



**32nd ANNUAL**  
**Rural and Remote**  
Medicine Conference

**APRIL 24-26, 2025**  
**WINNIPEG, MANITOBA**  
RBC CONVENTION CENTRE

Presented by:



# PROGRAM



[ruralandremotekonference.ca](http://ruralandremotekonference.ca)

## SRPC IS PROUD TO PRESENT THE 32ND ANNUAL RURAL AND REMOTE MEDICINE CONFERENCE



### **Where the Rivers Meet: Building Bridges in Rural Medicine for a Brighter Future**

We are thrilled to be hosting the 32nd Annual Rural and Remote Medicine Conference in Winnipeg, Manitoba.

This year's Rural and Remote conference theme, "Where the Rivers Meet: Building Bridges in Rural Medicine for a Brighter Future," is inspired by the convergence of rivers in Winnipeg, our host city. The theme symbolizes the power of connection—bringing together rural healthcare professionals to share knowledge, foster community, and address the challenges of burnout that have become even more pressing post-pandemic. By building bridges, we aim to create a stronger, more resilient future for rural medicine.

This Group Learning has been certified for up to 18 Mainpro+® credits.

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Association of Emergency Physicians. You may claim a maximum of 18 hours (credits are automatically calculated).







## R&R CO-CHAIRS AND PLANNING COMMITTEE

Our 2025 co-chairs are Dr. Sarah Giles and Dr. Selena Papetti. The SRPC R&R Planning Committee is tasked with organizing the growing and dynamic Rural & Remote Medicine Conference. Now involving over 1,000 participants, it is one of the largest rural medicine conferences in Canada. Renowned for its excellent peer-to-peer teaching and hands-on workshops, it is one of the few conferences that takes no funding from pharmaceutical companies.



**DR. SARAH GILES**

Dr. Sarah Giles is a rural generalist who lives in beautiful Kenora, Ontario (or, as we call it, Mantario). Sarah spends most of her time working in the ER but also works as a hospitalist. Having practised medicine on every continent, Sarah now enjoys the challenges of living in one place. A rabid fan of rural and remote medicine, Sarah considers the SRPC her professional home and she is thrilled to share it with others (especially learners) through co-organizing the conference.



**DR. SELENA PAPERETTI**

Dr. Selena Papetti, from St. Boniface, completed her medical training in the bilingual stream at the University of Manitoba. She practices in Seven Sisters Falls, focusing on primary care, office procedures, home visits, and personal care home work.

As Associate Head of Distributed Medical Education for the Department of Family Medicine at the University of Manitoba, Dr. Papetti has over ten years of experience teaching medical students and residents, sharing her passion for rural family medicine.

MRS. JENNIFER BARR

MS. JESSICA BENNETT

DR. PAUL CANO

MRS. DIANA CHAVEZ

DR. SHERIF EL MENIAWY

DR. DECLAN FOX

DR. SARAH GILES

MS. JESSICA KATERENCHUK

MRS. JENNA KEINDEL

MS. PATTI KEMP

DR. SCOTT KISH

DR. DARLENE KITTY

MS. KRISTEN KLUKE

DR. MICHELLE LAJZEROWICZ

DR. COURTNEY LEARY

MR. AARON LEWIS

DR. TRINA MATHISON

DR. SEAN MOORE

DR. TINA NASH

DR. SELENA PAPERETTI

MS. KELLY PETERS

MS. CHANTAL SCHULTZ

DR. KYLE SUE-MILNE

MS. AMY TOLHURST (ANNEMARIE GOODALL)

MS. STACEY THOMSON

DR. JANET TOOTOOSIS

DR. JON WITT





# PROGRAM OVERVIEW\*

\*Subject to change

\*All conference details, will be made available the week of the event on the WHOVA conference app.

\*For an overview of social events, please refer to the conference website

## DAY 1 • THURSDAY, APRIL 24, 2025

7:00–8:00	BREAKFAST AND REGISTRATION
8:00–9:00	WELCOME REMARKS AND OPENING CEREMONY
9:00–10:00	PLENARY #1
10:00–10:20	REFRESHMENT BREAK
10:20–11:20	CONCURRENT SESSIONS - 100 BLOCK
11:20–11:30	TRAVEL TIME
11:30–12:30	CONCURRENT SESSIONS - 120 BLOCK
12:30–13:30	LUNCH
13:30–14:30	CONCURRENT SESSIONS - 140 BLOCK
14:30–14:40	TRAVEL TIME
14:40–15:40	CONCURRENT SESSIONS - 160 BLOCK
15:40–16:00	REFRESHMENT BREAK
16:00–17:00	CONCURRENT SESSIONS - 180 BLOCK
17:00–19:00	FAMILY FRIENDLY MIX 'N' MINGLE
18:00–21:00	STUDENT/RESIDENT SOCIAL
21:00–22:00	HOCKEY NIGHT IN CANADA



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## DAY 2 • FRIDAY, APRIL 25, 2025

7:30–8:30	BREAKFAST AND REGISTRATION
8:30–9:30	CONCURRENT SESSIONS - BLOCK 200
9:30–9:40	TRAVEL TIME
9:40–10:40	CONCURRENT SESSIONS - BLOCK 220
10:40–11:00	REFRESHMENT BREAK
11:00–11:30	SRPC STORY TIME
11:30–12:30	PLENARY #2
12:30–13:30	LUNCH & RURAL RESEARCH POSTER PRESENTATION
14:45–13:30	SRPC AGM
13:30–14:30	CONCURRENT SESSIONS - BLOCK 240
14:30–14:40	TRAVEL TIME
14:40–15:40	CONCURRENT SESSIONS - BLOCK 260
15:40 -16:00	REFRESHMENT BREAK
16:00–17:00	CONCURRENT SESSIONS - BLOCK 280
17:15–18:15	STUDENT, RESIDENT, MENTOR RECEPTION
18:30–21:00	AWARDS DINNER
20:00–22:00	2SLGBTQIA+ SOCIAL
21:00–23:00	JAM SESSION



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## DAY 3 • SATURDAY, APRIL 26, 2025

7:30–8:30	BREAKFAST AND REGISTRATION
8:30–9:30	CONCURRENT SESSIONS - BLOCK 300
9:30–9:40	TRAVEL TIME
9:40–10:40	CONCURRENT SESSIONS - BLOCK 320
10:40–11:00	REFRESHMENT BREAK
11:00–11:30	SRPC PRESIDENT'S ADDRESS
11:30–12:30	PLENARY #3
12:30–13:30	LUNCH
13:30–14:30	CONCURRENT SESSIONS - BLOCK 340
14:30–14:40	TRAVEL TIME
14:40–15:40	CONCURRENT SESSIONS - BLOCK 360
15:40 -16:00	REFRESHMENT BREAK
16:00–17:00	CONCURRENT SESSIONS - 380 BLOCK
18:30 –23:00	WRAP UP PARTY



# Add-On Courses

The R&R event provides a unique opportunity to engage in additional add-on courses. These courses are scheduled either before or after the main conference, allowing you to maximize your time with us. Each course provider manages their own registration and cancellation policies, so if you need to withdraw from a course, please reach out to the respective provider directly.

## Available Add-On Courses:

**EXCELLENCE IN POINT OF CARE ULTRASOUND**

**ADVANCED TRAUMA LIFE SUPPORT (ATLS)**

**AIRWAY INTERVENTIONS AND MANAGEMENT IN EMERGENCIES (AIME)**

**CASTED: EMERGENCY**

**PEDIATRIC ADVANCED LIFE SUPPORT (PALS)**

**BASIC LIFE SUPPORT (BLS)**

[LEARN MORE HERE](#)



# DESCRIPTIONS & OBJECTIVES

\*Updated April 14, 2025 – Subject to change

<p><b>Session: 93</b></p> <p>Dr. Marcia Anderson</p>	<p><b>We Are All Ongomiizwin</b></p> <p>Dr. Anderson will share stories and lessons from her personal journey as an Indigenous physician leader as well as a co-builder/ co-leader of Ongomiizwin with a goal of inspiring the audience with new ideas of what is possible in Indigenous medical education and Indigenous health.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify their roles/ responsibilities in Indigenous health based on their own positionality and self-location</li> <li>2. Provide examples of how traditional Indigenous teachings can guide our shared work in reconciliation</li> <li>3. Develop action plans that create or build on momentum within their own institutions to contribute to a representative Indigenous and skilled, culturally safe physician workforce</li> </ol>
<p><b>Session: 100</b></p> <p>Dr. Andrew Hall Dr. Jennifer Ritter</p>	<p><b>What Parents Want to Know about ADHD</b></p> <p>It is well-documented that parents of children who have ADHD seek holistic and comprehensive information to better understand ADHD and it's various treatments. It has also been established that parents view family physicians as trusted experts for knowledge and advice on this topic. However, many care providers do not feel equipped to provide broad level information about ADHD in a time efficient manner and in accordance with parent needs, often leading to parent distress and suboptimal treatment engagement. In this presentation we will review research findings that address parental information needs and preferences about childhood ADHD. Participants will be taught straight-forward approaches to explain and discuss important aspects of ADHD and interventions. Topics will include explaining ADHD as a disorder of executive functioning, functional implications of ADHD across development and effective parenting approaches.</p> <p>After the session, participants will be better able to:</p> <ol style="list-style-type: none"> <li>1. Formulate their understanding of ADHD and how it can impair functioning in children.</li> <li>2. Summarize and explain essential aspects of ADHD to parents.</li> <li>3. Create brief information modules to be used in clinical sessions with families.</li> </ol>



<p><b>Session: 102</b></p> <p>Dr. James Goertzen Dr. Sarah Newbery</p>	<p><b>SRPC Leadership Development Institute: Leading with Psychological Safety (2 Hours)</b></p> <p>Join us for the SRPC Leadership Development Institute - opportunities to further develop leadership skills and network with colleagues. Content will be relevant to practitioners in their first five years of practice along with developing and experienced leaders. Co-creating psychological safety on clinical, administrative, or educational teams is important for effective leaders. Psychological safety is a key attribute of high performing teams: a belief that team members feel comfortable sharing ideas, opinions, concerns, questions, and mistakes without being punished or humiliated. Innovation, improved performance, human resource retention, and team resiliency are nurtured by a foundation of psychological safety. As psychological safety leadership strategies continue to evolve, current best practices will be highlighted. Deepen your knowledge and practice skills in the Leadership Lab which follows this session.</p> <p>Participants who attend this session will receive a certificate recognizing their participation in the SRPC Leadership Development Institute.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the impact of psychological safety within a clinical, administrative, or educational team.</li> <li>2. Identify three strategies to co-create psychological safety.</li> </ol>
<p><b>Session: 103</b></p> <p>Dr. Sarah Giles Dr. Laura Noack</p>	<p><b>Cottage Country Nightmares</b></p> <p>The work in Kenora, Ontario (cottage country for Winnipeg) is never dull, especially in the summer. Long-time colleagues and friends, Dr. Sarah Giles and Dr. Laura Noack will review some of the wildest emergency cases of their careers.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss the approach to a patient who has an injury or illness you never dreamt of.</li> <li>2. Work through the CABs in challenging cases.</li> <li>3. Affirm the need for rural generalists.</li> <li>4. Remind folks that rural generalism is the best job in the world.</li> </ol>
<p><b>Session: 104</b></p> <p>Dr. David Jerome</p>	<p><b>Management of Bleeding and Tourniquet Use in the Rural ED</b></p> <p>Tourniquets are a highly effective tool to manage life-threatening bleeding. Their use has been shown to be very safe in urban environments, but in rural contexts with prolonged evacuation times there are additional risks associated with prolonged tourniquet time. Rural and remote providers must know when it is appropriate to take off a tourniquet, and how to do so safely. This presentation will review the appropriate use of tourniquets, the complications associated with prolonged tourniquet time, indications for tourniquet removal (aka tourniquet conversion) and the medical management of tourniquet-associated reperfusion syndrome. We will also review alternate methods of hemorrhage control available to the rural provider.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Apply a variety of methods to manage significant life-threatening hemorrhage</li> <li>2. Describe the contraindications to tourniquet removal</li> <li>3. Manage the complications associated with prolonged tourniquet time and tourniquet-associated reperfusion syndrome</li> </ol>

<p><b>Session: 105</b></p> <p>Dr. Sabrina Slade</p>	<p><b>Behind the Screens: Unmasking the Mystery of Chest X-Rays</b></p> <p>Get ready for a fun and insightful 1-hour presentation, "Behind the Screens: Unmasking the Mystery of Chest X-Rays!" We'll dive into the fundamentals of chest X-ray interpretation, making sense of what's hiding in plain sight. Through engaging cases and real-life examples, you'll learn how to systematically approach reading chest X-rays, spot common abnormalities, and avoid pitfalls that can trick even seasoned clinicians.</p> <p>Whether you're a beginner or looking to brush up on your skills, this session will help you confidently decode chest X-rays and enhance your diagnostic accuracy.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Systematic Approach: Learn a step-by-step method for interpreting chest X-rays to ensure a thorough and accurate evaluation.</li> <li>2. Anatomical Recognition: Identify key anatomical structures and understand their normal radiographic appearance on chest X-rays.</li> <li>3. Common Pathologies: Recognize frequently encountered chest X-ray abnormalities, such as pneumonia, pneumothorax, pleural effusion, and cardiac enlargement.</li> <li>4. Pitfall Prevention: Understand common misinterpretations and learn how to avoid pitfalls in chest X-ray analysis.</li> <li>5. Diagnostic Confidence: Build confidence in applying your knowledge to real-world clinical scenarios, improving diagnostic accuracy and patient care.</li> </ol>
<p><b>Session: 106</b></p> <p>Dr. Cornelius Woelk</p>	<p><b>Lessons Learned in Palliative Care</b></p> <p>Caring for patients nearing the end of their lives can be a challenging but extremely fulfilling part of practice for family physicians. For those living in rural areas, it becomes a necessity, as patients often choose to remain home as long as possible, or even until the end of their lives. Over 35 years medical practice including all aspects of family medicine, as well as cancer care and over 25 years of providing regional palliative care services has resulted in a long list of learnings. This session will highlight some of the presenter's most important relating to palliative care and its delivery in a rural region.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize the importance and become more motivated to provide palliative care services to their rural population.</li> <li>2. Explain the concept and benefits of "early palliative care" and how that relates to their patient population.</li> <li>3. Describe the importance and nuances of prognostication in the context of discussions around serious illness.</li> <li>4. Integrate the use of medications, given by less common means, for 3 common scenarios, into their palliative care practice.</li> </ol>

<p><b>Session: 107</b></p> <p>Dr. Mark Forsyth</p>	<p><b>Colorectal Cancer rates and challenges to Colorectal Cancer Screening in Rural/Remote Settings During Coronavirus Pandemic</b></p> <p>Access and delivery of health care in rural and remote settings is challenging at the best of times. The Corona virus pandemic exacerbated these challenges. This presentation will discuss colorectal cancer diagnosis and colorectal screening rates for people in rural and remote settings during this time. This presentation will discuss how the pandemic effected delays in screening for colorectal cancer as well as delays in diagnosis and subsequently mortality and morbidity for patients with colorectal cancer from rural and remote settings. This presentation will also discuss initiatives and strategies to improve colorectal cancer screening and treatment for patients in these settings.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. To review colorectal cancer diagnosis rates in rural/remote settings during corona virus pandemic.</li> <li>2. Discuss barriers to colorectal cancer screening during Coronavirus pandemic in rural and remote settings.</li> <li>3. Discuss barriers to treatment for colorectal cancer during Coronavirus pandemic for patients during Coronavirus pandemic.</li> <li>4. Identify strategies to improve colorectal cancer screening in Rural/Remote Settings.</li> <li>5. Identify strategies to improve treatment of Colorectal Cancer for patients in Rural/Remote Settings.</li> </ol>
<p><b>Session: 108</b></p> <p>Dr. Wilson Lam</p>	<p><b>Getting With the Times: 2025 Airway Update for the Rural ED</b></p> <p>This presentation will highlight new advancements in recommendations for airway management - tailored specifically to the limited resources of the rural ED environment.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the indications for advanced methods of preoxygenation before intubation</li> <li>2. Recognize when and how to perform awake tracheal intubation</li> <li>3. Develop an approach to troubleshooting the failed intubation attempt</li> </ol>
<p><b>Session: 109</b></p> <p>Dr. Wade Mitchell Ms. Anneke Froentjes</p>	<p><b>How to do a Skin Exam</b></p> <p>This session will demonstrate on live volunteers how to do a fulsome skin exam in the office. It will review the use of a dermoscope to identify normal and abnormal patterns that may indicate the need for skin biopsies. If time permits we will hopefully have participants examine our volunteers using a dermoscope.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. How to do a fulsome head to toe assessment of a patient at higher risk of skin cancer.</li> <li>2. How to use a dermoscope to assess suspicious lesions using the 2 step process ( a hand out will be given to each participant to use as a resource).</li> </ol>
<p><b>Session: 120</b></p> <p>Dr. Filip Gilic</p>	<p><b>Timber! A Common Sense Approach to Syncope</b></p> <p>Syncope is a common, serious and vexing presentation. In this interactive workshop, we will use a physiology-based approach to understand the common causes of syncope, the questions to ask and tests to run; relevant workups and deciding who can go home and who needs to stay.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the pathophysiology of syncope</li> <li>2. Use high yield history and physical features to detect serious causes</li> <li>3. Select effective and efficient testing strategies</li> <li>4. Decide on safe dispositions and workup strategies</li> </ol>

<p><b>Session: 122</b></p> <p>Dr. James Goertzen Dr. Sarah Newbery</p>	<p><b>SRPC Leadership Development Institute - Leadership Lab: Leading with Psychological Safety (2 Hours)</b></p> <p>Join us for the SRPC Leadership Development Institute Leadership Lab - opportunities to deepen your knowledge of psychological safety, identify practical applications, and practice leadership skills. Co-creating psychological safety is best framed as a team culture shift that occurs over time. Psychological safety strategies include framing activities with clear expectations, demonstrating situational humility, expressing appreciation, and destigmatizing failure. Leadership strategies will be demonstrated and practiced using short videos, case examples, and small group activities. Additional resources will be identified to support ongoing leadership development.</p> <p>Participants who attend this session will receive a certificate recognizing their participation in the SRPC Leadership Development Institute.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Apply psychological safety strategies within a clinical, administrative, or educational team.</li> <li>2. Identify resources and networks to support ongoing leadership development.</li> </ol>
<p><b>Session: 123</b></p> <p>Dr. Andrea Chittle</p>	<p><b>Infectious Insights: What's New in Bacterial STI Prevention and Care?</b></p> <p>This session will use an interactive, case-based format to review updated prevention, screening and treatment recommendations for bacterial sexually transmitted infections from the National Advisory Committee for Sexually Transmitted and Blood-Borne Infections (NAC-STBBI). It will highlight updated recommendations for chlamydia and gonorrhea screening for pregnant and non-pregnant individuals and interim recommendations for gonorrhea treatment. It will also share STBBI resources for healthcare providers from the Public Health Agency of Canada.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recall, refer to and implement updated national screening recommendations for chlamydia and gonorrhea in their practice.</li> <li>2. Recall, refer to and implement new interim national recommendations for the treatment of uncomplicated gonorrhea infections.</li> <li>3. Access the Public Health Agency of Canada's STBBI resources for healthcare professionals.</li> </ol>



<p><b>Session: 124</b></p> <p>Mr. Lyndon Swick Ms. Caitlin Bittman Ms. Heather A. Tomlinson Dr. Martin Dawes</p>	<p><b>Innovations and Challenges in Rural and Remote Clinical Care</b> Moderator - Jessica Kainth</p> <p>Oral Research Presentations - Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 4 - 5 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&amp;A is allotted after each presentation.</p> <p>This session explores critical clinical issues in rural and remote healthcare settings, highlighting challenges in stroke care, cardiac emergencies, and cancer diagnosis. Presenters will discuss innovative approaches and solutions to improve patient outcomes in underserved areas.</p> <p>Mr. Lyndon Swick - Understanding frostbite presentation and care in Ontario 2010-2018</p> <p>Ms. Caitlin Bittman - The Broselow tape isn't pulling its weight: A review of the literature from 2017 to present</p> <p>Ms. Heather A. Tomlinson - Patient-described barriers and facilitators to post-stroke care in rural northern Alberta</p> <p>Dr. Martin Dawes - Optimizing equitable cancer diagnoses in Canada</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify key barriers and facilitators to post-stroke care in rural settings.</li> <li>2. Examine strategies for managing acute myocardial infarction in resource-limited areas.</li> <li>3. Explore approaches to improving equitable cancer diagnoses across Canada.</li> <li>4. Discuss innovative solutions to enhance rural and remote clinical care.</li> </ol>
<p><b>Session: 125</b></p> <p>Dr. Darlene Kitty</p>	<p><b>Moving Towards Cultural Safety, Anti-racism, and Reconciliation</b></p> <p>This session will review cultural safety and related concepts, the history and impact of residential schools and systemic racism affecting Indigenous populations and their health. Pearls, including a holistic approach in caring for Indigenous patients, families will be shared and applied to interactive case discussions.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define cultural awareness, cultural sensitivity, cultural competency, cultural safety, and cultural humility.</li> <li>2. Explain the historical impact of residential schools and how the TRC Calls to Action contribute to reconciliation.</li> <li>3. Discuss how systemic racism has negatively affected the health and well-being of Indigenous peoples and ways to address it in your workplace.</li> <li>4. Acquire and apply pearls to effectively interact with and give culturally safe care to Indigenous patients, families, and communities using case discussions.</li> </ol>

<p><b>Session: 126</b></p> <p>Dr. Simon Moore Dr. Paul Dhillon</p>	<p><b>Smart Studying for the CCFP Exam: Tips, Tricks, and Strategies</b></p> <p>Using their energetic and engaging teaching style, and a dynamic two-speaker presentation format, Dr. Moore &amp; 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. They will also review important exam strategies and tools to help increase exam performance. This session is highly interactive, making use of mock quizzes, audience involvement, and question-and-answer sessions.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Master simple, easy-to-remember tools to understand and efficiently apply the Patient-Centred Approach that underlies the CCFP exam</li> <li>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</li> <li>3. Augment performance by implementing in-exam techniques that increase mental performance and aid in easily identifying common CCFP exam errors.</li> </ol>
<p><b>Session: 127</b></p> <p>Dr. Shaminder Dhillon Dr. Sandeep Kaur</p>	<p><b>Emerging and Re-emerging Infectious Diseases</b></p> <p>This presentation will explore the emergence and re-emergence of infectious diseases in Canada driven by globalization, immigration, and environmental changes. The main focus of this presentation will be viral hemorrhagic fevers, multidrug-resistant bacterial infections, and vector-borne diseases. We will discuss the increasing incidence and impact on Canadian public health. Attendees will gain insights into recent outbreaks, the underlying mechanisms of disease transmission, and associated risk factors. By examining research and available data, we will highlight the role of vaccines, public health measures, and individual responsibility in preventing and controlling these infections. This session is designed to equip healthcare professionals with practical knowledge to address these evolving challenges in a multicultural and globally connected society.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify key Emerging and Re-emerging infectious agents impacting Canadian public health.</li> <li>2. Explain the pathogenesis, transmission dynamics, and outcomes of diseases like West Nile Virus, Zika, Lyme disease, and multidrug-resistant bacterial infections.</li> <li>3. Analyze risk factors and the epidemiological impact of globalization, immigration, and travel on the spread of emerging infections.</li> <li>4. Evaluate prevention strategies, including vaccination, public health policies, and traveler education, to mitigate the impact of these diseases.</li> <li>5. Assess recent research developments and innovations in controlling and preventing emerging infections.</li> </ol>
<p><b>Session: 128</b></p> <p>Dr. Punkuj Chawla</p>	<p><b>Wound Care Management: Common Myths &amp; Mistakes</b></p> <p>Simple and Complex Wounds are more frequent in medical practice than we realize. Healthcare providers are taught very little throughout medical school and residency. This presentation session breaks down a simplified approach to wound care and addresses common pitfalls in wound management. The participant will walk away understanding the building blocks to managing simple or complex wounds in a clinical setting.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Will gain a practical approach to simple and complex wound care.</li> <li>2. Will be able to recognize and apply appropriate dressings needed for specific wound types.</li> <li>3. Will be able to identify and address common pitfalls that arise in wound care management.</li> </ol>

<p><b>Session: 129</b></p> <p>Dr. Bruce Hobson Miss. Angela Wagner Ms. Laura Beamish</p>	<p><b>Strengthening Rural Medicine Through Coaching and Mentoring</b></p> <p>Rural physicians leverage coaching and mentoring skills to foster meaningful relationships with their colleagues, navigate challenging conversations with patients, and support new-to-practice physicians. Strengthening coaching and mentoring skills can enhance effective communication between peers, teams and patients. This increases resilience, well-being and professional satisfaction.</p> <p>The University of British Columbia, Division of Rural Continuing Professional Development Coaching and Mentoring Program (CAMP) offers coaches and mentors an opportunity to learn and practice coaching and mentoring skills, stimulate new ways of thinking, and strengthen rural connections. In these workshops, expert coach facilitators will create a highly inclusive and engaging learning environment, where participants will gain and practice key coaching and mentoring skills with peers.</p> <p>Developing Canadian rural physicians' coaching and mentoring skills can enable them to communicate more effectively, use tools and resources to navigate difficult conversations, and increase confidence in their role. CAMP has partnered with organizations across Canada, such as Rural Health Professions Action Plan and Northern Ontario School of Medicine, to train rural physicians and spread the benefits of strengthening coaching and mentoring skills.</p> <p>About CAMP: CAMP helps sustain high-quality health care services by fostering peer connections in rural practitioner networks. It matches experienced coaches with coaches who would like to further develop their clinical skills, confidence, and relationships. Coaches may discuss any topic with their coach; common areas of support are personal wellness, transitions in practice and clinical skills such as point of care ultrasound or surgical skills. Coaches meet with their coach virtually, in-person, or at a higher volume centre. Every rural physician can access 35 hours of coaching/mentoring through CAMP.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Learn about a coaching and mentoring skill</li> <li>2. Practice using a coaching and mentoring skill</li> <li>3. Gain an understanding of the UBC Rural CPD Coaching and Mentoring Program</li> </ol>
<p><b>Session: 140</b></p> <p>Dr. Filip Gilic Dr. Kavi Singh</p>	<p><b>Go With the Flow: Strategies for ED Efficiency</b></p> <p>As an ED doc, your patient is the entire ED. As patient wait times lengthen, morbidity and mortality starts to soar. Using evidence-based techniques sourced from cognitive psychology, Formula 1 pit crew training and industrial engineering, in this interactive workshop we will deconstruct an individual patient encounter to its core elements; and then move to the entire ED and solve flow puzzles in a way that optimizes throughput and efficiency.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the epidemiology of wait times.</li> <li>2. Utilize schemas and separators to efficiently parse an encounter.</li> <li>3. Use complementary System 1 and 2 cognitive strategies to ensure patient safety while optimizing flow.</li> <li>4. Attend to patient agendas in an efficient manner.</li> <li>5. Eliminate rate-limiting steps in a systematic fashion.</li> </ol>

<p><b>Session: 141</b></p> <p>Dr. Len Kelly</p>	<p><b>Rural Research Workshop</b></p> <p>This will be an informal workshop, which will include an overview and time for discussing attendees' particular challenges and projects. All are encouraged to bring research ideas forward.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss the value of locally driven research.</li> <li>2. Understand the challenges and limitations.</li> <li>3. Present and review attendees' original topics and troubleshoot how to proceed.</li> <li>4. Going over the basics: resources (time, skill, finances); collaborating; community acceptance and relations; ethics; writing and publishing results.</li> </ol>
<p><b>Session: 142</b></p> <p>Dr. Nagham El-houssein</p>	<p><b>Implementing "Positive Medicine": The Secrets to Burnout Prevention and Physician Retention</b></p> <p>Rural Medicine demands resilience, compassion, and unwavering dedication. Rural Physicians often take on extensive care of their patients encompassing complete cradle to grave care, the risk of burnout can be particularly high. This talk introduces "Positive Medicine," a powerful intersection of clinical medicine, lifestyle medicine, and positive psychology, designed to enhance resilience, foster connection, and prevent burnout. Two strategies will be discussed to aim to help attendees implement Positive Medicine strategies, namely creating meaningful connections, and maintaining a new set of professional boundaries. Attendees will explore strategies to integrate Positive Medicine into daily practice, focusing on sustainable methods to reinforce a lifelong love for the profession, encourage deeper connections with patients, and set personal and professional boundaries. Through this presentation, rural physicians will gain tools to not only sustain their passion but also enhance recruitment and retention by fostering a culture of well-being and connection and reducing the risk of burnout.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe three pillars of Positive Medicine that help reduce burnout and improve professional well-being.</li> <li>2. Explain the role of personal and professional boundaries in the implementation of positive medicine.</li> <li>3. Explain the role of fostering connections in burnout prevention.</li> <li>4. Describe how the strategies of boundary maintenance and connectivity enhance physician recruitment and retention to improve the landscape of Rural Medicine.</li> </ol>
<p><b>Session: 143</b></p> <p>Dr. Riley Hartmann</p>	<p><b>"All I Got is a CBC and Lytes" - Managing Select Overdoses in Low Resource Settings</b></p> <p>Do you work in a Centre where laboratory investigations beyond a CBC and electrolytes take several days to come back? Unfortunately, the financial and social impact of transferring patients out of their home community to facilitate labs can be quite impactful. In this 1 hour session, we will discuss the assessment and management of select toxicologic exposures where serum concentrations are not available, and discuss when transfers should be expedited.</p> <p>At the conclusion of the presentation, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. List the phases of toxicity in iron and toxic alcohol ingestions</li> <li>2. Interpret basic laboratory abnormalities for iron and toxic alcohol toxicities</li> <li>3. Evaluate patients with carbon monoxide toxicity for potential indications for hyperbaric oxygen therapy</li> <li>4. Summarize the initial management of acetaminophen ingestion without a serum concentration.</li> </ol>



<p><b>Session: 144</b></p> <p>Ms. Lindsay Cancilla</p>	<p><b>General Interest Session - Frauds and Scams Presentation</b></p> <p>We discuss some of the different types of frauds and scams (internet, mail, in person, etc) and strategies to keep yourself safe from falling victim to a fraud or scam.</p> <p>N/A</p>
<p><b>Session: 145</b></p> <p>Dr. Harison Westwick Dr. Patrick Laflèche</p>	<p><b>Head Injury and Neurosurgical Emergency Management Myths, Misconceptions and Hard Truths – A Practical Guide for the Rural Generalist</b></p> <p>The management of traumatic brain injury (TBI) and neurological emergencies can require highly specialized medical care. Managing these patients is often complex and challenging. In a rural setting, in contrast with urban centres, neurosurgical emergencies represent a high acuity, low occasion (HALO) occurrence. Current management recommendations in trauma courses oftentimes do not reflect the reality of rural and remote resources, logistics and geographies. There are also common misconceptions around the types of emergent intervention required in the initial stabilization of neurosurgical patients. The overall goal of this session is to increase comfort with initial stabilization of patients with traumatic brain injuries and develop more complex clinical reasoning skills to be applied to the management of neurosurgical emergencies in a HALO context. There will be a discussion of a patient management trajectory, indicators of patients requiring rapid transfer and surgical intervention, and key initial steps in management.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the main types of neurosurgical emergencies encountered by rural emergency providers and generalist surgeons.</li> <li>2. Recognize indications for transfer of neurosurgical patients to a tertiary care centre.</li> <li>3. Understand the neurosurgical care interventions available to rural providers and appreciate their potential benefits and harm.</li> <li>4. Using best available evidence, create and apply clear management plans for neurosurgical patients in the rural and remote setting.</li> </ol>

<p><b>Session: 146</b></p> <p>Dr. Mark Saul</p>	<p><b>Errors and Complaints: How to Reduce Errors and Survive Complaints</b></p> <p>“You know that patient you saw yesterday ...”</p> <p>When we hear those words upon returning to the clinic or the emergency department, our blood runs cold. None of us wakes up in the morning and decides to provide shabby care, but there’s no way around the risk of getting a diagnosis wrong or having one of our treatments end up causing harm.</p> <p>Even when everything seems to have gone well we can still receive complaints, seemingly out of the blue. What can we do? I made enough mistakes that I felt I had to learn a little more. That learning led to my career as an ombudsman in Québec examining medical complaints that are filed within a public institution.</p> <p>In this session I will share what I learnt about both reducing errors and facing complaints. This will open the door for all who feel comfortable with it to share what we’ve been through: what we’ve learnt, what we regret, and what we cherish as a precious opportunity to become a better doctor and a better person.</p> <p>At the conclusion of the presentation, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. List common biases in medical thinking that increase errors.</li> <li>2. Employ strategies of communication that reduce both errors and complaints.</li> <li>3. Respond to complaints effectively and compassionately.</li> <li>4. Stay well through the trial of an error, well enough to remain a doctor and not leave our profession.</li> </ol>
<p><b>Session: 147</b></p> <p>Dr. Dale Dewar</p>	<p><b>"Choosing Wisely" - Imaging Options</b></p> <p>"Choosing Wisely Canada" is a program modeled after the US-based health educational program lead by Internal Medicine to bring competency and evidence to prevention of unnecessary laboratory tests and imaging of patients. It was unveiled in 2012. This particular workshop limits itself to the results and side-effects of imaging - x-rays, CT scans, ultrasounds, PET and MUGA scans, MRIs and bone scans.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. To describe the effects of ionizing radiation on human cells.</li> <li>2. Gain appreciation for what can and cannot be imaged by different modalities and list benefits of particular choices.</li> <li>3. How to use as low a dose of ionizing radiation for the best results.</li> </ol>
<p><b>Session: 148</b></p> <p>Dr. Zacch Fredette  Ms. Camilla Piatkowski  Dr. Craig Bertagnolli  Mr. Rutvij Khanolkar</p>	<p><b>Basics of DVT Compression Ultrasound</b></p> <p>The goal of this hands-on session is to provide clinicians with a basic, structured approach to use of compression ultrasound to rapidly rule in the diagnosis of deep venous thrombosis.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the indications and limitations of point-of-care ultrasound for ruling in Deep Venous Thrombosis.</li> <li>2. Understand the basic sonoanatomy of the deep venous system of the lower limb.</li> <li>3. Learn the systematic approach to compression point-of-care ultrasound of the deep venous system of the leg.</li> <li>4. Practice the basic probe manipulations required for obtaining adequate scans of the deep venous system of the lower limb.</li> </ol>

<p><b>Session: 149</b></p> <p>Dr. Sarah Giles Dr. Sarah Mathieson</p>	<p><b>Surviving the First 5 Years of Practice</b></p> <p>Learn through our mistakes and heartbreak as two of the Rural Sarahs give tips and trips for surviving the first 5 years of practice. Friends since 1997, the Sarahs are each other's "failure friends" and have supported each other through the highs, lows, and very low moments.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. List some of the common causes of stress in early practice.</li> <li>2. Provide strategies for mitigating anxiety.</li> <li>3. Apply a strategy for dealing with bad patient outcomes.</li> <li>4. Nurture a supportive atmosphere amongst colleagues.</li> <li>5. Discuss the hard and uncomfortable aspects of being a doctor.</li> </ol>
<p><b>Session: 160</b></p> <p>Dr. Sarah Newbery Dr. Sarah Lespérance</p>	<p><b>Rural Health Workforce Matters - Telling Effective Stories</b></p> <p>The SRPC has recently formed a Health Human Resources (HHR) committee whose purpose is to further inform the organization's advocacy, messaging and leadership on issues related to rural health service delivery. The committee aims to provide tools to members and enhance advocacy efforts at the local, provincial/territorial, and national level, at tables where the SRPC has representation, and in an election year for many provinces and settings. As the HHR committee moves forward with this work, we are interested in listening to your stories of the impact of HHR challenges on you as physicians, and on patients and patient care in your community. We would also like to understand the priorities of members, in order to help shape the advocacy that the HHR committee and the SRPC undertake. Through these stories, we can craft a compelling picture of the needs of rural physicians and communities.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Share stories of local community challenges and impact on patients in rural Canada from coast to coast to coast and distill those stories into brief, compelling narratives from which key messages can be extracted and shared in advocacy efforts.</li> <li>2. Share examples of successful advocacy to learn from and use as opportunities for spread/scale.</li> <li>3. Support continued direction setting for the HHR committee as we move into the next year, federal and provincial budget cycles.</li> </ol>
<p><b>Session: 161</b></p> <p>Mrs. Laura Soles</p>	<p><b>Pride &amp; Peril - The Life of a Rural Spouse</b></p> <p>This is a session for anyone who has (or will have) a rural physician in their life. The format is designed to facilitate meeting others, discussing challenges, providing support and information sharing about resources that are available. It is a safe and welcoming space, so please come join our "family" whether you're new to the world of Rural Medicine or have been around for ages. It is always an engaging session, and provides opportunities for networking, both at the conference and throughout the year. We look forward to seeing you!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify others who have a rural physician in their lives and arrange for continuing connections.</li> <li>2. Identify their challenges and assess potential solutions provided in group discussions.</li> <li>3. Apply their knowledge of supportive resources available to them.</li> <li>4. Reflect on their membership in the "family" that is Rural Medicine.</li> </ol>

<p><b>Session: 162</b></p> <p>Ms. Jenna Cross Dr. Carmen Soltys Ms. Monika Modi</p>	<p><b>Cyst Busters: Effective Bartholin Drainage Techniques for Rural Docs (To Be Repeated)</b></p> <p>This interactive workshop will equip participants with the knowledge and skills needed to confidently diagnose and treat Bartholin gland pathology. The session will cover the diagnosis and management of Bartholin gland masses, focusing on identifying different presentations and types. Participants will learn and observe drainage techniques and Word catheter insertion through a live demonstration. Following the presentation, attendees will pair up to practice these skills on realistic models, gaining valuable hands-on experience with guidance and feedback from peers and instructors.</p> <p>At the conclusion of the presentation, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Gain confidence in locating the anatomical position and common pathologies of the Bartholin glands.</li> <li>2. Become proficient in clinically diagnosing Bartholin cysts and determining the appropriate form of management.</li> <li>3. Receive hands-on experience and master Bartholin gland drainage and Word catheter insertion using realistic models.</li> <li>4. Give and receive constructive feedback by observing and evaluating another peer performing the procedure.</li> <li>5. Identify potential complications and outline steps for follow-up care and management.</li> </ol>
<p><b>Session: 163</b></p> <p>Dr. Rochelle Dworkin Dr. Claire Lafortune</p>	<p><b>Itchy Old People - Diagnosis and Treatment of Pruritus in the Elderly</b></p> <p>Through case presentations the presenters will provide a framework which will enhance the rural practitioner's understanding of pruritus in the elderly. By understanding the different causes of pruritus the learner will gain knowledge as to how to provide appropriate treatment to their patients.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. To help rural doctors be able to manage this often challenging problem by providing a framework for diagnosing and treating pruritus in the elderly.</li> </ol>
<p><b>Session: 164</b></p> <p>Dr. John Soles Dr. Kara Perdue</p>	<p><b>Chest Tubes (To Be Repeated)</b></p> <p>Chest tube insertion is a procedure that intimidates many physicians who don't have the opportunity to perform it frequently. The Chest Tube Workshop gives participants the chance to review the indications for placing a chest tube, considerations for the size of the tube, and most importantly the opportunity to practice inserting chest tubes.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Indications &amp; contraindications for closed chest drainage</li> <li>2. Approach to tube selection</li> <li>3. Overview of Seldinger technique</li> <li>4. Overview of how "underwater" drainage systems work</li> <li>5. Hands-on practice</li> </ol>



<p><b>Session: 165</b></p> <p>Dr. Craig Bertagnolli</p>	<p><b>The Pharmacology and Physiology of Sedation</b></p> <p>This presentation seeks to address the questions you might have been hesitant to ask or simply didn't have time to research regarding the complexities of sedation medications. While the focus is on sedation, the insights provided can be applied to a wide range of medications we use daily. Expect a mix of in-depth physiology and practical take-home points covering route, dose, and duration of sedation agents. Whether you administer light sedation for minor procedures, deep sedation in emergency agitation, or routinely use these drugs in the OR, the goal is to equip you with both practical knowledge and a deeper understanding - regardless if you sedate once a year or multiple times a day.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Be familiar with medication options and dosages for light to deep sedation in both elective and emergent settings.</li> <li>2. Recognize the influence of other medications and recreational substances on pharmaceutical sedation.</li> <li>3. Distinguish between metabolism and redistribution when conceptualizing the half-life of a medication.</li> <li>4. Understand how sedation medications affect GABA and NMDA receptors in relation to neurotransmission.</li> </ol>
<p><b>Session: 166</b></p> <p>Dr. Sean Moore</p> <p>Dr. Allison Crawford</p> <p>Dr. Chase Everett McMurren</p>	<p><b>Physician and Learner Suicide - Strategies for Prevention and Postvention</b></p> <p>This presentation will explore physician wellness and suicide in order to better understand the issues and explore how to prevent and reduce physician suicide, from medical school to retirement. It will highlight the impact of prevention strategies, physician health programs, 9-8-8 crisis line and postvention strategies in physician and learner suicide. Practical information and toolkits will be presented and made available at the presentation. There exist no standards and few tools to deal with this devastating outcome despite being an important and over-represented problem statistically.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Familiarize the learners with current statistics on physician and learner suicide with additional information on the rural context.</li> <li>2. Be aware of available resources for suicide prevention in a the Canadian and rural context.</li> <li>3. Understand and know where to find toolkits for postvention after suicide.</li> </ol>

<p><b>Session: 167</b></p> <p>Dr. Erin Luxenberg Dr. Margaux Beauchemin</p>	<p><b>We Are Enough! Overcoming Shame and Finding Strength in Medicine</b></p> <p>Working as rural and remote physicians over the last 5 years, we have experienced many moments of self-doubt, fear of not being enough and shame surrounding hard medical cases in environments that are often resource limited. Inspired by Dr. Emily Silverman’s podcast The Nocturnists series Shame in Medicine: The Lost Forest, we want to facilitate a discussion about overcoming shame in medicine, vulnerability, and living an authentic life in a field where overachievement and martyrdom have been traditionally celebrated. Through story-telling and sharing experiences of being vulnerable in medicine, we hope to provide a framework on how to broach shame, ease shame, and how to believe that we are “enough” in the work we do, and in our lives in general. We had the privilege of facilitating this workshop last year at the Rural and Remote Medicine Conference. The rich discussions and community-building that stemmed from the workshop inspire us to hold this session again, and to continue building on overcoming shame in medicine. We believe this session ties in well to this year’s theme of “building bridges”; through demystifying shame in medicine, we build connections with one another and contribute to a healthier, more supportive dynamic in our rural and remote environments.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Differentiate guilt from shame and how it manifests in medicine.</li> <li>2. Recognize the importance of addressing shame in medicine as it relates to individual and patient well-being.</li> <li>3. Explain the foundation of a shame-resilient approach to addressing shame in medicine with the hope of building stronger and healthier medical communities.</li> </ol>
<p><b>Session: 168</b></p> <p>Dr. Mira Pavan</p>	<p><b>Level Up from OAT to GOAT</b></p> <p>We’re not talking about superfoods or easy breakfasts. We’re talking about common challenges physicians may face in both outpatient and inpatient settings with patients on any and all types of Opioid Agonist Therapy (OAT), and how to work through them. Whether you’re a new OAT prescriber (or thinking about it), a physician that knows the basics but is looking for a little extra problem solving help for trickier (but common) situations, or even you just want to bring up a challenging case and see how your peers might have approached it - this session should give you the confidence to level up your OAT game.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain the 4 main types of Opioid Agonist Therapy (OAT) and how they work.</li> <li>2. Break down some common myths or concerns patients may bring up about OAT.</li> <li>3. Formulate a basic pain management plan for patients on OAT, or who use high amounts of opioids, in an inpatient setting.</li> <li>4. Implement strategies to optimize and tailor dosing for patients on OAT.</li> <li>5. Discuss questions or cases to get peer support from challenging cases (dependent on attendee participation).</li> </ol>

<p><b>Session: 169</b></p> <p>Dr. Patrick Lafleche Dr. Nichelle Desilets</p>	<p><b>Careers in Rural Surgery (ESS/OSS) for Family Physicians (Intended for Students and Residents)</b> This workshop is intended for student and residents.</p> <p>Surgical services in rural and remote communities are often provided by family physicians with additional surgical training. These physicians either provide a broad scope of services which includes cesarean sections, appendectomies, hernia repairs, laparoscopic tubal ligations, etc. (Enhanced Surgical Skills - ESS), or they provide surgical obstetrics alone (Obstetrical Surgical Services - OSS). This is an exciting career path for rural family physicians who want to support and maintain rural hospital programs and is soon to be designated a Category 1 program with its own Certificate of Added Competence, on par with Family Practice Anesthesia.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the role and scope of Enhanced Surgical Skills (ESS) and Obstetrical Surgical Skills (OSS) in rural Canada.</li> <li>2. Explain the daily responsibilities and professional experiences of ESS and OSS physicians through the lens of “a day in the life.”</li> <li>3. Identify training options and pathways available for physicians interested in pursuing ESS and OSS.</li> <li>4. Define the concepts of a Category 1 Program and a Certificate of Added Competence (CAC) in relation to ESS and OSS.</li> </ol>
<p><b>Session: 180</b></p> <p>Dr. Filip Gilic Dr. Wilson Lam Dr. Kavi Singh</p>	<p><b>How We Fail in Acute Care: Lessons from Decades of Work and Teaching</b> Medicine has a complicated relationship with failure. Failure is scary, shame-inducing but also inevitable and systematic. In this workshop, we reflect on our own failures and failures of our trainees to provide a comprehensive framework of how we fail, how safety behaviors minimize failure, and what to do once you have failed.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explore the role of failure in acute care medicine.</li> <li>2. Explore common errors trainees make during acute care training.</li> <li>3. Use the OODA loop framework to identify common failure points.</li> <li>4. Understand the role of safety behaviors in minimizing failure.</li> <li>5. Explore recovering from failure.</li> </ol>

<p><b>Session: 181</b></p> <p>Dr. Sabrina Slade</p>	<p><b>Orthopedic Injuries You Don't Want to Miss!</b></p> <p>Discover the key objectives of our 1-hour breakout session, tailored to elevate your understanding of frequently overlooked orthopedic injuries. Through an interactive, x-ray case-based approach, we aim to:</p> <ol style="list-style-type: none"> <li>1. Uncover Hidden Injuries: Delve into the world of commonly missed orthopedic injuries in ER/ Urgent care settings, gaining insights into identifying these often elusive conditions.</li> <li>2. Anatomy &amp; Physiology: Deepen your grasp of essential anatomy and physiology, essential for recognizing and managing orthopedic injuries effectively.</li> <li>3. Imaging Expertise: Enhance your proficiency in interpreting diagnostic imaging, ensuring you can spot high-yield orthopedic injuries with confidence.</li> </ol> <p>This session promises to be engaging and informative, offering a unique opportunity to refine your orthopedic knowledge and sharpen your diagnostic skills. Don't miss out on this chance to elevate your clinical expertise and provide superior care to your patients.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Revealing Hidden Injuries: Take a deep dive into the realm of orthopedic injuries frequently overlooked, equipping you with the skills to identify these elusive conditions in your clinical practice.</li> <li>2. Mastery of Anatomy and Physiology: Strengthen your foundation in essential anatomical and physiological knowledge, critical for recognizing and effectively managing orthopedic injuries.</li> <li>3. Imaging Proficiency: Elevate your expertise in the interpretation of diagnostic imaging, ensuring you can confidently detect high-yield orthopedic injuries.</li> </ol>
<p><b>Session: 182</b></p> <p>Ms. Jenna Cross Dr. Carmen Soltys Ms. Monika Modi</p>	<p><b>Cyst Busters: Effective Bartholin Drainage Techniques for Rural Docs (Repeat)</b></p> <p>This interactive workshop will equip participants with the knowledge and skills needed to confidently diagnose and treat Bartholin gland pathology. The session will cover the diagnosis and management of Bartholin gland masses, focusing on identifying different presentations and types. Participants will learn and observe drainage techniques and Word catheter insertion through a live demonstration. Following the presentation, attendees will pair up to practice these skills on realistic models, gaining valuable hands-on experience with guidance and feedback from peers and instructors.</p> <p>At the conclusion of the presentation, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Gain confidence in locating the anatomical position and common pathologies of the Bartholin glands.</li> <li>2. Become proficient in clinically diagnosing Bartholin cysts and determining the appropriate form of management.</li> <li>3. Receive hands-on experience and master Bartholin gland drainage and Word catheter insertion using realistic models.</li> <li>4. Give and receive constructive feedback by observing and evaluating another peer performing the procedure.</li> <li>5. Identify potential complications and outline steps for follow-up care and management.</li> </ol>

<p><b>Session: 183</b></p> <p>Dr. Gaurav Mehta Ms. Jessica Katerenchuk</p>	<p><b>Consideration of Lipoprotein (a) as a Screening Marker for CV Risk in Patients with Serious Mental Illness</b></p> <p>In recent years, the primary focus shifted from direct illness management to physical and psychological well-being of schizophrenia patients. Our patients have a high rate of suicide, as well as a very high incidence of co-medical illnesses as well such as Diabetes Mellitus, Dyslipidemia, Essential Hypertension, Obesity, Osteoarthritis, etc., such that they require significant medical attention as well. This requires the skills of clinicians who are highly trained with combined expertise of both classic physical medicine and mental health in order to keep these individuals healthy and improve their well-being. The most recent CCS guideline (2021) recommends measuring Lipoprotein (a) [LP (a)] level once in a person's lifetime as a part of initial lipid screening. Earlier and more intensive behavior modification and management of other ASCVD risk factors are recommended for those with an LP (a) <math>\geq 50</math> mg/dL (or <math>\geq 100</math> nmol/L).</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1) Identify the tools they can use that is primary care setting for screening high risk for diabetes and cardiovascular illness.</li> <li>2) Describe the association between high dose antipsychotic medication and cardiovascular illness&amp; diabetes.</li> <li>3) Apply the tools appropriately in the complex patient population with serious mental illness and vulnerable needs.</li> </ol>
<p><b>Session: 184</b></p> <p>Dr. John Soles Dr. Kara Perdue</p>	<p><b>Chest Tubes (Repeat)</b></p> <p>Chest tube insertion is a procedure that intimidates many physicians who don't have the opportunity to perform it frequently. The Chest Tube Workshop gives participants the chance to review the indications for placing a chest tube, considerations for the size of the tube, and most importantly the opportunity to practice inserting chest tubes.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Indications &amp; contraindications for closed chest drainage</li> <li>2. Approach to tube selection</li> <li>3. Overview of Seldinger technique</li> <li>4. Overview of how "underwater" drainage systems work</li> <li>5. Hands-on practice</li> </ol>

<p><b>Session: 185</b></p> <p>Dr. Sarah Lespérance Dr. Sarah Chalmers</p>	<p><b>Oh Damn... I'm Actually Part of the Problem - Working Through the Discomfort of our own Privilege to Become Better Leaders and Care Providers</b></p> <p>Working with equity-deserving communities is an extraordinary experience and privilege for white doctors. We work hard to provide a culturally safe and appropriate environment for our patients and our colleagues. But, the question arises, how much have we leaned into the discomfort of our own privilege and the racism that our colleagues face daily, especially within the health care system.</p> <p>This often becomes a situation of the more you know, the more you realise you don't know... and this usually doesn't sit comfortably in the settler/colonial population.</p> <p>As career Rural Generalists and leaders in our rural and remote organisations we want to contribute to creating a better health system for patients and health worker colleagues. This workshop will probably make you feel uncomfortable in facing your own contribution to the racism in our health system, but understanding our role is necessary so we learn how to dismantle the racism in our system to enable it to be beneficial to everyone.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explore concepts of white privilege and how they contribute to ongoing colonial structures and racism in healthcare.</li> <li>2. Become more comfortable accepting our role, identifying the dissonance, and accepting discomfort as white physicians and leaders supporting changes in the health system.</li> <li>3. Develop skills to identify and act, to help dismantle racism within the healthcare system.</li> </ol>
<p><b>Session: 186</b></p> <p>Dr. Kyle Sue-Milne</p>	<p><b>The Occasional Rural/Remote Pediatric Palliative Care Patient</b></p> <p>It can be terrifying for rural/remote practitioners and their colleagues when a dying baby, child, or adolescent presents in their practice (or in the ER!). Although these situations may be rare, they definitely do occur. Feeling comfortable around supporting such patients and their families within their home community and home environment will help turn a scary situation into a potentially very rewarding one.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain differences between adult and pediatric palliative care.</li> <li>2. List common palliative care emergencies &amp; their management options.</li> <li>3. List common pediatric palliative care symptom challenges &amp; their general management.</li> <li>4. Know how to find online or virtual resources to support your family-centered discussions around management.</li> <li>5. Know how to find online or virtual resources to support yourself and your colleagues when dealing with a dying child.</li> </ol>
<p><b>Session: 187</b></p> <p>Dr. Robin Routledge Ms. Habba Mahal</p>	<p><b>Problems and Solutions in Rural Psychiatry Over Decades</b></p> <p>The presenter will describe the kinds of problems he experienced and tell stories about the solutions which did and did not work. At the end of each tale there will be invitation for discussion and brief stories from the audience. The main theme of the presentation will be the necessity of trusting reliable relationships at every level.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Anticipate and solve problems with difficult patients.</li> <li>2. Anticipate and solve problems with difficult colleagues.</li> <li>3. Anticipate and solve problems with difficult organizations/administrators.</li> </ol>



<p><b>Session: 188</b></p> <p>Dr. Zacch Fredette Ms. Maia Kvas Ms. Hannah Price Ms. Prabhnoor Osahan</p>	<p><b>Basics of Gallbladder Ultrasound</b></p> <p>The goal of this hands-on session is to provide clinicians with a basic, structured approach to obtaining adequate sonographic views of the gallbladder. With practice, these views can be used to enhance the physical exam, and assist with ruling in/ruling out pathology such as cholecystitis and biliary colic.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the indications and limitations for point-of-care ultrasound of the gallbladder.</li> <li>2. Understand the basic sonoanatomy of the gallbladder and portal system.</li> <li>3. Learn the systematic approach to obtaining and interpreting views of the gallbladder.</li> <li>4. Practice the basic probe manipulations required for obtaining adequate scans and troubleshooting difficult views of the gallbladder.</li> </ol>
<p><b>Session: 189</b></p> <p>Dr. Darcy Beer Dr. Martha Balicki</p>	<p><b>What Is New in Pediatric Emergency Care?</b></p> <p>Most children who need emergency care are first treated in general EDs that care for children and adults. Healthcare providers (HCPs) in these general ED settings have reported concerns about maintaining pediatric expertise and competencies. Thus, TREKK, a national knowledge mobilization network was established in 2011 to address these concerns and improve emergency care for children across Canada. TREKK aims to accelerate the speed at which the latest evidence in children's emergency care is shared with emergency HCPs. By attending this session you will hear from two pediatric emergency care physicians, with experience in rural and remote settings. They will present case studies highlighting what is new in pediatric emergency care assessment and management while providing a few key tips and tricks they've picked up along the way.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize best practices for the assessment and management of pediatric illness and injury.</li> <li>2. Utilize Translating Emergency Knowledge for Kids (TREKK) resources to help assess and manage pediatric cases in a general ED setting.</li> </ol>
<p><b>Session: 200</b></p> <p>Dr. Peter George Tian Dr. Caitlin Finley Ms. Carmen Sarich Ms. Rachel Stefaniuk</p>	<p><b>Physical Examination of the Ear, Nose, Oral Cavity, Oropharynx and Neck (To Be Repeated)</b></p> <p>We developed a workshop focused on learning physical examination techniques of the ENT-neck. The workshop will consist of the following: (a) a 20-minute live demonstration and description of PE techniques; (b) a 30-minute hands-on practice where participants will examine each other. Regular otoscopes and video-otoscopes will be available for practice.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Reviewed and watched a live demonstration of the techniques of physical examination (PE) of the ear, nose, oral cavity, throat (oropharynx only), and neck (ENT-Neck).</li> <li>2. Practiced techniques of PE of the ENT-Neck on another participant. To allow immediate feedback of otoscopy and anterior rhinoscopy techniques, the participants will use a video-otoscope attached to a laptop. To teach the depth and pressure of palpation, the presenters will palpate consenting participants.</li> </ol>

<p><b>Session: 201</b></p> <p>Dr. Chris Arsenault Ms. Faith Wierenga</p>	<p><b>A Coffee a Day Keeps the Doctor Awake</b></p> <p>Coffee can be more than a bitter dose of stimulant - it can be a profound daily ritual, an exercise in mindfulness and sensory awareness, and, for one of the presenters, was the only thing that kept them sane through residency. Through a series of coffee brewing demonstrations and associated guided coffee tastings, participants will delve deeper into the rewarding ways of making and tasting great coffee. Learn what type of manual coffee brewer suits your flavor preferences and time constraints, deepen your tasting vocabulary and conceptual repertoire to notice more in each cup, and find origins and processing methods that lead to the flavor profiles you enjoy.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Taste and analyze the elements of a coffee's flavor profile (body, acidity, bitterness, sweetness, aromatics)</li> <li>2. Identify aspects of coffee which lead to flavor profiles they enjoy (terroir, processing, etc.)</li> <li>3. Choose a coffee brewing method suited to their time needs and flavor preferences</li> </ol>
<p><b>Session: 202</b></p> <p>Dr. James Goertzen Dr. Stacy Desilets</p>	<p><b>SRPC Leadership Development Institute: Leader as Coach (2 Hours)</b></p> <p>Join us for the SRPC Leadership Development Institute - opportunities to further develop leadership skills and network with colleagues. Content will be relevant to practitioners in their first five years of practice along with developing and experienced leaders. A coaching approach positively impacts relationships with healthcare professionals, learners, and administrative staff. Building on the foundation of a coaching and growth mindset, the three core coaching skills are active listening, asking powerful questions, and saying to expand possibilities. With a coaching framework, leaders move towards asking more questions while providing less advice which encourages others to find the answers within themselves. Deepen your knowledge and practice coaching skills in the Leadership Lab which follows this session.</p> <p>Participants who attend this session will receive a certificate recognizing their participation in the SRPC Leadership Development Institute.</p> <p>At the end of the session, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the positive impact of leading with a coaching approach.</li> <li>2. Demonstrate listening, asking, and saying coaching skills.</li> </ol>
<p><b>Session: 203</b></p> <p>Dr. Sarah Gower Dr. Amita Dayal</p>	<p><b>Introduction to MAID in Rural &amp; Remote Canada</b></p> <p>Interested in getting involved in Medical Assistance in Dying (MAID) but a bit unsure? Are you a learner or new grad without much experience with MAiD? Or a practicing physician who didn't get much or any exposure in your training? This session will be led by two experienced assessor &amp; provider family doctors who fit MAiD into their comprehensive practices in smaller towns. We'll cover the history and current status of MAiD in Canada, how to assess eligibility for MAID, how to provide MAID, and special considerations of MAID in a rural and remote areas. Everyone is welcome!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. To provide a background on history and current state of MAID in Canada</li> <li>2. To demystify assessment and provision of MAID</li> <li>3. To encourage &amp; support rural physicians to incorporate MAID into their practice</li> <li>4. To discuss special considerations of MAID in rural &amp; remote areas.</li> </ol>

<p><b>Session: 204</b></p> <p>Dr. Denise Jaworsky  Dr. Kirsten Miller  Dr. Ruban Kanagaratnam  Ms. Marie Jones  Ms. Terri Thunder  Mr. Brody Laberge</p>	<p><b>The Elusive Rural Specialist: Strategies to Improve Rural Access to Specialist Care</b></p> <p>Join rural specialists (Kirsten Miller – pediatrics, Prince George, Ruban Kanagaratnam – general surgery, Leamington and Denise Jaworsky – internal medicine, Cranbrook) to learn about challenges with specialist access in rural British Columbia and strategies to address health inequities. Rural specialist networks, training program engagement, blended care delivery models, locum programs and virtual supports for specialists will be discussed. Additional specialists from other regions and specialties will be invited to share their insights and experiences in a facilitated discussion.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Quantify the magnitude of gaps in specialist distribution in rural communities</li> <li>2. Share experiences of approaches to improving access to specialist care for rural communities</li> <li>3. Discuss innovative approaches in engaging learners in rural specialty training and foster interest in rural practice</li> </ol>
<p><b>Session: 205</b></p> <p>Dr. Jon Witt  Dr. Nicholas C G Ivanans</p>	<p><b>ER Documentation: Practical Lessons to Keep You Out of Trouble!</b></p> <p>Ever wonder how your ER documentation measures up? Don't miss this interactive and practical session designed specifically for rural physicians! Drawing on insights from a province-wide rural ER chart audit, we'll use real-world cases to uncover best practices, common pitfalls, and high-risk areas in ER charting. Discover actionable strategies to reduce medico-legal risks while enhancing the quality of care you provide. You'll leave equipped with practical tools to improve your documentation and implement quality assurance or self-audit processes in your practice. Whether you're looking to fine-tune your charting skills or safeguard against potential legal challenges, this session is a must-attend for any rural ER physician!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize common charting pitfalls and high-risk areas in rural ERs.</li> <li>2. Apply simple, effective strategies to improve ER documentation.</li> <li>3. Build a simple, effective self-audit QA process for your rural ER practice.</li> </ol>
<p><b>Session: 207</b></p> <p>Dr. Barb Zelek  Ms. Tiana Bressan  Dr. Mike Cotterill  Ms. Amanda Bakke</p>	<p><b>AI Scribes in Rural and Remote Healthcare: An Antidote to Healthcare Provider Burnout or Pandora's Box?</b></p> <p>Artificial Intelligence (AI) Scribes are being touted as the solution to the administrative overload burdening primary care providers. We will present recent evidence about AI scribes, as well as the preliminary research findings about the use and perceptions of AI scribes in primary care settings, particularly within the contexts of northern, rural, and remote communities. Participants will share and explore their experiences of the impact of AI scribes in their own rural and remote settings and identify what resources may be needed to ensure that AI scribes are used to address rather than widen the digital divide between urban and rural communities.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Comprehend the technology behind Artificial Intelligence (AI) Scribes and how their use has impacted rural and remote healthcare delivery.</li> <li>2. Acquire practical tools and techniques for implementing AI Scribes, including but not limited to informed consent.</li> <li>3. Identify the facilitators, barriers, and needs of rural and remote contexts to build the capacity to adopt and utilize AI technology in these settings.</li> </ol>

<p><b>Session: 208</b></p> <p>Dr. Alexander Singer</p>	<p><b>Lessons Learned in Supporting a Research and Quality Improvement Collaborative at Rural and Remote Clinics</b></p> <p>The Structured Process Informed by Data, Evidence and Research (SPIDER) is a research and quality improvement collaborative supporting primary care practices to improve care for complex elderly patients living with polypharmacy. This presentation will highlight intervention-related experiences of research staff and quality improvement coaches describing successes, challenges and adaptations to guide future similar initiatives. Following the SPIDER intervention, many sites intended to continue building capacity for quality improvement and maintain the developed QI strategies. Successes, challenges and adaptation to support implementation of the SPIDER intervention in rural and remote settings provided valuable insights to guide the development of future interventions focused on quality improvement in practices and specifically deprescribing.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1) Describe the core elements included in the Structured Process Informed by Data, Evidence and Research (SPIDER) approach.</li> <li>2) Recognize the importance of safer deprescribing for complex geriatric patients.</li> <li>3) Explore how SPIDER approach could be used in rural and remotes primary care practices.</li> </ol>
<p><b>Session: 209</b></p> <p>Dr. Sonja Bruin Dr. Courtney Leary</p>	<p><b>From Apology to Action: CPSM’s Journey Toward Truth and Reconciliation</b></p> <p>CPSM acknowledges that it has historically failed to effectively regulate the medical profession to prevent racist and substandard medical care to Indigenous peoples. In 2021, the CPSM Council made addressing anti-indigenous-specific racism in medicine a priority and adopted 7 recommended actions from the Truth and Reconciliation Advisory Circle. One of the recommended actions included developing the Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism which was recently approved by CPSM Council in December 2024. To implement the standard, a Restorative Practices Program is being established and will focus on repairing relationships, fixing harm, and preventing further harm using a quality-focused approach. This program will address anti-Indigenous racism and work towards greater health equity in Manitoba.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize CPSM’s failings of the past and commitment to do better – putting apology into action</li> <li>2. List the seven recommended actions from CPSM’s Truth and Reconciliation Advisory Circle</li> <li>3. Identify that health and wellness inequities exist and how medical care is impacted by Indigenous-specific racism</li> <li>4. Explain that medicine has an integral role as health care leaders to eliminate racism</li> </ol>

<p><b>Session: 220</b></p> <p>Dr. Peter George Tian Dr. Caitlin Finley Ms. Rachel Stefaniuk Ms. Carmen Sarich</p>	<p><b>Physical Examination of the Ear, Nose, Oral Cavity, Oropharynx and Neck (Repeat)</b></p> <p>We developed a workshop focused on learning physical examination techniques of the ENT-neck. The workshop will consist of the following: (a) a 20-minute live demonstration and description of PE techniques; (b) a 30-minute hands-on practice where participants will examine each other. Regular otoscopes and video-otoscopes will be available for practice.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Reviewed and watched a live demonstration of the techniques of physical examination (PE) of the ear, nose, oral cavity, throat (oropharynx only), and neck (ENT-Neck).</li> <li>2. Practiced techniques of PE of the ENT-Neck on another participant. To allow immediate feedback of otoscopy and anterior rhinoscopy techniques, the participants will use a video-otoscope attached to a laptop. To teach the depth and pressure of palpation, the presenters will palpate consenting participants.</li> </ol>
<p><b>Session: 221</b></p> <p>Dr. Chien-Shun Chen</p>	<p><b>Substance Induced Psychosis: It's Not What you Might Think</b></p> <p>Conventional teaching impresses upon us that it is essential we distinguish between substance induced psychosis (SIP) and schizophrenia spectrum disorder (SSD) on the belief that the two disorders are fundamentally different, and therefore require fundamentally different treatment approaches. However, the preponderance of evidence challenges this conventional view. In this seminar, we will consider from literature the diagnosis of SIP, the conceptual and clinical challenges of this diagnosis, the argument to consider SIP as more similar—rather than dissimilar—to SSD, and the implications for clinicians and patients.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define substance induced psychosis (SIP) and compare and contrast it to schizophrenia spectrum disorder (SSD)</li> <li>2. Describe the limitations of the conventional conceptualization and approach to SIP</li> <li>3. Bring their conceptual understanding, diagnostic logic, and clinical approach up to date with current evidence</li> </ol>
<p><b>Session: 222</b></p> <p>Dr. James Goertzen Dr. Stacy Desilets</p>	<p><b>SRPC Leadership Development Institute - Leadership Lab: Leader as Coach (2 Hours)</b></p> <p>Join us for the SRPC Leadership Development Institute - opportunities to further develop leadership skills and network with colleagues. Content will be relevant to practitioners in their first five years of practice along with developing and experienced leaders. A coaching approach positively impacts relationships with healthcare professionals, learners, and administrative staff. Building on the foundation of a coaching and growth mindset, the three core coaching skills are active listening, asking powerful questions, and saying to expand possibilities. With a coaching framework, leaders move towards asking more questions while providing less advice which encourages others to find the answers within themselves. Deepen your knowledge and practice coaching skills in the Leadership Lab which follows this session.</p> <p>Participants who attend this session will receive a certificate recognizing their participation in the SRPC Leadership Development Institute.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the positive impact of leading with a coaching approach.</li> <li>2. Demonstrate listening, asking, and saying coaching skills.</li> </ol>

<p><b>Session: 223</b></p> <p>Dr. Sarah Lespérance Dr. Sarah Chalmers</p>	<p><b>Don't Make Me Take the Minutes! What Rural Women Leaders Want</b></p> <p>Over the past year, in a series of workshops at Rural &amp; Remote, Rural WONCA, and Rural Medicine Australia, “the Sarahs” sought to understand the challenges and needs of rural women interested in leadership. This session will present a summary of these findings and explore the development of a “Toolkit” to support not just women, but rural doctors from diverse backgrounds and lived experiences to become involved in leadership.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand common challenges facing rural women physicians in leadership.</li> <li>2. Explore proposed solutions for supporting participation and leadership growth.</li> <li>3. Determine potential actions for local, national, and international support to emerging rural physician leaders.</li> </ol>
<p><b>Session: 224</b></p> <p>Dr. Sean Maurice Miss Alyssa Groves Dr. Martin Tieu Mr. Haedan Turner</p>	<p><b>Transforming Medical Education for Rural and Remote Communities</b> Moderator: Eli Orrantia</p> <p>Oral Research Presentations - Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 4 - 5 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&amp;A is allotted after each presentation.</p> <p>This session focuses on novel approaches to rural and Indigenous medical education, including clerkship models, peer-led experiences, AI-assisted learning, and strategies to encourage medical graduates to serve rural communities.</p> <p>Dr. Sean Maurice - Developing a rural and Indigenous focused blended clerkship: the Northern Regional Integrated Clerkship</p> <p>Miss Alyssa Groves - A Peer-led Rural Day: An Invitation to Experience the Community</p> <p>Dr. Martin Tieu - AI Scribes in the Hands of Medical Learners: Preceptor Perspectives and Educational Impacts</p> <p>Mr. Headan Turner - The efficacy and potential for return of service by Canadian Medical Graduates to improve rural health service delivery.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Evaluate innovative rural-focused clerkship models and their impact on medical education.</li> <li>2. Assess the integration of planetary health into undergraduate and post-graduate curricula.</li> <li>3. Discuss the role of AI in medical education and its impact on learning.</li> <li>4. Explore strategies for increasing rural health service delivery through targeted education initiatives.</li> </ol>



<p><b>Session: 226</b></p> <p>Dr. Wilson Lam</p>	<p><b>The Effect of Individual Stress Upon Team Performance in Emergencies</b></p> <p>Deficiencies in team communication and coordination during emergencies can lead to healthcare errors and have devastating consequences for patients. This research study explores the impact of stress on team functioning in high-risk environments. Participants will walk away with insight into the effect of their own stress on team function, and strategies to mitigate these issues will also be discussed.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the effects of individual stress on team performance</li> <li>2. Extrapolate the research findings to their own clinical environments</li> <li>3. Apply strategies to mitigate stress during emergencies</li> </ol>
<p><b>Session: 227</b></p> <p>Dr. Laura Noack</p>	<p><b>Vaginal Bleeding Made Bloody Easy - A Case Based Presentation</b></p> <p>An exciting case based presentation of the etiologies and treatments of vaginal bleeding in the emergency department and beyond. This presentation includes tips and tricks for finding the cervix, getting to the bottom of the bleeding and how to stop it! From polyps to pregnancy, jet-skis to "The case of the missing vagina", this presentation has it all.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recall the etiologies of vaginal bleeding in pregnant vs. non-pregnant individuals.</li> <li>2. Acquire tips and tricks for finding the cervix/examining the vagina.</li> <li>3. Identify interesting benign and non-benign pathologies that cause vaginal bleeding.</li> <li>4. Recognize the importance of water safety and its importance in the prevention of vaginal injuries.</li> </ol>
<p><b>Session: 228</b></p> <p>Dr. Margo Wilson Dr. Modar Safar Dr. Jeff Patterson</p>	<p><b>Lung Pocus (To be Repeated)</b></p> <p>In this workshop, participants will have the opportunity to practice lung ultrasound. Participants will identify relevant anatomy to identify a pneumothorax, pleural effusions, and ultrasound findings in pneumonia.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review relevant anatomy and how it appears on ultrasound.</li> <li>2. Demonstrate technique to identify pneumothorax and pleural effusion on ultrasound.</li> <li>3. Interpret POCUS images to identify pathology.</li> <li>4. Identify ultrasound findings in pneumonia.</li> <li>5. Identify potential pitfalls in the use of lung POCUS.</li> </ol>
<p><b>Session: 229</b></p> <p>Ms. Jessica Bennett Ms. Jessica Katerenchuk Ms. Chantal Schultz Ms. Habba Mahal</p>	<p><b>Through The Learner's Lens: Exploring Medical Student Perceptions of Rural Generalist and Specialist Practices</b></p> <p>Learning and living in rural communities, from the perspective of four medical students, requires unique generalist and specialist competencies. Practice in specialist care areas becomes flexible, patient-centred, and strongly interdisciplinary. In both generalist and specialist practice, the role of the advocate and leader is community-based and immersive. As a generalist in remote centres, physicians embrace uncertainty and value creativity to address complex patient presentations. Throughout this presentation, learn how emerging physicians have observed, engaged in, and hope to build upon these generalist-specialist skills and ways of being.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize the merits for learners in selecting a rural learning site.</li> <li>2. Comprehend the perceived benefits of a rural practice from a medical learner perspective.</li> <li>3. Through interactive discussion, develop an understanding of the potential future shifts of current rural practice models.</li> </ol>

<p><b>Session: 239</b></p> <p>Tanya Talaga</p>	<p><b>All Our Relations: Finding the Path Forward</b></p> <p>Stemming from her award-winning book <i>Seven Fallen Feathers</i>, the story of seven Indigenous high school students who mysteriously died in Thunder Bay, Tanya Talaga creates an intimate experience for her audiences. She imparts audiences with in-depth knowledge on Indigenous culture and history, while leaving them empowered through a hopeful message that we can learn from our past and set forward on a new path for our nation based on inclusivity and equity.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the historical and cultural context surrounding the lives and deaths of seven Indigenous high school students in Thunder Bay, as presented in <i>Seven Fallen Feathers</i>.</li> <li>2. Recognize the systemic inequities and challenges faced by Indigenous communities in Canada, with a focus on education and youth well-being.</li> <li>3. Discuss actionable steps toward building a future rooted in inclusivity and equity, drawing on lessons from Indigenous culture and history.</li> <li>4. Reflect on the role of non-Indigenous individuals and institutions in fostering reconciliation and advancing equity for Indigenous peoples.</li> </ol>
<p><b>Session: 240</b></p> <p>Mrs. Janet Paulson</p>	<p><b>Assessment and Treatment of Lower Limb Wounds</b></p> <p>Wound care can be intimidating to any healthcare practitioner. Focusing on the source of the wound can sometimes get lost while investigating a complex patient. We will focus on identifying the source, assessing what's the patient is presenting with and leaning on the interdisciplinary team to aid in treatment.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Utilize best practice strategies for lower limb assessment</li> <li>2. Recognize abnormal assessments which differentiate between arterial and venous insufficiency</li> <li>3. Take (at least) one resource away from this presentation to use in their own 'tool belt' for wound assessment and management</li> <li>4. Case study review of rural/remote patients.</li> </ol>
<p><b>Session: 241</b></p> <p>Dr. Leslea Walters</p>	<p><b>Bleeding Doesn't Make You Cleaner, Smarter, Faster Or Stronger (To Be Repeated)</b></p> <p>Periods are normal. Planning your life around your period is not normal, and should not be necessary. Dr Walters will try to convince you that menstrual periods do not need to be integral to the suffering of those who have a uterus.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify patients whose menstrual bleeding is causing functional impairment.</li> <li>2. Counsel patients about their options.</li> <li>3. Initiate treatment that respects the patient's goals.</li> <li>4. Know when to biopsy.</li> <li>5. Refer with confidence.</li> </ol>

<p><b>Session: 242</b></p> <p>Dr. Mike Kolber</p>	<p><b>Best of PEIP by PEER 2024</b></p> <p>This presentation, delivered by Dr. Mike Kolber, summarizes key highlights from the 2024 Practical Evidence for Informed Practice (PEIP) by PEER conference –Alberta’s largest continuing education event for primary care. Anchored in PEER’s mission of clinically relevant, patient-oriented, and pharma-free education, the session presents a curated set of practice-changing insights across a variety of primary care topics, all backed by high-quality evidence. Emphasis is placed on simplifying information, applying shared decision-making, and translating research into actionable clinical strategies.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify key evidence-based updates from the 2024 PEIP conference relevant to primary care practice.</li> <li>2. Apply simplified, high-quality evidence to optimize decision-making in areas such as pharmacotherapy, screening, and chronic disease management.</li> <li>3. Distinguish between high-value and low-value interventions to improve patient outcomes and support sustainable healthcare delivery.</li> </ol>
<p><b>Session: 243</b></p> <p>Dr. Chien-Shun Chen</p>	<p><b>Practice-Changing Highlights from the 2024 Canadian (CANMAT) Depression Guidelines</b></p> <p>CANMAT (Canadian Network for Mood and Anxiety Treatments) guidelines are the quintessential, practice-defining guidelines for Canadian healthcare professionals providing care to an adult with major depressive disorder. The 2023 update, published in 2024, is the much anticipated update since its 2016 iteration, with new recommendations reflecting nearly a decade of advancement in the field. You won’t want to miss this discussion on the most important, practice-changing recommendations from the new CANMAT guidelines relevant to healthcare professionals in all settings.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Summarize key updated recommendations, with their rationale, from the new CANMAT guidelines</li> <li>2. Update their practice based on the current evidence and guideline recommendations</li> </ol>

Session: 244

Dr. Sabrina Slade

**Pop It, Tap it, Block it! (2 hour - to be cont'd)**

Join us for an engaging and informative 2-hour workshop designed to enhance your knowledge and practical skills in various medical procedures. In the first hour, we'll dive into a comprehensive review of essential anatomy, physiology, and pharmacology pertinent to the administration of local anesthesia in procedures such as superficial abscess drainage, ring blocks, and knee arthrocentesis. Discover when it's best to intervene and when it's wiser to refrain.

The second hour is all about hands-on learning. Put your newfound knowledge or refreshed skills into practice as you engage in interactive sessions, guided by our experienced instructors. This workshop offers a unique opportunity to bridge theory and application, ensuring you leave with increased confidence and competence in these critical medical techniques. Don't miss this chance to elevate your clinical expertise and improve patient care.

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

1. **Anatomy, Physiology, and Pharmacology Mastery:** Gain a comprehensive understanding of the relevant anatomy, physiology, and pharmacological principles essential for safe and effective local anesthetic administration in medical procedures, including hematoma blocks, ring blocks, knee and ankle arthrocentesis, joint injections, and superficial abscess drainage.
2. **Risk Assessment:** Learn how to assess and evaluate the risk factors associated with these procedures, enabling you to make informed decisions about when to proceed and when it's advisable to abstain.
3. **Skill Development:** Develop and refine your practical skills in performing hematoma blocks, ring blocks, knee and ankle arthrocentesis, joint injections, and superficial abscess drainage through hands-on, interactive training sessions.
4. **Patient Safety:** Prioritize patient safety by understanding the nuances of anesthesia administration and minimizing potential complications.
5. **Confidence Building:** Enhance your confidence in performing these medical techniques, ensuring you are well-prepared to apply them in clinical settings.
6. **Application Integration:** Integrate theoretical knowledge with practical application, bridging the gap between theory and practice for improved patient care.
7. **Interactive Learning:** Engage actively in the learning process through interactive exercises and guidance from experienced instructors.

By the end of this workshop, participants will have acquired a solid foundation in the theoretical and practical aspects of these medical procedures, empowering them to provide more effective and safe patient care in their clinical practice.

## Session: 245

Dr. Andrew Kirke  
Dr. Sumeet Sodhi  
Dr. Wei-His Pang  
Ms. Visna Rampersad

### Shaping Rural Population Health: Challenges and Community Solutions

Moderator: Raoon Khan

Oral Research Presentations - Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 4 - 5 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.

This session examines health disparities between rural and urban populations, with a focus on maternal health, chronic disease management, healthcare workforce retention, and infectious disease testing. Presenters will share evidence-based approaches to improve rural healthcare access and outcomes.

Dr. Andrew Kirke - Unseen Forces: How Contextual Factors Shape GDM Screening in Rural WA

Dr. Sumeet Sodhi - The Diabetes Connections Initiative: Co-designing a model of care for improving diabetes prevention and treatment with First Nations communities in Northwestern Ontario through empowerment, autonomy and ownership for health and wellbeing

Dr. Wei-Hsi Pang - Retaining family physicians in comprehensive primary care: A qualitative study

Ms. Visna Rampersad - Enhancing access to first-time HIV and syphilis testing: The role of point-of-care testing in hard-to-reach populations in Saskatchewan

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

1. Analyze key health disparities between rural and urban populations in Canada.
2. Investigate factors influencing healthcare decision-making among rural clinicians.
3. Assess strategies for improving diabetes care in First Nations communities.
4. Explore innovative approaches to enhancing access to HIV and syphilis testing in hard-to-reach populations.

<p><b>Session: 246</b></p> <p>Dr. Sarah Newbery Dr. Sarah Lespérance</p>	<p><b>Rural Health Workforce Matters – Advocating For What Rural Canada Needs</b></p> <p>The health care system is in peril, and perhaps nowhere more than in rural communities where the fragility of health human resources challenges service delivery in many settings.</p> <p>In July of 2022, the SRPC released a position statement on rural physician workforce. Since then, the needs of rural communities have become even more clear.</p> <p>There is a need, especially in an election year, to support clinicians across the country to advocate to all levels of government – municipal, provincial and federal - with consistent messages about what is needed to serve rural communities and support equitable health outcomes for rural patients.</p> <p>This session will be designed to equip physicians and their teammates in their communities with tools to make advocacy as easy as possible.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review and understand effective messaging and communication techniques for engagement and advocacy.</li> <li>2. Be able to articulate the shared messages that the SRPC is championing at political tables of advocacy.</li> <li>3. Be able to use the tools and templates provided in engaging with local government and with provincial and federal members of parliament to advocate for the needs of rural communities and rural health systems.</li> </ol>
<p><b>Session: 247</b></p> <p>Dr. Wilson Lam Dr. Filip Gilic Dr. Nicholas Schouela</p>	<p><b>Airway Workshop: SALAD, Awake Intubation, and Cricothyrotomy (2 hours)</b></p> <p>A 2 hour, purely hands-on workshop where participants will cycle through 3 high-yield procedural skills stations to help prepare them for the disaster airway in the rural ED.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Carry out the steps of cricothyrotomy on a task trainer under induced stress</li> <li>2. Recognize and apply methods of awake tracheal intubation on an airway mannequin</li> <li>3. Perform suction-assisted laryngoscopy and decontamination on a task trainer</li> </ol>
<p><b>Session: 248</b></p> <p>Dr. Margo Wilson Dr. Modar Safar Dr. Jeff Patterson</p>	<p><b>Lung Pocus (Repeat)</b></p> <p>In this workshop, participants will have the opportunity to practice lung ultrasound. Participants will identify relevant anatomy to identify a pneumothorax, pleural effusions, and ultrasound findings in pneumonia.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review relevant anatomy and how it appears on ultrasound.</li> <li>2. Demonstrate technique to identify pneumothorax and pleural effusion on ultrasound.</li> <li>3. Interpret POCUS images to identify pathology.</li> <li>4. Identify ultrasound findings in pneumonia.</li> <li>5. Identify potential pitfalls in the use of lung POCUS.</li> </ol>



<p><b>Session: 249</b></p> <p>Dr. Michael Clements</p>	<p><b>Successes and Lessons Learnt Through Rural General Practice Training Initiatives Within Australia</b></p> <p>Rural and remote communities within Australian have always had difficulty attracting and retaining junior doctors, a difficulty shared internationally. The Royal Australian College of General Practitioners (RACGP) recently took responsibility for workforce distribution of trainees and using flexible funding and training models we have been able to fill new positions in some of the most needful communities.</p> <p>Coinciding with the return of training to the GP colleges there has been Federal and State government response to the GP crisis with targeted investments to support GP training and we have seen applications for GP training in urban and rural communities exceed the funded positions with strong growth in 2025 and 2026 interest and true hope for the profession.</p> <p>This presentation will cover the elements of success and lessons learnt by RACGP in stimulating interest and action in meeting our rural and remote training and workforce needs.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Draw comparisons between the Australian and Canadian general practice training and incentive systems.</li> <li>2. Identify the contributors to successes of RACGP placements.</li> <li>3. Consider ways in which these successes could be implemented with the Canadian general practice setting.</li> </ol>
<p><b>Session: 260</b></p> <p>Dr. Alex Dyck</p>	<p><b>Somatization: An Ode to Primary Care</b></p> <p>The DSM-5 reclassified somatization into a group of "related disorders" without clearly showing us how they are related. This workshop demonstrates a hospital psychiatrist's approach to "dimensionalizing" somatic symptom presentations along the lines of reality testing and adaptive functioning. Attendees will learn why routine care can fail to strike the right chord with patients experiencing somatic symptoms, and to assess these along a spectrum of "atypicality" including symptom amplification, a "cry for help", factitiousness and, rarely, malingering. Techniques for strengthening the doctor-patient relationship, updates from scientific literature, and point-of-care resources will help attendees to discern the "right" amount of monitoring and intervention, avoid the most common pitfalls, and even enjoy the results of skillfully managing this group of patients.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. To briefly review the spectrum of somatic symptom disorders and how they are distinguished.</li> <li>2. To reflect on the nature of unconscious dynamics in the doctor-patient relationship.</li> <li>3. To review common pitfalls and effectively manage patients who experience somatization.</li> </ol>
<p><b>Session: 261</b></p> <p>Dr. Leslea Walters</p>	<p><b>HPV Is Coming For You (Repeat)</b></p> <p>Dr Walters will summarize the data on HPV and cervical cancer to prepare providers for changes that are happening across the country in cervical cancer screening programs. This will not be a review of specific guidelines, due to variations between Canadian provinces.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize the limitations of pap testing as a screening tool for cervical cancer.</li> <li>2. Comprehend the role of HPV testing in cervical cancer risk assessment.</li> <li>3. Prepare for updates in provincial cervical cancer screening programs.</li> <li>4. Reassure and counsel patients regarding changes in screening programs.</li> <li>5. Promote HPV vaccination for prevention of cervical cancer.</li> </ol>

<p><b>Session: 262</b></p> <p>Dr. Sean Moore Dr. Sarah Giles</p>	<p><b>Tick Talk Update 2025</b></p> <p>This talk will provide an update on tick-borne diseases to the primary care and emergency physician. The changing landscape of ticks and climate change has dramatically changed the incidence of tick related visits. We will review clinically important information about Lyme disease, anaplasmosis, babesiosis, Rocky Mountain Spotted Fever, Powassin virus, and Tick Paralysis. This talk will give clarity as we now understand the changing epidemiology of these diseases and important considerations for treatment changes.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain the role of ticks as vectors for these diseases and briefly discuss removal of ticks and common rashes.</li> <li>2. Understand the clinical presentations of Lyme disease, Powassan, anaplasmosis, babesiosis, RMSF and Tick Paralysis.</li> <li>3. Be aware of the importance of early diagnosis and treatment of these diseases.</li> <li>4. Provide guidance on tick bite prevention, tick checks and proper tick removal techniques.</li> <li>5. Describe diagnostic tests available for tick-borne diseases.</li> </ol>
<p><b>Session: 263</b></p> <p>Dr. Kristy Penner Dr. Stacy Desilets Dr. Sarah Gower</p>	<p><b>Where the Wi-Fi's Weak, But the Ideas Are Strong: Rural Med Ed Reimagined (2 hours)</b></p> <p>Join the SRPC as we take a proactive approach to leading education reform in rural postgraduate family medicine: the residency curriculum. This interactive two-hour session will bring together rural educational leaders, learners, rural family physicians, and stakeholders to identify key challenges and brainstorm innovative solutions to enhance rural medical postgraduate education.</p> <p>We will open with a brief overview of the history of Canadian rural family medicine residency training and highlight current barriers and opportunities. We will then facilitate a targeted, focused roundtable discussion in small groups. Together, we will develop actionable recommendations and create a collaborative document to share with the CFPC and other stakeholders, shaping the future of rural medical education in Canada.</p> <p>For additional context, you can review insights from a similar session at Rural and Remote 2023. Family Medicine Education Reform: A Discursive Analysis From Focus Groups - <a href="https://srpc.ca/wp-content/uploads/2025/01/Family-Medicine-Education-Reform-FINAL.pdf">https://srpc.ca/wp-content/uploads/2025/01/Family-Medicine-Education-Reform-FINAL.pdf</a></p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define the key challenges facing rural medical postsecondary education, including recruitment, retention, infrastructure, and curriculum design, by the end of the first hour of the session.</li> <li>2. Identify at least three innovative solutions to address challenges in rural medical education during the roundtable discussions.</li> <li>3. Collaborate with rural educators, learners, and academic family medicine leaders to develop actionable recommendations to enhance rural medical education.</li> <li>4. Synthesize discussion outcomes into a document that can inform CFPC's educational strategies within one month following the session.</li> <li>5. Foster participant engagement and leadership in driving rural medical education reform by encouraging solution-focused dialogue during the session.</li> </ol>

<p><b>Session: 264</b></p> <p>Dr. Sabrina Slade</p>	<p><b>Pop It, Tap it, Block it! (2 hour - cont'd)</b></p> <p>Join us for an engaging and informative 2-hour workshop designed to enhance your knowledge and practical skills in various medical procedures. In the first hour, we'll dive into a comprehensive review of essential anatomy, physiology, and pharmacology pertinent to the administration of local anesthesia in procedures such as superficial abscess drainage, ring blocks, and knee arthrocentesis. Discover when it's best to intervene and when it's wiser to refrain.</p> <p>The second hour is all about hands-on learning. Put your newfound knowledge or refreshed skills into practice as you engage in interactive sessions, guided by our experienced instructors. This workshop offers a unique opportunity to bridge theory and application, ensuring you leave with increased confidence and competence in these critical medical techniques. Don't miss this chance to elevate your clinical expertise and improve patient care.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Anatomy, Physiology, and Pharmacology Mastery: Gain a comprehensive understanding of the relevant anatomy, physiology, and pharmacological principles essential for safe and effective local anesthetic administration in medical procedures, including hematoma blocks, ring blocks, knee and ankle arthrocentesis, joint injections, and superficial abscess drainage.</li> <li>2. Risk Assessment: Learn how to assess and evaluate the risk factors associated with these procedures, enabling you to make informed decisions about when to proceed and when it's advisable to abstain.</li> <li>3. Skill Development: Develop and refine your practical skills in performing hematoma blocks, ring blocks, knee and ankle arthrocentesis, joint injections, and superficial abscess drainage through hands-on, interactive training sessions.</li> <li>4. Patient Safety: Prioritize patient safety by understanding the nuances of anesthesia administration and minimizing potential complications.</li> <li>5. Confidence Building: Enhance your confidence in performing these medical techniques, ensuring you are well-prepared to apply them in clinical settings.</li> <li>6. Application Integration: Integrate theoretical knowledge with practical application, bridging the gap between theory and practice for improved patient care.</li> <li>7. Interactive Learning: Engage actively in the learning process through interactive exercises and guidance from experienced instructors.</li> </ol> <p>By the end of this workshop, participants will have acquired a solid foundation in the theoretical and practical aspects of these medical procedures, empowering them to provide more effective and safe patient care in their clinical practice.</p>
<p><b>Session: 265</b></p> <p>Dr. Adri-Anna Aloia</p>	<p><b>Rural Residency Fair (2 hours)</b></p> <p>Canada has over 80 rural sites from which medical students can choose to pursue residency training in family medicine. SRPC's Rural &amp; Remote Conference is ideal for highlighting the abundance of programs and their unique characteristics.</p> <p>The first half of this session will include short presentations by each represented rural residency program on the highlights of their program. In the second half, medical students can walk around to each table in a "speed-dating style" to speak directly to programs and networks and ask any questions they may have.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Connect pre-clerkship and third-year clerkship medical students with rural residency program directors, program administrators, and current residents to learn more about available programs across the country in preparation for CaRMS.</li> <li>2. Allow fourth-year medical students who have already matched to meet and network with their future rural colleagues.</li> </ol>

<p><b>Session: 266</b></p> <p>Dr. Wade Mitchell Dr. Peter Wells</p>	<p><b>Advanced Wounds and Biopsies (To Be Repeated)</b></p> <p>This workshop will look at more complex wound types (traumatic or surgical) and help with developing an approach to closure. We will discuss surgical planning for excisional biopsies, undermining, subcutaneous wound closure to reduce tension at the wound site and different flap repairs / considerations. Corner stitch and stellate wound repairs will also be reviewed.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Apply surgical wound planning and closure.</li> <li>2. Demonstrate traumatic wound assessment and closure of complex wounds.</li> <li>3. Undermine wound edges and subcutaneous suturing technique to reduce tension and other considerations for the best cosmetic results. 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.</li> </ol>
<p><b>Session: 267</b></p> <p>Dr. Wilson Lam Dr. Filip Gilic Dr. Nicholas Schouela</p>	<p><b>Airway Workshop: SALAD, Awake Intubation, and Cricothyrotomy (2 hours)</b></p> <p>A 2 hour, purely hands-on workshop where participants will cycle through 3 high-yield procedural skills stations to help prepare them for the disaster airway in the rural ED.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Carry out the steps of cricothyrotomy on a task trainer under induced stress.</li> <li>2. Recognize and apply methods of awake tracheal intubation on an airway mannequin.</li> <li>3. Perform suction-assisted laryngoscopy and decontamination on a task trainer.</li> </ol>
<p><b>Session: 268</b></p> <p>Dr. Ojistoh Horn</p>	<p><b>Considering the Environmental Determinants of Health in Rural and Remote Regions of Canada</b></p> <p>Human health is determined by the health of the environment. Nine set of variables, termed, "Earth's Planetary Boundaries" quantify the tipping points within which humans can live and thrive. Rural and remote communities of Canada, particularly Indigenous communities, are uniquely vulnerable to these tipping points. Climate change, loss of biodiversity, novel entities, fresh water, land use, and ocean acidification are relevant determinants that have passed their tipping points affect health. As Canada works towards strengthening its economy through its natural resources, two legal frameworks must be included: Bill S5- the Canadian Environmental Protection Act's (CEPA) Right to Live in a Healthy Environment, and Bill C-226, An Act to Develop a Strategy to Address Environmental Racism and Injustice. This session will present an overview of this massive topic, describe clinical teaching points, and offer resources for future awareness and advocacy.</p> <p>At the conclusion of the activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Present an overview of Planetary Health</li> <li>2. Describe relevant clinical teaching points</li> <li>3. Offer resources for future awareness and advocacy</li> </ol>

<p><b>Session: 269</b></p> <p>Dr. Paul Cano Mr. Eric Grimm</p>	<p><b>Being Green in a Blue Era</b></p> <p>We'll start with a short summary of where the climate change is as of 2025. We'll then discuss 'climate grief', with an emphasis on how to remain hopeful in a trying political time. We'll discuss personal initiatives such as reducing Air Travel, and a discussion of 'offsets'. We'll focus on Health Care sector initiatives such as deprescribing. We'll finish with discussing community initiatives. We welcome discussion and sharing of initiative in your own communities.</p> <p>At the end of this session, participants will have:</p> <ol style="list-style-type: none"> <li>1. An understanding of the current state of climate change.</li> <li>2. An approach to 'climate grief', with a prescription for hope.</li> <li>3. Shared their successes in implementing climate change mitigation in their personal lives, communities and working lives.</li> <li>4. Motivate and practical ideas of what and how to implement further measures in their personal lives, communities and in the health care sector.</li> </ol>
<p><b>Session: 280</b></p> <p>Dr. Chien-Shun Chen</p>	<p><b>No More "Medical Clearance": A Better Way to Admit a Psychiatric Patient</b></p> <p>The concept of "medical clearance" is fraught with problems that hinder collaboration, efficiency, and high quality patient care in the emergency department. That is why, in Kenora, we are on a mission to abolish the practice of "medical clearance" in favour of the alternate concept of "medical stability" (it's more than semantics). We will review current guidelines and salient literature driving the paradigm shift internationally, make a case for why "medical stability" results in safer, cheaper, faster, and more collaborative care, and discuss how you might adapt the key principles to your local context.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the limitations of the conventional concept and practice of "medical clearance"</li> <li>2. Define "medical stability" and recognize it as a dynamic concept that depends on both clinical and infrastructural factors</li> <li>3. Apply current evidence and infrastructural considerations to formulate an approach to establishing medical stability when admitting from a particular ED to a particular psychiatric unit</li> <li>4. Adapt (and iterate upon) the Kenora strategies to your local context</li> </ol>

<p><b>Session: 281</b></p> <p>Dr. Rebecca Purc-Stephenson Dr. Briana Hagen Dr. Michelle Pavloff</p>	<p><b>From Farms to Clinics: Evidence-based Approaches for Engaging Farmers in Medical Practice</b></p> <p>Farmers and ranchers across Canada report significantly higher levels of anxiety, depression, and stress than the general population, yet many are reluctant to seek help, commonly citing providers' limited understanding of farm culture, production demands, and their lifestyle. As medical providers often serve as the first point of contact, understanding the unique pressures of agricultural life is vital to improving mental health outcomes. This interactive workshop draws on recent research and programming in collaboration with the Canadian Centre for Agricultural Wellbeing to enhance providers' understanding of agricultural producers. Participants will explore findings on farmer identities, discuss farming-related stressors, and learn practical strategies to build trust, reduce stigma, and encourage mental health service use.</p> <p>At the conclusion of this workshop, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the key elements of farm culture and its influence on agricultural producers' mental health.</li> <li>2. Identify environmental, economic, and social factors that can contribute to heightened distress among agricultural producers.</li> <li>3. Recognize ways to integrate agricultural producers' lifestyle needs into treatment plans.</li> <li>4. Develop strategies to overcome barriers to mental health care access in rural and farming communities.</li> <li>5. Identify regional and national resources available to support agricultural producers' mental well-being.</li> </ol>
<p><b>Session: 282</b></p> <p>Dr. Amanda Condon</p>	<p><b>Time for a New Plan? Creating Strategies to Increase Capacity for Medical Education in Rural Communities</b></p> <p>This presentation explores the challenges and strategies for increasing capacity in rural, northern, and remote medical education in Canada. It highlights the growing demand for healthcare professionals in underserved areas, the need for innovative recruitment and retention of rural educators and the critical role clinical education plays in recruitment. Key issues include the erosion of rural healthcare services, the importance of longitudinal rural teaching experiences, and the development of new approaches to recruit educators and enhance training for medical learners. This interactive presentation aims to collect best practices and collaboratively address the paradox of rising educational demands amidst dwindling resources and workforce burnout.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify opportunities for meeting the increased need for educational experiences in rural, northern and remote communities across the educational continuum.</li> <li>2. Debate optimal use of educational resources and experiences in rural, northern and remote communities.</li> <li>3. Co-create a list of innovative and best practices for the recruitment of rural educators and creating optimal learning experiences for trainees across the educational continuum.</li> </ol>



<p><b>Session: 283</b></p> <p>Dr. Kristy Penner Dr. Stacy Desilets Dr. Sarah Gower</p>	<p><b>Where the Wi-Fi's Weak, But the Ideas Are Strong: Rural Med Ed Reimagined (2 hours)</b></p> <p>Join the SRPC as we take a proactive approach to leading education reform in rural postgraduate family medicine: the residency curriculum. This interactive two-hour session will bring together rural educational leaders, learners, rural family physicians, and stakeholders to identify key challenges and brainstorm innovative solutions to enhance rural medical postgraduate education.</p> <p>We will open with a brief overview of the history of Canadian rural family medicine residency training and highlight current barriers and opportunities. We will then facilitate a targeted, focused roundtable discussion in small groups. Together, we will develop actionable recommendations and create a collaborative document to share with the CFPC and other stakeholders, shaping the future of rural medical education in Canada.</p> <p>For additional context, you can review insights from a similar session at Rural and Remote 2023. Family Medicine Education Reform: A Discursive Analysis From Focus Groups - <a href="https://srpc.ca/wp-content/uploads/2025/01/Family-Medicine-Education-Reform-FINAL.pdf">https://srpc.ca/wp-content/uploads/2025/01/Family-Medicine-Education-Reform-FINAL.pdf</a></p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define the key challenges facing rural medical postsecondary education, including recruitment, retention, infrastructure, and curriculum design, by the end of the first hour of the session.</li> <li>2. Identify at least three innovative solutions to address challenges in rural medical education during the roundtable discussions.</li> <li>3. Collaborate with rural educators, learners, and academic family medicine leaders to develop actionable recommendations to enhance rural medical education.</li> <li>4. Synthesize discussion outcomes into a document that can inform CFPC's educational strategies within one month following the session.</li> <li>5. Foster participant engagement and leadership in driving rural medical education reform by encouraging solution-focused dialogue during the session.</li> </ol>
<p><b>Session: 284</b></p> <p>Dr. Mandy Buss</p>	<p><b>Truth and Reconciliation and Relational Accountability</b></p> <p>To describe how we have relationship with the land, people and communities and because of that relationship we have responsibility and accountability to those relationships. Through understanding the Truth and Reconciliations health calls to actions and an Indigenous understanding of relational accountability we can better provide cultural safe care in our practices.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the importance of land acknowledgements.</li> <li>2. Familiarize with the concept of Truth and Reconciliation.</li> <li>3. Describe Cultural Safety and what it may look like in a clinical context.</li> <li>4. Identify areas where you can incorporate and promote Cultural Safety in your workplace and practice.</li> </ol>

<p><b>Session: 285</b></p> <p>Dr. Adri-Anna Aloia</p>	<p><b>Rural Residency Fair (2 hours)</b></p> <p>Canada has over 80 rural sites from which medical students can choose to pursue residency training in family medicine. SRPC's Rural &amp; Remote Conference is ideal for highlighting the abundance of programs and their unique characteristics.</p> <p>The first half of this session will include short presentations by each represented rural residency program on the highlights of their program. In the second half, medical students can walk around to each table in a "speed-dating style" to speak directly to programs and networks and ask any questions they may have.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Connect pre-clerkship and third-year clerkship medical students with rural residency program directors, program administrators, and current residents to learn more about available programs across the country in preparation for CaRMS.</li> <li>2. Allow fourth-year medical students who have already matched to meet and network with their future rural colleagues.</li> </ol>
<p><b>Session: 286</b></p> <p>Dr. Wade Mitchell Dr. Peter Wells</p>	<p><b>Advanced Wounds and Biopsies (Repeat)</b></p> <p>This workshop will look at more complex wound types (traumatic or surgical) and help with developing an approach to closure. We will discuss surgical planning for excisional biopsies, undermining, subcutaneous wound closure to reduce tension at the wound site and different flap repairs / considerations. Corner stitch and stellate wound repairs will also be reviewed.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Apply surgical wound planning and closure.</li> <li>2. Demonstrate traumatic wound assessment and closure of complex wounds.</li> <li>3. Undermine wound edges and subcutaneous suturing technique to reduce tension and other considerations for the best cosmetic results. 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.</li> </ol>
<p><b>Session: 287</b></p> <p>Dr. Filip Gilic</p>	<p><b>Medical Mysteries of the Year for You to Solve! : Puzzling and Exciting Cases from Working with the Peer to Peer Network</b></p> <p>Being part of the Ontario Peer to Peer network means I get to help rural ED colleagues solve their thorniest cases across the entire province. In this interactive workshop, we go over some of the most puzzling and tricky cases over the last two years of the PtP network's existence. You get to play medical detective and solve the mysteries while learning meta-cognitive frameworks that help solve difficult medical situations.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain the role of the Peer to Peer network in Ontario.</li> <li>2. Present complex and puzzling cases.</li> <li>3. Work together to resolve the cases.</li> <li>4. Explore how metacognitive strategies can assist case solutions and minimize errors.</li> </ol>

<p><b>Session: 288</b></p> <p>Mr. Jim Hamilton Dr. Michael Routledge</p> <p>Mr. Jeremy Buchner Ms. Colleen Tackaberry</p>	<p><b>Physicians and Social Prescribing</b></p> <p>This presentation will provide an overview of the international initiative Social Prescribing, which is designed to help physicians connect patients to community based services that support health and wellness. Physicians, health system planners and community based service providers will describe the ongoing development of systems for SP in Manitoba and Canada. The presentation will conclude with a discussion on the role of physicians in maximizing the efficacy of SP, with a focus on rural areas.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the fundamentals of social prescribing.</li> <li>2. Implement social prescribing into their practice.</li> </ol>
<p><b>Session: 289</b></p> <p>Dr. Tina Korownyk</p>	<p><b>Putting a Meno"pause" on Misinformation</b></p> <p>Prescribing, which is designed to help physicians connect patients to community based</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize Gaps in Menopause Research and Misinformation <ul style="list-style-type: none"> <li>o Identify key limitations in the evidence and how misinformation impacts patient care.</li> </ul> </li> <li>2. Evaluate the Risks and Benefits of Menopause Treatments <ul style="list-style-type: none"> <li>o Compare hormone therapy and non-hormonal options, considering effectiveness and safety.</li> </ul> </li> <li>3. Apply Evidence-Based Approaches in Rural Practice</li> <li>4. Use practical, evidence-based strategies to counsel and manage menopause in resource-limited settings.</li> </ol>
<p><b>Session: 300</b></p> <p>Dr. Wade Mitchell</p>	<p><b>Non-Scalpel Vasectomy (To Be Repeated)</b></p> <p>The Non-Scalpel Vasectomy technique is an office-based procedure done under local anaesthetic to provide a permanent, percutaneous solution to men / families who no longer wish to reproduce. The basic technique can be learned in a sequential manner with most practitioners gaining competence after 10-20 procedures. This workshop will review or introduce this technique to interested proceduralists so they may be able to offer the procedure to their community.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review/introduce an office based vasectomy procedure - including a short review of the anatomy and physiology of male reproduction.</li> <li>2. Systematically go through the consultation, pre-op/ post-op discussions with prospective patients.</li> <li>3. Review the equipment needed to perform the Non-Scalpel Vasectomy procedure (NSV).</li> <li>4. Demonstrate the steps of the Non-Vasectomy Procedure.</li> <li>5. Have participants practice the technique on simulated models.</li> <li>6. Review potential intra-operative issues and post-op complications.</li> </ol>
<p><b>Session: 301</b></p> <p>Dr. Mike Allan Dr. Tina Korownyk Dr. Mike Kolber</p>	<p><b>Jeopardy</b></p> <p>This talk is a fast-paced review of answers to common clinical questions. The audience will select the questions from a list of 28-32 possible topics. For each answer the audience will be asked to consider a true or false question and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Apply best evidence in the management of a number of clinical questions in primary care.</li> <li>2. Determine interventions with minimal benefit and those with strong evidence for patient oriented outcomes.</li> </ol>

<p><b>Session: 302</b></p> <p>Dr. James Goertzen Dr. Merrilee Brown</p>	<p><b>SRPC Leadership Development Institute: Managing Difficult Conversations (2 Hours)</b></p> <p>Join us for the SRPC Leadership Development Institute - opportunities to further develop leadership skills and network with colleagues. Content will be relevant to practitioners in their first five years of practice along with developing and experienced leaders. Key aspects of a difficult conversation are important issues with intense emotions and differences in opinions. Difficult conversations are often avoided leading to communication failures which can become a patient safety issue, contribute to healthcare professional burnout, and damage important relationships. Managing difficult conversations requires awareness of personal tendencies during conversational stress, positive intention, and a curiosity mindset. Deepen your understanding of difficult conversations and practice effective dialogue skills in the Leadership Lab which follows this session.</p> <p>Participants who attend this session will receive a certificate recognizing their participation in the SRPC Leadership Development Institute.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe key components of a difficult conversation.</li> <li>2. Demonstrate strategies for creating safe dialogue in a difficult conversation.</li> </ol>
<p><b>Session: 303</b></p> <p>Dr. Jared Van Bussel</p>	<p><b>Basic Suturing Workshop (2 hour - to be cont'd)</b></p> <p>We will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review the equipment for basic suturing techniques for lacerations and minor surgery.</li> <li>2. Apply appropriate application of the various techniques.</li> <li>3. Have an opportunity to practice techniques under supervision.</li> </ol>
<p><b>Session: 305</b></p> <p>Dr. Michelle Marlborough</p>	<p><b>Clinical Relevance of Placebo &amp; Nocebo Effects</b></p> <p>Placebo and nocebo effects are powerful. Placebo effects are any improvement in illness or reduction of symptoms that results from interventions possessing no known physical effects; in contrast, nocebo effects result in undesirable symptoms or changes that follow interventions also lacking known physical effects. While these can make us feel potentially uncomfortable, they are in fact powerful phenomena that can be an asset to clinical practice and patient care when understood and utilized.</p> <p>At the conclusion of this talk, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define placebo and nocebo effects.</li> <li>2. Describe some of the underlying mechanisms of these effects.</li> <li>3. List how the placebo/nocebo effect can be used to improve clinical outcomes with patients.</li> </ol>
<p><b>Session: 306</b></p> <p>Mrs. Martha Marchand Mrs. Nicole LeBlanc Ms. Jessica Bennett</p>	<p><b>Doctors Recruiting Doctors: The Important Role that Physicians and Medical Learners Play in Community-Based Recruitment in Rural Healthcare</b></p> <p>It is often said “doctors recruit other doctors”, but what does that mean exactly? We will explore the important role physicians, preceptors and medical learners play in supporting community-based recruitment efforts, and why their participation in the process is so critical. Practical examples of what they can do will be cited. We will also encourage an open discussion with the audience to explore experiences across different regions.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the role that physicians and medical learners can play in community-based recruitment.</li> <li>2. Be able to apply practical strategies to support the process.</li> </ol>

<p><b>Session: 307</b></p> <p>Dr. Julie Saby Dr. Mackenzie Moleski Dr. Kimberley Chang</p>	<p><b>I'm Staff, Now What?</b></p> <p>You're nearing the end of your residency journey. You've written your exams, and are awaiting your marks. So, now what? What are the next steps you need to take to go from being a resident to being a full-fledged staff physician? Join 3 very fresh family doctors in their first 5 years of practice as they share their own pearls, tips, and experiences of becoming staff physicians.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. To feel more confident going from residency to staff.</li> <li>2. To gain awareness of the steps required for independent practice.</li> </ol>
<p><b>Session: 308</b></p> <p>Dr. Darlene Kitty</p>	<p><b>Indigenous Health Competencies: Tools to Help You Learn and Practice Culturally Safe Care</b></p> <p>This session will review the CFPC Indigenous Health CanMeds competencies, which can guide learning and then apply these competencies to case examples. Participants will learn about several tools, including the narrative approach and a holistic model of care that can support effective interactions and culturally safe care with their Indigenous patients.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the CFPC Indigenous Health competencies that will guide their learning and skills in giving culturally safe care, including using a holistic approach.</li> <li>2. Apply these competency(ies) to case examples to consolidate knowledge gained in Indigenous health and support therapeutic relationships.</li> <li>3. Appreciate that story-telling or narratives shared by Indigenous patients helps to enhance communication and actively engage them in their care.</li> <li>4. Learn to use several tools in studying these cases and giving culturally safe care to Indigenous patients and families.</li> </ol>
<p><b>Session: 309</b></p> <p>Dr. Zahra Jaffer Ms. Meg Scully</p>	<p><b>Bringing Care to Where Patients Are At</b></p> <p>Kenora's outreach care model encompasses a team based approach to provide essential primary and urgent care services to marginalized and unattached patients. For the past decade, varying degrees of outreach services have been available, until June 2023 when a formally funded program with a recent new downtown space was created. We will explore the political and healthcare challenges facing this care delivery model, and how our program has evolved and survived to support our vulnerable community patients.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define outreach health care and the general demographic population.</li> <li>2. Describe / understand priorities for patients in the outreach setting.</li> <li>3. Be able to describe essential components required to provide outreach care.</li> <li>4. Recognize the importance of a team based approach for outreach care.</li> <li>5. Determine challenges facing providers involved in care outside the traditional setting.</li> </ol>

<p><b>Session: 320</b></p> <p>Dr. Wade Mitchell</p>	<p><b>Non-Scalpel Vasectomy (Repeat)</b></p> <p>The Non-Scalpel Vasectomy technique is an office-based procedure done under local anaesthetic to provide a permanent, percutaneous solution to men / families who no longer wish to reproduce. The basic technique can be learned in a sequential manner with most practitioners gaining competence after 10-20 procedures. This workshop will review or introduce this technique to interested proceduralists so they may be able to offer the procedure to their community.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review/introduce an office based vasectomy procedure - including a short review of the anatomy and physiology of male reproduction.</li> <li>2. Systematically go through the consultation, pre-op/ post-op discussions with prospective patients.</li> <li>3. Review the equipment needed to perform the Non-Scalpel Vasectomy procedure (NSV).</li> <li>4. Demonstrate the steps of the Non-Vasectomy Procedure.</li> <li>5. Have participants practice the technique on simulated models.</li> <li>6. Review potential intra-operative issues and post-op complications.</li> </ol>
<p><b>Session: 321</b></p> <p>Dr. Kyle Sue-Milne</p>	<p><b>FASD Isn't Just About The Brain! Diagnostic and Management Considerations In Your Practice</b></p> <p>FASD is a common and underdiagnosed lifelong condition that is prevalent across the country in both rural and urban settings. In the past, FASD was thought to be purely a brain disorder, but evidence is now showing that it has physiologic and developmental effects on the whole body. This talk is meant to help you better support your patients with suspected or diagnosed FASD.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize FASD as a full-body diagnosis, not just a brain disorder</li> <li>2. Know how to formally diagnose FASD in your own practice and have it be accepted by government supports</li> <li>3. Improve approaches to communication and adherence for patients with FASD</li> <li>4. Improve screening &amp; management of chronic health conditions for patients with FASD</li> </ol>
<p><b>Session: 322</b></p> <p>Dr. James Goertzen Dr. Merrilee Brown</p>	<p><b>SRPC Leadership Development Institute - Leadership Lab: Managing Difficult Conversations (2 Hours)</b></p> <p>Join us for the SRPC Leadership Development Institute Leadership Lab - opportunities to deepen your understanding of difficult conversations, identify practical dialogue strategies, and practice managing a difficult conversation. Conversational skills include the ability to engage others through collaborative dialogue, identifying common interests, and building relationships while communicating. Strategies for enabling difficult conversations will be explored using short videos, case examples, and breakout group activities. Since conversation conflicts are common, additional resources will be identified to better prepare for your next difficult conversation.</p> <p>Participants who attend this session will receive a certificate recognizing their participation in the SRPC Leadership Development Institute.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Practice dialogue skills relevant to effectively managing difficult conversations.</li> <li>2. Identify networks and resources to better prepare for a difficult conversation.</li> </ol>

<p><b>Session: 323</b></p> <p>Dr. Jared Van Bussel</p>	<p><b>Basic Suturing Workshop (2 hour - cont'd)</b>  We will describe the equipment required for suturing, common suture material, and demonstrate frequently used suture techniques. Participants will have the opportunity to perform these techniques on pigskin under supervision.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review the equipment for basic suturing techniques for lacerations and minor surgery.</li> <li>2. Apply appropriate application of the various techniques.</li> <li>3. Have an opportunity to practice techniques under supervision.</li> </ol>
<p><b>Session: 324</b></p> <p>Dr. Frances Kilbertus  Dr. Shayna Watson  Ms. Jia Yu Zhang</p>	<p><b>Adapting, Innovating, and Thriving: The Future of Rural Healthcare</b>  Moderator - Peter George Tian</p> <p>Oral Research Presentations - Rural health research is fundamental to developing and maintaining high-quality health services in rural and remote Canada. Each research session features 4 - 5 oral presentations of primary rural health research that fit into a common theme (described in the session title). Time for Q&amp;A is allotted after each presentation.</p> <p>This session delves into the unique challenges of rural healthcare delivery, research capacity, and recruitment. Topics include rural health workforce sustainability, access to generalist care, and systemic adaptations in resource-limited settings.</p> <p>Dr. Frances Kilbertus - Adapting to scarcity: plasticity lessons from rural healthcare practice</p> <p>Dr. Shayna Watson - Rural communities, real opportunities: factors influencing the recruitment and retention of family physicians in rural communities</p> <p>Ms. Jennifer Zhang - Transfusions following first trimester mifepristone medication abortion: A systematic review and meta-analysis</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify strategies to enhance rural health research capacity.</li> <li>2. Examine factors influencing the recruitment and retention of rural healthcare providers.</li> <li>3. Evaluate innovative approaches to addressing resource scarcity in rural healthcare settings.</li> <li>4. Discuss the impact of population-level healthcare planning in rural communities.</li> </ol>
<p><b>Session: 325</b></p> <p>Dr. Sarah Gower  Dr. Stacy Desilets</p>	<p><b>AI Scribes: If You're Not Using One, Please Come to This Talk</b>  Overwhelmed by paperwork? Behind in notes &amp; can never catch up? Heard of an AI scribe but sounds like too much work/stress/confusion? You're not alone! This talk is all about how AI can help take the documentation burden off your shoulders. We'll break down how AI scribes can save you hours on charting, help you focus more on your patients, and make your day-to-day work more manageable. We'll introduce the concept of a scribe in general and talk about how they work, legal considerations, patient consent and logistics. Then, we'll do a live demonstrations comparing different programs and different types of visits, and you can see for yourself what might work best for you. We're confident you'll leave with a clear path to try out an AI scribe in your practice, even if you never thought you'd do it.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate (3) different AI scribes commonly used in Canada</li> <li>2. Describe practical methods for integration of AI into busy clinical practices and settings</li> <li>3. Identify barriers to using AI in clinical settings</li> <li>4. Learn current Consent to AI, and Storage of Medical Information laws</li> </ol>



<p><b>Session: 326</b></p> <p>Dr. Sarah Giles Dr. Mary Ollier</p>	<p><b>Concussion Update</b></p> <p>We will use a case-based approach to review the latest Canadian concussion guidelines including the protocol for returning to physical activity. The effects of concussion on vision, balance, and mood as well as lesser-known side effects will be discussed. This talk will also feature low-budget rehab options.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Define concussion.</li> <li>2. Use the updated Canadian concussion guidelines with confidence.</li> <li>3. Identify some of the lesser-known side effects of concussion.</li> <li>4. Utilize office-based tests to document concussion-related problems.</li> <li>5. List some of the newer rehab options.</li> </ol>
<p><b>Session: 327</b></p> <p>Dr. Kate Miller Ms. Kasia Babyn</p>	<p><b>More than Mirena - Complex Contraception Cases</b></p> <p>The number of contraception choices seems to be ever changing as does the number of non-contraceptive indications for hormonal contraception. Using a case-based approach, this workshop will discuss the use (and misuse) of newer contraceptive choices for both contraception and management of other disease as well as review some older forms of contraception that still have a place in the current landscape. We will discuss eliciting patients' goals and preferences as well as best choices for those with other health conditions such as migraine with aura and PCOS.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Confidently counsel patients about the full range of available contraceptive options.</li> <li>2. Appropriately use progesterone only contraceptive options.</li> <li>3. Offer a wider range of non-hormonal contraception to patients.</li> <li>4. Match the best form of contraception with the patients' other health conditions and goals.</li> </ol>
<p><b>Session: 329</b></p> <p>Dr. Rafiq Andani Dr. Tom Jelic Ms. Dipeeka Kumari</p>	<p><b>RURAL PoCUS</b></p> <p>Point of Care Ultrasound is highly valued by Canadian rural emergency medicine physicians. Barriers continue to limit the integration of POCUS into rural clinical practice. Inclusion of POCUS training in undergraduate and postgraduate medical training can begin to address these challenges.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe how POCUS is used in rural emergency medicine</li> <li>2. Identify gaps in access to POCUS training</li> <li>3. Identify gaps in access to POCUS devices</li> <li>4. Define opportunities to address the aforementioned gaps</li> </ol>
<p><b>Session: 339</b></p> <p>Dr. Jamie Karagianis</p>	<p><b>From Burnout to Better – A Rural Psychiatrist Shares Insights</b></p> <p>On March 10, 2025 a Pubmed search using the terms “Physician” and “burnout” yielded 7795 results. The literature is increasing as exponentially as the problem seems to be. In this presentation, I will cover the symptoms of physician burnout and its overlap with various diagnosable mental health problems. I will also cover some selected aspects of the literature, and some strategies for coping with burnout. If time and courage permit, we can share a few stories, what has worked, and what likely won't work.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize symptoms of burnout.</li> <li>2. Accept that all humans have limits and recognize when to push back.</li> <li>3. Identify the mental illnesses associated with professional burnout.</li> <li>4. Review some strategies to improve well-being, including CBT tools and mindfulness meditation.</li> </ol>

<p><b>Session: 340</b></p> <p>Dr. Jonathan Wallace</p>	<p><b>Forum: Fellowship-Level PoCUS in Rural Canada</b></p> <p>Calling all rural ultrasound keepers: This Forum is intended for the "fellowship-curious" and ultrasound fellows alike. Come understand / share what is attainable with advanced / comprehensive PoCUS in Canada in 2025. Meet other like-minded rural practitioners and make connections in this emerging enhanced-skill program of rural medicine. You will walk away feeling energized and motivated to do more with the probe!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain the differences between Binary [foundational] PoCUS vs Comprehensive [fellowship-level] PoCUS</li> <li>2. Recognize the implications Binary PoCUS vs Comprehensive PoCUS have on improving rural health outcomes.</li> <li>3. Describe where to seek further training in Binary vs Comprehensive PoCUS.</li> </ol>
<p><b>Session: 341</b></p> <p>Ms. Jessica Bennett Ms. Cecilia Larson Mr. Ryan Truong Ms. Rachel Wisted</p>	<p><b>The Impact of Investment: Why Should Physicians, MD Programs, and Community Stakeholders Dedicate Funds to Rural High School Medical Outreach Initiatives?</b></p> <p>Rural high school medical outreach is important because it directly contributes to remedying the national rural physician shortage, provides medical exposure and mentorship that students who live rurally may not otherwise have access to, and allows the medical students who participate in these programs to gain a better understanding of rural communities. The goal of this workshop is to utilize 2 case studies from the University of Alberta to spark discussion among medical students, residents, physicians, and community recruiters on tangible investments that can be made to improve existing rural high school medical outreach programs at other universities and in other rural communities.</p> <p>At the conclusion of this session, attendees will be able to:</p> <ol style="list-style-type: none"> <li>1. Recognize the merit of rural high school medical outreach initiatives on creating a future generation of rural physicians with an understanding of rural communities.</li> <li>2. Through collaborative discussion, develop rural high school medical outreach initiatives that can be implemented in their own community.</li> <li>3. Through collaborative discussion, identify limitations in existing rural high school medical outreach initiatives that exist in their community.</li> <li>4. Build a network of contacts to support rural high school outreach initiatives in or near their community.</li> </ol>
<p><b>Session: 342</b></p> <p>Dr. Mike Allan Dr. Tina Korownyk Dr. Mike Kolber</p>	<p><b>New True and Poo: New Clinically Relevant Studies for Primary Care</b></p> <p>In this session, we will review studies which can impact primary care, from the past year. Topics will vary depending on recent studies. The presentations are article reviews that focus on clinical application of the newest available information. We will discuss whether the research implications of these studies are practice-changing or re-affirming or whether they should be ignored.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify new studies of a diagnostic test, therapy or tool that should be implemented into current practice.</li> <li>2. Analyze articles and evidence that reaffirm currently utilized diagnostic tests, therapies or tools.</li> <li>3. Describe articles that highlight diagnostic tests, therapies or other tools that should be abandoned.</li> </ol>

<p><b>Session: 343</b></p> <p>Ms. Alexandria Pavelich Ms. Colleen Dell Ms. Kristina LeDrew</p>	<p><b>Animal-Assisted Services in Healthcare Practice: The Value of Therapy-Dog Teams for Improved Patient &amp; Staff Experience (To be Repeated)</b></p> <p>Our interactive workshop will provide the opportunity for attendees to meet and interact with our therapy “dogtors”, Molly and Zola, who regularly visit care settings in Saskatchewan. The speakers have hundreds of hours of experience working in animal assisted services as both handlers and researchers, where their perspectives will highlight evidence-based outcomes from their team’s studies highlighting the science behind how human-animal interactions are beneficial for human health. The end-goal is to provide attendees the information and experience needed to begin implementing animal-assisted programming at their own institution, whilst also promoting the reciprocal relationship between humans and animals as a complementary practice for broader public and rural community health settings.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Provide education on evidence-based outcomes for how therapy dogs visiting health care settings can improve the patient and staff experience.</li> <li>2. Learn about why and how human-animal interactions are beneficial to human health, and a complementary practice for health care settings.</li> <li>3. Gain new information about the first steps for implementing and establishing an animal-assisted services program in your care setting.</li> </ol>
<p><b>Session: 344</b></p> <p>Dr. Adri-Anna Aloia</p>	<p><b>A Look Ahead: Anticipating the Financial Burden of CaRMS and Residency</b></p> <p>This presentation has been prepared to showcase the various considerations which are integral, yet often overlooked, in the path towards matching, related to finances and the candidate's financial wellbeing. The information and resources shared within this presentation aim to minimize the burden of financial stress that many learners experience along their journey by preparing our upcoming cohorts of the realistic considerations and relevant conversations to be had. If you haven't had the money talk yet, this is a great place to start.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Explore the concept of Financial Wellness.</li> <li>2. Reveal the known and hidden costs of CaRMS and Residency pursuits in Canada.</li> <li>3. Considerations and Lens of the International Medical Graduate candidate.</li> <li>4. Tips, resources, departments and organizations that may better support your journey ahead.</li> </ol>

<p><b>Session: 345</b></p> <p>Dr. Nathalie Slaney</p>	<p><b>Intrauterine Device &amp; Endometrial Biopsy Training Workshop for Primary Care Providers</b></p> <p>Taking a game-type didactic approach to learning followed by hands-on practice, this workshop is designed for Physicians and Health Care Workers wishing to learn the basics of IUD insertion and endometrial biopsies. Whether a beginner or experienced practitioner looking to add to their existing skillset, the workshop is designed to increase participant knowledge and comfort level with both IUD insertions and endometrial biopsy techniques. Participants will learn how to initiate patient discussions, review selection criteria, provide counselling, and manage potential complications. By the end of the workshop, attendees should feel more prepared to incorporate aspects of these valuable skills in their own practice.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify patients who may benefit from intrauterine LARC (Long acting reversible contraception),</li> <li>2. Describe an approach to discussing risks and benefits associated with intrauterine contraceptive devices,</li> <li>3. List at least 4 possible IUS complications and describe how to manage them,</li> <li>4. Use the simulation environment to practice IUD insertions, IUD removals and perform an endometrial biopsy.</li> </ol>
<p><b>Session: 346</b></p> <p>Dr. Margo Wilson Dr. Paul Lavigne</p>	<p><b>Airway Workshop for Learners</b></p> <p>These interactive, hands-on sessions are designed to enhance your airway management skills. Participants will have the opportunity to practice a range of techniques aimed at refining their approach to airway management. In these workshops, you will work with mannequins to gain practical experience with video laryngoscopy, learning tips and tricks to improve your technique and confidence. Don't miss this chance to sharpen your skills in a supportive and engaging environment!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review Airway Anatomy and Management - Gain a thorough understanding of airway structures and the principles of effective airway management.</li> <li>2. Practice Airway Support Measures - Develop skills with tools like oral airways and bag-valve-mask (BVM) ventilation to ensure effective airway support.</li> <li>3. Master Intubation Techniques - Practice intubation techniques, including video laryngoscopy, to improve your precision and confidence in securing the airway.</li> <li>4. Develop Strategies for Challenging Airway Scenarios - Learn and practice effective strategies to manage difficult or unexpected airway situations with hands-on scenarios.</li> </ol>
<p><b>Session: 347</b></p> <p>Dr. Cheri Bethune Dr. Wendy Graham Dr. Robbie McCarthy Ms. Alanna Pullen</p>	<p><b>Survive or Thrive in Rural Practice? Rx Fundamental Research and Writing Skills as an Antidote</b></p> <p>Rural practitioners face unique barriers. One solution for maintaining and sustaining rural generalists may lie in adding to our repertoire of skills so we can re-claim our voices as powerful advocates for our rural communities. Join this workshop to learn about fundamental research and writing skills and gain valuable insights and practical strategies from our successful 6for6 program to build your capabilities.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe how cultivating research and writing skills can foster resilience in rural practice.</li> <li>2. Identify key topics and issues within rural healthcare that can be effectively addressed through research and writing initiatives.</li> <li>3. Apply different strategies to build their own research and writing capabilities.</li> </ol>

<p><b>Session: 348</b></p> <p>Dr. Hannah Shoichet</p>	<p><b>The RUSH Exam for Patients with Undifferentiated Shock</b></p> <p>This presentation and hands-on workshop will provide the attendee with a protocol that incorporates Point of Care Ultrasound (POCUS) in the assessment of a patient with undifferentiated shock. The Rapid Ultrasound for Shock and Hypotension (RUSH) exam uses targeted ultrasound of the heart, IVC, abdomen, aorta and lungs to improve diagnostic accuracy and speed of diagnosis for the causes of shock in your patients. There will be an opportunity to practice the components of the exam and the exam as a whole in live models.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the steps of the RUSH exam and potential outcomes of each step.</li> <li>2. Define an approach to incorporate the RUSH exam in your practice.</li> <li>3. Provide hands-on practice for the RUSH exam on live models.</li> </ol>
<p><b>Session: 360</b></p> <p>Dr. Kate Miller Dr. Sarah Gower</p>	<p><b>MORE Self-Care for Doctors Who Prefer Swearing to Yoga</b></p> <p>With burnout now a near universal experience among rural physicians, a number of remedies are predictably put forward. At times this advice seems to worsen stress levels by its impracticality (e.g. suggesting a consistent sleep schedule to physicians who work shifts) or it's ineffectiveness (e.g. a single lunch time yoga session). Many others are grounded in evidence but delivered in a way that does not suit your temperament and reality. This workshop, led by two family doctors who like both swearing and yoga, will explore some evidence based but less predictable solutions. Is retail pharmacy helpful or harmful? Does easy access to pristine lakes make cold plunging the therapeutic option of choice for rural doctors? Can you use the principles of mindfulness without having to sit in silence for 20 minutes before your morning coffee? Can you turn doomscrolling and binge watching into effective cognitive idleness? Without the benefit of a single scented candle or inspirational saying, we hope to arm you with some practical strategies that you can incorporate into your current life rather than feeling like the available solutions are undesirable or out of reach.</p> <p>Note: this talk will include new content but also overlap with the version presented in 2024.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Apply new, and perhaps less predictable, coping strategies into their day-to-day lives.</li> <li>2. Identify the positive and negative aspects of their current coping strategies.</li> <li>3. Incorporate evidence-based strategies for addressing stress and burnout in ways that work with their lives and personalities.</li> </ol>
<p><b>Session: 361</b></p> <p>Dr. Peter George Tian Dr. Caitlin Finley Mr. Sai Vemula</p>	<p><b>Bias or Confounder, Odds or Ratio: A Review of Common Epidemiologic Jargon</b></p> <p>In clinical rounds or small group discussions, we frequently hear epidemiologic jargon: bias and confounder, odds and ratio, cohort and cases. However, are these terms used accurately? This lecture will review common terminologies in epidemiologic studies.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Sources of error: bias, confounder, and random error.</li> <li>2. Ratios, odds, and proportions</li> <li>3. Common epidemiologic study designs</li> </ol>

<p><b>Session: 362</b></p> <p>Ms. Jamie Mclean Ms. Santana Boulet</p>	<p><b>Enhancing Diabetes Care for Busy Rural Providers: 2025 Updates</b></p> <p>Diabetes management is constantly evolving, especially with the introduction of new technologies and updated clinical guidelines. In this session, we will review the most recent updates from Diabetes Canada's clinical practice guidelines for 2025. This includes the latest pharmacological treatments, as well as advancements in blood glucose monitoring, such as continuous glucose monitoring (CGM) targets. Attendees will also learn they key concepts for managing GDM and Type 2 diabetes in pregnancy, with special consideration for rural settings. Join us to gain the tools and knowledge to enhance diabetes care in your community, with insights from two rural Diabetes Educators.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss the latest updates in the pharmacological glycemic management of Type 2 diabetes in adults</li> <li>2. Recognize drugs that provide cardiovascular and/or renal protection in diabetes management.</li> <li>3. Identify the latest advancements in blood glucose monitoring, including continuous glucose monitoring (CGM) targets for effective glycemic management.</li> <li>4. Discuss key concepts for safely and effectively managing GDM and Type 2 Diabetes in pregnancy.</li> </ol>
<p><b>Session: 363</b></p> <p>Ms. Alexandria Pavelich Ms. Colleen Dell Ms. Rebecca Aberra</p>	<p><b>Animal-Assisted Services in Healthcare Practice: The Value of Therapy-Dog Teams for Improved Patient &amp; Staff Experience (Repeat)</b></p> <p>Our interactive workshop will provide the opportunity for attendees to meet and interact with our therapy “dogtors”, Molly and Zola, who regularly visit care settings in Saskatchewan. The speakers have hundreds of hours of experience working in animal assisted services as both handlers and researchers, where their perspectives will highlight evidence-based outcomes from their team’s studies highlighting the science behind how human-animal interactions are beneficial for human health. The end-goal is to provide attendees the information and experience needed to begin implementing animal-assisted programming at their own institution, whilst also promoting the reciprocal relationship between humans and animals as a complementary practice for broader public and rural community health settings.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Provide education on evidence-based outcomes for how therapy dogs visiting health care settings can improve the patient and staff experience.</li> <li>2. Learn about why and how human-animal interactions are beneficial to human health, and a complementary practice for health care settings.</li> <li>3. Gain new information about the first steps for implementing and establishing an animal-assisted services program in your care setting.</li> </ol>

## Session: 364

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

### **"Capturing the Trajectory of Growth" : Building a Portfolio to Reveal the Emerging Rural Generalist**

Rural generalism struggles in the world of medical education and in the recruitment and retention of rural generalists in communities around the globe. Every jurisdiction in the world is challenged to educate health care providers who aspire and thrive in the rural context.

Medical education, even programs developed with a rural purpose and focus, have not supported the particular skills and personality that enable students of medicine to fulfill their aspirations to serve as rural doctors.

The Rural Generalist Pathway was developed at NOSMU and has been recognized widely through such organizations as AFMC and the Task Force (AKA SRPC/CFPC) as an important roadmap to addressing the particular developmental trajectory of the rural generalist.

The RGP-U at NOSMU has been conceptualized to address the needs of rurally focused UG students through tutorial support, mentorship, conference attendance, and connection to postgraduate training at NOSM U.

A portfolio that reflects the learners' journey in becoming rural generalists is the next step in the creation of artefacts along this trajectory to demonstrate and document learning and growth of learners as emerging rural generalists. Creating a RG portfolio engages students and faculty in a longitudinal and holistic reflective exercise that reveals and supports their unique personal and professional journey. It also provides an artefact of learning to assist transition to postgraduate rural family medicine training.

This workshop will focus on the process and content of building a 'learning portfolio' that is centered around key dimensions of rural generalist practice. We will use a co-creation model to illustrate how students, and faculty can collaborate in creating a process and product that meets a growth model (mindset) of learning and becoming.

Dr. Jullieta Lum is not here, but has been a big part of this work.

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

1. Identify the key dimensions of rural generalist practice and their relevance to medical education.
2. Will be able to describe the process of creating a learning portfolio that reflects the development of rural generalist competencies.
3. Will be able to apply a co-creation model to collaborate with students and faculty in building learning portfolios.
4. Will be able to assess how a rural generalist portfolio supports the transition to postgraduate rural family medicine training.



<p><b>Session: 365</b></p> <p>Dr. Jamie Szabo</p>	<p><b>Updates in Prenatal Care for all Family Physicians: Early Pregnancy Care, Vaccines in Pregnancy, &amp; Postpartum Care</b></p> <p>This talk will start by reviewing new updates in early prenatal care, including the use of ASA and calcium, as well as additional monitoring needed for those who are identified as increased risk (including those with obesity, workplace exposures, recurrent losses). We will briefly touch on substance use in pregnancy, and also review new vaccination recommendations during pregnancy. Finally we will cover concerns at early postpartum appointments for both postpartum patients and newborns.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Be able to recognize those at increased risk at a first prenatal appointment, order appropriate testing, and recommend treatment (including ASA, Ca, folic acid, NIPT, and enhance monitoring).</li> <li>2. Be able to counsel patients on available vaccinations in pregnancy, contraindications, and benefits (including Covid, Influenza, Pertussis, and RSV).</li> <li>3. Identify, counsel, and offer treatment to pregnant patients using alcohol and other substances in pregnancy</li> <li>4. Recognize concerning neonatal weight loss, signs of poor feeding, abnormal postpartum bleeding, and postpartum mental health concerns</li> </ol>
<p><b>Session: 366</b></p> <p>Dr. Margo Wilson Dr. Paul Lavigne</p>	<p><b>Airway Workshop for Practicing Physicians</b></p> <p>These interactive, hands-on sessions are designed to enhance your airway management skills. Participants will have the opportunity to practice a range of techniques aimed at refining their approach to airway management. In these workshops, you will work with mannequins to gain practical experience with video laryngoscopy, learning tips and tricks to improve your technique and confidence. Don't miss this chance to sharpen your skills in a supportive and engaging environment!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review Airway Anatomy and Management - Gain a thorough understanding of airway structures and the principles of effective airway management.</li> <li>2. Practice Airway Support Measures - Develop skills with tools like oral airways and bag-valve-mask (BVM) ventilation to ensure effective airway support.</li> <li>3. Master Intubation Techniques - Practice intubation techniques, including video laryngoscopy, to improve your precision and confidence in securing the airway.</li> <li>4. Develop Strategies for Challenging Airway Scenarios - Learn and practice effective strategies to manage difficult or unexpected airway situations with hands-on scenarios.</li> </ol>

<p><b>Session: 367</b></p> <p>Mrs. Laura Soles</p>	<p><b>SRPC Reads</b></p> <p>In 2019, we launched the SRPC Book Club. We enjoyed successful meetings in Ottawa, Niagara and Edmonton and participants requested that we continue to meet in Winnipeg.</p> <p>Although we only meet once a year, like any good book club, we talk about books and enjoy good fellowship. As in previous years, we will discuss books from CBC’s Canada Reads, described as the CBC’s annual “Battle of the Books.”</p> <p>Read one, read none or read them all – it doesn’t matter! We just want to talk about books!</p> <p>We will also very likely digress into the discussion of other books, so come to enjoy the company of fellow book lovers!</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Reflect on the experience of participating in a wellness-related activity.</li> <li>2. Demonstrate a reduction in practice-associated isolation through the development of social bonds with fellow book club members.</li> <li>3. Build a sense of continuity from one conference to the next through an annual session.</li> <li>4. Discuss current trends in Canadian literature.</li> </ol>
<p><b>Session: 368</b></p> <p>Dr. Lorraine Dooley</p>	<p><b>Evolving Congestive Heart Failure Management: What is the new standard?</b></p> <p>This presentation aims to review management of congestive heart failure (CHF) in 2025. There will be a comprehensive review of literature and relevant guidelines. We will examine criteria for diagnosis, etiologies and nuances to consider when managing CHF. We will also look at the challenges of managing CHF in a rural environment with limited resources.</p> <p>At the conclusion of this activity participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Categorize types of congestive heart failure.</li> <li>2. Apply guideline directed medical therapy to patients with CHF with considerations for future directions in management.</li> </ol>
<p><b>Session: 369</b></p> <p>Dr. Sarah Cook Dr. Laura Noack Dr. Meg Casson</p>	<p><b>Perineal Repair (To Be Repeated)</b></p> <p>After a short review of what evidence there is for practice in this area, we’ll have a chance to do perineal repairs on a model. This will be geared to the medical learner or those in early / resuming practice.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Summarize the evidence-based practice in perineal repair.</li> <li>2. Do a step-wise repair of a 2nd degree laceration.</li> <li>3. Benefit from ‘pearls’ from other participants.</li> </ol>

<p><b>Session: 380</b></p> <p>Dr. Jon Witt Dr. Taofiq (Segun) Oyedokun</p>	<p><b>From Surviving to Thriving: Setting New Rural Physicians Up for Success</b></p> <p>New physicians entering rural practice face unique challenges—how can we help them thrive, not just survive? This interactive session is designed for rural physicians and healthcare teams committed to fostering success in their communities. Learn strategies to balance service needs with system challenges, hear from experienced rural physicians in a dynamic panel discussion, and work with peers to create actionable plans for sustainable practice environments. Whether you're early in your rural medicine journey or a seasoned practitioner, you'll leave with practical solutions to address key challenges and strengthen your team. This is your opportunity to make a meaningful impact on the future of rural healthcare—don't miss.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify and address key challenges faced by new-to-practice rural physicians, including balancing service demands, navigating system barriers, and achieving personal sustainability.</li> <li>2. Apply proven strategies from experienced rural physicians to create supportive, team-based approaches that foster resilience and satisfaction in rural practice.</li> <li>3. Design a personalized or organizational action plan to build sustainable, safe, and thriving practice environments tailored to the unique needs of rural healthcare teams.</li> </ol>
<p><b>Session: 381</b></p> <p>Dr. Dale Dewar</p>	<p><b>"Dealing with a Hot Accident"</b></p> <p>Radioactive materials travel our roads every day. Plans for a deep geological repository for nuclear waste will depend upon the safety of that transport even as the amount of radioactive waste will be increasing. Should rural hospitals know whether they are on transport routes and have preparations in place in the event of an accident? What preparedness has been made for accidents and for safety in small rural hospitals? What might challenge the rural doctor and the ER staff?</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Will know which officials are involved and how to manage the information flow.</li> <li>2. Evaluate the dangers of the accident to ER staff, emergency personnel and the environment.</li> <li>3. Discuss decontamination procedures for individuals and property that has been radioactively contaminated.</li> </ol>
<p><b>Session: 382</b></p> <p>Miss. Angela Wagner Dr. Bruce Hobson</p>	<p><b>Empowering Physicians: Navigating Canadian Practice with PLPs</b></p> <p>Join us as we explore the UBC CPD Physician Learning Plan Program. The session will provide an overview of how PLPs support physicians, especially those new to practice in Canada or rural areas, in bridging knowledge gaps through personalized learning plans. We will share insights from our experiences co-creating these plans from both the concierge and physician advisor perspectives, focusing on setting clear learning objectives and accessing tailored resources, hands-on practice, or coaching and mentorship. Examples will highlight the program's impact in helping physicians navigate the healthcare system and integrate successfully into Canadian medical practice.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Understand the Purpose and Benefits of Personal Learning Plans (PLP).</li> <li>2. Explore the Values of the PLP Program.</li> <li>3. Share Testimonials and Real-Life Impact of the PLP Program.</li> </ol>

<p><b>Session: 384</b></p> <p>Dr. Ben Stride-Darnley Dr. Nathan Coleman</p>	<p><b>Northern Quality Improvement: Stories and Practice from a Budding Residency Program</b></p> <p>Our Thompson family medicine residency has been connecting Quality Improvement (QI) curriculum with capacity development across the 396,000 km<sup>2</sup> area served by the Northern Regional Health Authority in Manitoba. By using a distributed and collaborative interdisciplinary approach, locally important clinical questions are answered while simultaneously developing residents' and staff capacity. Projects to date include uptake of virtual visits, maintaining past medical history data, no show reduction, polypharmacy in the elderly and prescribing medications with potential for misuse. This session will introduce QI, and how we use Plan-Do-Study-Act (PDSA) cycles through our northern residency to stimulate and foster QI capacity. We briefly explore 2 or 3 of our projects to date and the benefits and challenges uncovered in our practice context. Through these examples we explore the challenges and advantages of adopting and adapting QI in remote contexts as a counterpoint to the predominantly urban-academic centre driven practice improvement initiatives in Canada (Manalili et al, 2002). We conclude by demonstrating the feasibility of QI by completing a "walk through" of the process by following a clinical question raised by an attendee.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Translate basic QI approaches to their clinical settings.</li> <li>2. Learn how to formulate and appraise the PDSA cycle for their clinical setting.</li> <li>3. Recognize that relatively minimal time commitment from learners/staff can have a useful impact on clinically relevant outcomes.</li> <li>4. Appraise locally available data to routinize QI endeavors.</li> </ol>
<p><b>Session: 385</b></p> <p>Dr. Evan Mah</p>	<p><b>High Pressure and Heavy Flow - Managing Gestational Hypertension and Postpartum Hemorrhage</b></p> <p>We will review recent updates on the initiation of aspirin in pregnancy and an approach to management of gestational hypertension and preeclampsia. We will also develop an approach to predict those at risk of postpartum hemorrhages, manage the third stage, and review the medications to use when needed. For when we need more than medications, a brief review on mechanical tamponade options.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Be able to identify indications for starting ASA for preeclampsia prophylaxis in pregnancy, especially a BMI of 30.</li> <li>2. Identify indications to start antihypertensive treatment and the usual treatment options.</li> <li>3. Be able to risk satisfy all deliveries and plan for the appropriate preventative management for postpartum hemorrhages.</li> <li>4. Describe the usual medical management options for postpartum hemorrhages.</li> <li>5. Become familiar with mechanical tamponade options and have a general approach to their use in management of postpartum hemorrhages.</li> </ol>
<p><b>Session: 386</b></p> <p>Dr. Amita Dayal</p>	<p><b>Introduction to Narrative Based Medicine</b></p> <p>For medical trainees and preceptors, this workshop provides an introduction to Narrative Based Medicine. Learn about the benefits and strategies of using stories to improve patient centered care and mitigate burnout. Have an opportunity to practice with close reading and short writing exercises in a supportive and fun environment.</p> <p>At the conclusion of this activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Introduce participants to the practice of Narrative Based Medicine (NBM).</li> <li>2. Explore the role of NBM in medical practice (narrative competence), medical education and personal wellness.</li> <li>3. Provide an overview of various NBM techniques.</li> <li>4. Practice some techniques of NBM.</li> </ol>

<p><b>Session: 387</b></p> <p>Dr. Scott Kish Ms. Reagan Bilodeau</p>	<p><b>Restoring the Joy in Practice. A practical guide to taking a sabbatical</b></p> <p>Wise and likely foolish beyond his years, the young Padawan learner realized that many of the Jedi Masters around him were becoming disillusioned with their calling. Seeking to avoid that fate, the forever learner set out on three different journeys of discovery, exploring new worlds, meeting amazing peoples, learning exciting skills and finding his calling anew. Now, finally a Jedi Master himself, he is eager to share his knowledge with Jedi Masters and Padawan's alike. The joyful Jedi is seeking to assist others to explore their own journeys of rediscovering the joy in their calling.</p> <p>At the conclusion of this session the learner will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss how calling and vocation relate to medicine.</li> <li>2. Discuss the role of a sabbatical in medical practice.</li> <li>3. Describe the issues around the financial planning required for a sabbatical.</li> <li>4. Describe the potential impacts to one's practice from a sabbatical.</li> <li>5. Describe some of the potential benefits to one's practice from a sabbatical.</li> </ol>
<p><b>Session: 388</b></p> <p>Dr. Yogi Sehgal</p>	<p><b>Unusual Papers That Might Change Your Practice</b></p> <p>This talk is resurrected from the ashes of COVID-19 with a new slew of papers that will hopefully pique the audience's curiosity and inform practice in various aspects of primary care and emergency medicine, hopefully with the right mix for rural practice.</p> <p>At the conclusion of the session, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Review several studies and hopefully apply some of it to their practice.</li> <li>2. Be inspired to think outside the box</li> <li>3. To say they had a bit of fun and were inspired.</li> </ol>
<p><b>Session: 389</b></p> <p>Dr. Sarah Cook Dr. Laura Noack Dr. Meg Casson</p>	<p><b>Perineal Repair (Repeat)</b></p> <p>After a short review of what evidence there is for practice in this area, we'll have a chance to do perineal repairs on a model. This will be geared to the medical learner or those in early / resuming practice.</p> <p>At the end of the session, the participant will be able to:</p> <ol style="list-style-type: none"> <li>1. Summarize the evidence-based practice in perineal repair.</li> <li>2. Do a step-wise repair of a 2nd degree laceration.</li> <li>3. Benefit from 'pearls' from other participants.</li> </ol>