives burnout for rural physicians. 2. To formulate strategies to mitigate exhaustion, cynicism and ineffectiveness.

<p>Session: 119</p> <p>Ms. Nicole LeBlanc Ms. Gina MacDonald</p>	<p>Navigating Community-Based Recruitment: The Role of the Navigator and Community in Practicing Medicine and Providing Healthcare in Rural Nova Scotia</p> <p>Communities play a vital role in the recruitment and retention of healthcare professionals, especially in rural communities. From supporting medical students to participating in Nova Scotia Health recruitment work, to retention activities, we will explore the projects, strategies, and efforts being made in rural Nova Scotia by community health navigators. Topics will include funding and stakeholders, the role of various stakeholders, the role of physicians and primary care providers in successful community-based recruitment, how the network of community navigators in Nova Scotia work collaboratively, and examples of the events and tools that have brought success.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> 1. Distinguish between the role of the traditional, employer-based recruiter and community-based navigators and organizations. 2. Identify the community stakeholders that play a role in community-based recruitment and retention. 3. Plan how to utilize navigators to maximize attraction, recruitment, and retention efforts in rural areas.
<p>Session: 120</p> <p>Dr. Margo Wilson</p>	<p>Hands On Ultrasound (Closed Session)</p> <p>In this workshop, participants will have the opportunity to practice lung ultrasound. Participants will identify relevant anatomy to identify a pneumothorax and pleural effusions.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> 1. Review relevant anatomy and how it appears on ultrasound. 2. Demonstrate technique to identify pneumothorax and pleural effusion on ultrasound. 3. Interpret POCUS images to identify pathology. 4. Integrate POCUS findings in clinical scenario. 5. Identify potential pitfalls in the use of lung POCUS.
<p>Session: 124</p> <p>Dr. Michael Coldwell</p>	<p>A Resident's Approach to Creating and Leading Rural Simulation Cases</p> <p>This session covers practical, high-yield tips to plan, write, and deliver simulation cases; particularly for rural and regional medical trainees.</p> <p>Throughout residency, I've collaborated with an interprofessional simulation team to write simulation cases and lead their deliveries/debriefs for rural learners. This was a tremendous learning experience as a resident, which this session aims to distill into an approach with 5 steps: collaborate with your team, plan out a curriculum, use a standard template to write cases (shared during this session), integrate a "rural flare" into cases (e.g., POCUS integration, real-time remote specialist calls, etc.), and take a thoughtful approach to debriefs. This session will chat about each step, share high-yield tips that I've learned for each one, and open things up for discussion to share different perspectives and best practices.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> 1. Apply a general approach to planning and executing simulation-based cases for rural learners. 2. Identify opportunities for interprofessional collaboration in simulation curriculum. 3. Write a simulation case designed for rural learners. 4. Integrate rural-specific aspects into simulation cases to increase their realism and relevance for rural practitioners. 5. Implement effective practices for carrying out simulation debriefs for learners.

<p>Session: 125</p> <p>Dr. David Antle</p>	<p>Stabilization Efforts for our Overstressed Rural Medical Practices: Experiences with Implementing a Team-Based Care Approach at a Multi-Practice Family Medicine Centre on PEI</p> <p>My talk would be revolve around adaptations our specific medical Centre as made towards team-based care, the strategies we have used, and how it has stabilized our overburdened medical practices.</p>
<p>Session: 126</p> <p>Dr. Margo Wilson</p>	<p>Hands On Ultrasound (Closed Session)</p> <p>In this workshop, participants will have the opportunity to practice lung ultrasound. Participants will identify relevant anatomy to identify a pneumothorax and pleural effusions.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> 1. Review relevant anatomy and how it appears on ultrasound. 2. Demonstrate technique to identify pneumothorax and pleural effusion on ultrasound. 3. Interpret POCUS images to identify pathology. 4. Integrate POCUS findings in clinical scenario. 5. Identify potential pitfalls in the use of lung POCUS.
<p>Session: 129</p> <p>Dr. Sean Wilson</p>	<p>The Long Journey Home: Canadian Military Veterans as a Special Population in Rural Communities</p> <p>Canadian Veterans represent a small portion of the Canadian population, but overwhelmingly come from, and return to, rural communities. Understanding the common characteristics of those who choose to serve, the impact of integration into military culture, and the implicit stressors of service allows us to better address the health care needs of a population frequently encountered in rural practice in Canada. This session offers the opportunity to gain insight into the process of becoming a member of the Canadian Forces, common experiences and cultural norms among military members, and the unique challenges faced by veterans as they attempt to reintegrate into their communities of origin, and the broader Canadian culture.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ol style="list-style-type: none"> 1. Recognize how the population characteristics of rural communities account for a disproportionate rural representation among those who serve in the Canadian Armed Forces 2. Comprehend how the deliberate process of integration into the military organization presents specific challenges to veterans on leaving the Canadian Armed Forces. 3. Identify how military cultural factors, implicit stressors of armed service, and pre-service life contribute to the complex health needs of veteran patients. 4. List services and organizations available to support veterans in transition. 5. Employ an informed/considered approach to the veteran patient in your practice.
<p>Session: 130</p> <p>Mr. Brian Hiscock Dr. Declan Fox</p>	<p>Hands-on Musculo-Skeletal Examination (Closed Session)</p> <p>Musculo-skeletal (MSK) examination is still poorly taught, despite MSK conditions making up a significant amount of family Doctor workload. In this intensely practical workshop, an experienced Physiotherapist (Brian Hiscock), will take participants through a series of specific MSK history and examination techniques. He has considerable experience working in a service with limited time and resources, and has developed several time saving routines, very relevant to family Doctors. His Co-presenter, Dr. Declan Fox, is an experienced rural family Doctor who sees lots of fishers, farmers and construction workers who need rapid access to skilled MSK assessment, diagnosis and treatment plans. Participants will have opportunities to practice examination techniques.</p> <p>At the conclusion of this activity, the participants will be able to:</p> <ol style="list-style-type: none"> 1. Assess and perform clinically relevant patient history inquiry and Musculo-Skeletal (MSK) testing. 2. To effectively differentiate and identify common MSK disorders.

<p>Session: 136</p> <p>Dr. Hannah Roberts</p>	<p>Food Allergy: Clinical Pearls in Diagnosing, Managing, and Preventing IgE-Mediated Food Allergy</p> <p>There have been many recent advancements in prevention and management of food allergy. During this short presentation, we will discuss important clinical pearls and pitfalls in diagnosing and managing IgE-mediated food allergy.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> 1. Recognize the signs and symptoms of IgE-mediated food allergy. 2. Recall recommendations for the early introduction of common allergens to infants. 3. Employ strategies to help prevent food allergy development.
<p>Session: 137</p> <p>Dr. Trina Stewart</p>	<p>PMH Development and Evolution in PEI: Considerations</p> <p>Patients medical home</p>
<p>Session: 139</p> <p>Ms. Bethany MacIsaac Dr. Meghan Cameron</p>	<p>Mi'kmaq Patient Medical Home</p> <p>Bethany MacIsaac Senior Health Advisor for the Mi'kmaq Confederacy of Prince Edward Island and Dr. Meghan Cameron Family Physician in the Crapaud Patient Medical Home and Indigenous Program Medical Advisor for the Lennox Island Patient Medical Home will provide a brief high-level overview of the collaborative, innovative and unique implementation of Mi'kmaq Patient Medical Homes in Epektwik.</p> <p>At the conclusion of this activity, the participants will be able to:</p> <ol style="list-style-type: none"> 1. Overview of the roles of the MCPEI Senior Health Advisor and Indigenous Program Medical Advisor for the Lennox Island Patient Medical Home. 2. Recognize the unique qualities that differentiate the Mi'kmaq Patient Medical Home from the Provincial Patient Medical Homes. 3. Awareness of work ongoing within Mi'kmaq health centers in Epektwik/PEI.
<p>Session: 143</p> <p>Dr. Gerard MacDonald</p>	<p>From Ear to There: Everything You Wanted to Know About Urgent Ear Disorders in 15 Minutes</p> <p>Urgent otologic symptoms are one of the most frequent presenting complaints to busy offices, urgent care center's and ER's. This brief talk will help you to recognize and treat but also importantly know when to refer in a timely manner .</p> <p>At the conclusion of this activity participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify clinical pearls to guide treatment of common urgent conditions of the outer, middle and inner ears . 2. Identify knowing when to refer in a timely manner.