Session: 93 Dr. Rick Fleet	When Evidence Alone Is Not Enough: Living Labs and Arts-Based Knowledge Translation for Rural Health Care Transformation At the conclusion of this activity, participants will be able to: 1. Describe key rural–urban inequities in emergency care highlighted by more than 15 years of rural emergency medicine research. 2. Reflect on the limits of data alone in driving health system change, and the need for advocacy approaches grounded in evidence, lived experience, and community engagement. 3. Explain the concept of living labs in health care, including their potential, evidence base, and practical challenges when deployed in rural emergency settings. 4. Explore how innovative knowledge translation approaches—such as arts-based knowledge translation—can mobilize stakeholders and support system change, using Urgences rurales 360 and the Living Lab Charlevoix as illustrative examples. What if the future of rural emergency care begins with a promise—and a dream? From a bedside moment in rural Nelson to 15 years of evidence and advocacy, Dr. Fleet explores why data alone is not enough, and how living labs and the arts can help us dream, mobilize, and transform rural hospitals together.
Session: 100 Dr. Terri Aldred, Mrs. Patricia Howard & Dr. Chloe Blackman	Transforming Medical Affairs Within First Nations-Led Primary Health Care Services At the conclusion of this activity, participants will be able to: 1. Describe the role and organizational model of the Medical Affairs and Wellness Office (MAWO), including its grounding in Indigenous teachings. 2. Explain how a two-eyed seeing approach informs MAWO's strategies to support medical staff wellness, engagement, and culturally safe care delivery across BC. 3. Identify strategies to enhance equitable access to primary health care services in rural and remote communities. 4. Explore the findings of the All My Relations (AMR) Complexity Model pilot project and other quality improvement initiatives. 5. Explore emerging pathways for medical staff engagement and decision-making at FNHA. The First Nations Health Authority (FNHA) established the Medical Affairs and Wellness Office (MAWO) to support First Nations-led primary health care transformation in British Columbia (BC). This presentation will explore how MAWO's community of care model, grounded in Indigenous teachings, supports medical staff to provide high quality and culturally safe care in the communities they serve. Attendees will also learn about MAWO's key functions to recruit, contract and support medical staff, emerging strategies to bridge gaps in services in rural and remote communities, quality improvement initiatives such as the All My Relations Complexity Model, and next steps to improve engagement and collaboration with medical staff.

Session: 101 Dr. Mike Kolber	From Gums to Bums: GI Update for 2026 At the conclusion of this activity, participants will be able to: 1. Identify key evidence to aid primary care practitioners in the diagnosis or management of common gastrointestinal conditions. 2. Identify ways to optimize investigation, treatment, and referral of patients with GI concerns. 3. May also share cases that highlight rural family physician based endoscopic practice to determine appropriate patient and lesion selection for rural communities. A clinically focused update on common gastrointestinal conditions encountered in primary care, highlighting evidence to guide investigation, management, and referral with emphasis on rural patients and practitioners.
Session: 102 Dr. Amanda Bergman & Mr. Nathan Van Decker	Vaccine Hesitancy At the conclusion of this activity, participants will be able to: 1. Review childhood vaccines. 2. Review the diseases we vaccinate against. 3. Discuss different approaches to vaccine hesitant parents. As misinformation about vaccines continues to spread, we physicians need tools to approach those hesitant to get vaccines for themselves and/or their children. I have worked in an area that has low childhood vaccination rates for over 15 years. We will review childhood vaccines, the diseases they protect against, their side effects, and the most common misinformation about each vaccine. I will share my approach to vaccine hesitancy. Time will be dedicated for group discussion for others to share their own pearls as well as issues they have encountered around vaccine hesitancy.

Session: 103 Dr. Mark Saul & Ms. Hara Saadia	Medical Mistakes: How to Reduce Errors and Patient Harm At the conclusion of this activity, participants will be able to: 1. List common biases in medical thinking that increase errors. 2. Describe the just culture approach to evaluating errors. 3. Implement changes in practice that reduce errors in the future. 4. Increase mindfulness practice so that indicators of a possible error are perceived earlier. 5. Stay well enough to remain a doctor and not leave our profession. "You know that patient you saw yesterday …" When we hear those words upon returning to the clinic or the emergency department, our blood runs cold. None of us wake up in the morning and decide to provide shabby care, but there's no way around the risk of getting a diagnosis wrong of having one of our treatments end up causing harm. Even when everything seems to have gone well we can suddenly be informed of diagnoses we made that were frighteningly wrong. A sprained ankle that turned out to be necrotizing fasciitis or a migraine that turned out to be a subarachnoid hemorrhage. What can we do? Myself I made enough mistakes that I felt I had to learn a little more. That learning led to a career as a médecin examinateur, a Québec physician who examines complaints that are filed within a public institution. A rural and remote practice led to an understanding particularly of the risks for rural physicians, when faced with fewer local resources, limited means for transportation to tertiary care centres and the negative bias encountered in these centres. In this session I will share what I learnt about reducing errors. Confronting these errors in the spirit of a just culture ensures that we remain accountable, but still allows us to make mistakes in good faith without feeling too afraid to disclose the error. 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.
Session: 104 Dr. Sarah Giles & Dr. Sean Moore	Tick Talk At the conclusion of this activity, participants will be able to: 1. Provide an overview of tick-borne diseases and their prevalence in different regions of Canada. 2. Explain the role of ticks as vectors for these diseases and briefly discuss removal of ticks and common rashes. 3. Review the clinical presentations of Lyme disease, Powassan, anaplasmosis, babesiosis, and RMSF. 4. Be aware of the importance of early diagnosis and treatment with special attention to the safety of doxycycline. 5. Provide guidance on tick bite prevention, tick checks and proper tick removal techniques. 6. Describe diagnostic tests available for tick-borne diseases. 7. Explain how climate change and other factors may influence their spread. 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, and Powassin virus. Remember those patients with fever, chronic fatigue or unusual neurological symptoms that had negative Lyme testing but convincing histories of tick bites… there may be some clarity as we now understand the changing epidemiology of these diseases.

Session: 105 Dr. Kimberly McRae	Introduction to Gender Affirming Hormone Therapy At the conclusion of this activity, participants will be able to: 1. Describe key principles of creating safe and affirming clinical environments for gender-diverse patients. 2. Outline an initial clinical approach to the patient seeking masculinizing hormone therapy. 3. Outline an initial clinical approach to the patient seeking feminizing hormone therapy. 4. Identify reputable clinical and educational resources to support the provision of gender-affirming hormone therapy in rural and remote settings. This session aims to improve access to gender-affirming hormone therapy for patients in rural and remote communities. It will provide foundational knowledge for practitioners who are interested in offering this care, along with key support resources for clinical questions and ongoing learning. Topics will include introductory concepts related to creating safe and affirming clinical spaces, gender diversity in identity and expression, approaches to patients seeking feminizing and masculinizing hormone therapy, and a review of practical support resources. The content is designed for clinicians who are new to the provision of gender-affirming hormone therapy, as well as those seeking a clearer understanding of what gender-affirming care entails.
Session: 106 Dr. Mira Pavan	CIWA-t I Did There? At the conclusion of this activity, participants will be able to: 1. Identify patients with Alcohol Use Disorder and those at risk of serious withdrawal / withdrawal complications in an inpatient and outpatient setting. 2. Address the challenges of assessing alcohol withdrawal management in the outpatient setting. 3. List the main types of medical management for Alcohol Use Disorder, and explore some off-label but potentially useful options for trickier patients. 4. Formulate a basic pain management plan for patients in acute alcohol withdrawal in the outpatient and inpatient setting. 5. Discuss questions or cases to get peer support from challenging cases (dependent on attendee participation). Family physicians are often the best point of contact to help a patient who is struggling with alcohol use, but managing alcohol use disorder can leave us feeling stuck with challenges in both the outpatient and inpatient settings. Whether you're new to practice, or want to hopefully get a few ideas of how to help a tricky patient from the office or as a hospitalist faced with someone in severe withdrawal, this session will help you go beyond a score sheet and help you get a bit more comfortable in both managing alcohol use disorder and acute withdrawal in whichever setting you practice.

Session: 107 Dr. Brody Laberge & Dr. Meghan Forgie	Chalk It Up to Good Teaching: How to Deliver More Effective on-the-Spot Learning At the conclusion of this activity, participants will be able to: 1. Define the purpose and structure of a chalk talk as a clinical teaching strategy. 2. Describe a simple framework for designing and delivering an effective chalk talk in real-time. 3. Create and deliver a brief chalk talk on a topic of their choosing using best practices in visual and verbal communication. 4. Provide and receive constructive feedback on teaching techniques in a supportive peer-learning environment. Teaching in the clinical setting doesn't require slides, handouts, or a projector - it just takes a marker and a moment. This interactive workshop will introduce participants to the chalk talk: a powerful, low-tech teaching method ideal for busy wards and clinics. Participants will learn a simple, flexible framework for designing and delivering effective chalk talks, then work in small groups to develop and present their own 5-minute chalk talks on a clinical topic of their choice. The session emphasizes real-world teaching, peer feedback, and strategies that rural physicians can immediately apply in their own practices - whether mentoring learners on rounds, in clinic, or over coffee.
Session: 108 Dr. Laura Noack, Dr. Rebecca Mahon, Ms. Laurel Pirrie & Ms. Taylor Marshall	Cyst Busters: Effective Bartholin Drainage Techniques for Rural Docs At the conclusion of this activity, participants will be able to: 1. Gain confidence in locating the anatomical position and common pathologies of the Bartholin glands. 2. Become proficient in clinically diagnosing Bartholin cysts and determining the appropriate form of management. 3. Receive hands-on experience and master Bartholin gland drainage and Word catheter insertion using realistic models. 4. Give and receive constructive feedback by observing and evaluating another peer performing the procedure. 5. Identify potential complications and outline steps for follow-up care and management. 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.

Session: 109 Dr. Filip Gilic	When Lives are in Balance; And Seconds Count At the conclusion of this activity, participants will be able to: 1. Compare and contrast Traditional Model of Cognition with Naturalistic Model of Cognition. 2. Explain how Naturalistic Model of Decision Making fits acute care medicine. 3. Apply OODA loops for efficient and effective decision making. 4. Implement evidence-based tools for acute stress modulation. The traditional model of decision making in medicine is based on Internal Medicine: collect data, make a differential diagnosis, sequentially examine each diagnosis for fit, select the best one then develop a therapeutic plan. Acute care calls for a different approach. When seconds count, you must think differently. Calling upon the field of Naturalistic Decision Making and drawing from experiences of fighter pilots, race car drivers, sailors and special forces medics, this talk will cover how real-world experts think under pressure; how to observe, orient, decide and act; and how to stay calm and effective in the eye of a storm.
Session: 120 Ms. Laurel Pirrie, Miss Tiana Bressan & Mr. Angus Foster	Obstetrics For All - Shining a Light on Low-Barrier Simulations in Rural Obstetrics At the conclusion of this activity, participants will be able to: 1. Be able to name 3 challenges faced by rural patients in need of obstetrical services. 2. Be able to name 3 barriers that rural providers face to gaining and maintaining obstetrical skills. 3. Be able to describe the role of medical education in increasing rural obstetrics. 4. Know how to access low resource obstetrics simulations via PRACTISS. 5. Know how to implement a low resource obstetrics simulation via PRACTISS. 6. Be able to describe the value of simulation in gaining and maintaining obstetrical skills. This session is an introduction to ØRECLESS, a free, virtual tool to support you to run obstetrical simulations in your rural community setting. Designed in response to the ongoing loss of obstetrical services across rural northern Ontario, ØRECLESS has 16 simulations for a variety of obstetrical crises designed to build and sustain obstetrical skills. Our goal is to encourage more providers to make obstetrics a part of their practice through early exposures in medical education and increasing competency and confidence through simulations. This session will include a discussion of the value and challenges in rural obstetrics, and an introduction to using low-fidelity simulation in obstetrics.

Session: 121 Dr. Cheri Bethune, Dr. Frances Kilbertus, Dr. Sharen Madden, Dr. Sarah Newbery, Dr. Nick Jeeves & Mx. Sai Vemula	An Antidote to Despair: Tutoring Medical Students on their Journey to Become Rural Generalists At the conclusion of this activity, participants will be able to: 1. Describe the components and process of the Rural Generalist Program (RGP). 2. Analyze the experiences of rural generalist tutors in the RGP. 3. Evaluate opportunities for longitudinal engagement with undergraduate students in one's own context as a strategy to address despair or burnout. This workshop will engage participants in an exploration of the experience of tutors in the Rural Generalist Pathway program at NOSMU. This program is now in its 5th iteration, enrolling first year students in a program of enrichment characterized by individual mentorship and a small peer group with rural generalist faculty every 6-8 weeks over 4 years, designed to support rural generalist professional identity formation and career intentions. Tutors' personal and professional benefits will be explored through stories and discussion of meaningful student engagement.
Session: 122 Dr. Filip Gilic & Dr. Wilson Lam	Airways and Breathing: A Common Sense Primer At the conclusion of this activity, participants will be able to: 1. Describe the anatomy and physics of airway patency. 2. Identify common failure points of oxygenation and ventilation. 3. Integrate structured assessments of airway and respiratory problems with universal treatment progressions. Airway and respiration are complex and wonderful. In this practical primer, we will review the anatomy and physics of airways and respiration and the common ways in which things go wrong. We will provide practical pathways to diagnosing and correcting issues with airway patency and respiratory difficulty; and provide a universal treatment progression that simplifies acute care diagnosis and treatment.

Session: 123 Dr. Mark Saul & Mr. Cyril Mani	Medical Complaints: How To Reduce Them When You Can and Cope With Them When They Arrive Anyway At the conclusion of this activity, participants will be able to: 1. Employ strategies of good communication that can reduce complaints. 2. Explain the steps in the exam of complaints. 3. Respond to complaints effectively and compassionately. 4. Offer heart-felt apologies when an important error is acknowledged. 5. Stay well throughout the trial of a complaint. 6. Stay well enough to remain a doctor and not leave our profession. Even when we have provided the best care that we can, a complaint can arrive in the mail without any warning. What does this mean? Is our career in danger? Has our care slid downhill? My own career led me to receive complaints, both complaints I could have avoided with better communication, and complaints that nothing in heaven or earth could have ever stopped. Learning how to deal with these challenged led to my career as a médecin examinateur, a Québec physician ombusdman who examines complaints that are filed within a public institution. A rural and remote practice led to an understanding particularly of the challenges for rural physicians who work in smaller teams with fewer resources. This can create painful conflicts when worrisome standards of care are encountered. It can also lead to negative biases from our tertiary care referral centres. In this session I will share what I learnt about both reducing the risk of setting off complaints, as well as how to stay well even when they arrive. The shortage of family physicians in the countryside is at risk when complaints cause us to hang up the stethoscope earlier than planned. Finding confidence in our own worth as a physician and as a person is what we all all need.
Session: 124 Miss Ou Jia Wang, Ms. Amanda Bakke, Ms. Sydney Hampshire & Dr. Philip d'Entremont	Overcoming Barriers in Practice and Research - Oral Research Presentation At the conclusion of this activity, participants will be able to: 1. Summarize key findings from multiple rural health research studies relevant to the session theme. 2. Consider practical implications of research for rural clinical practice, policy, or community health. 3. Engage in discussion with presenters and peers to explore application, collaboration, and future research opportunities. Moderator: Dr. Paul Dhillon 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. Miss Ou Jia Wang - Using Standardized Photography to Improve Dermatologist Access: a Canadian Pilot Ms. Amanda Bakke - AI Scribes in Clinical Medical Education: A Threat or Opportunity to Learning the Art of Medicine Ms. Sydney Hampshire - Adapting Rehabilitation Delivery for Maximum Impact at Home(ReDI@Home): Randomized Feasibility Trial of Virtual Physical Therapy for Rural Residents with Hip/Knee Osteoarthritis Dr. Philip d'Entremont - First Steps: A Resident-Led Medical Curriculum for Rural Highschool Students

Session: 125 Dr. Telena Shena	Delivering Safe Care & Building Relationships in Indigenous Communities At the conclusion of this activity, participants will be able to: 1. Explain the importance of authentic relationship building with Indigenous Peoples and communities. 2. Describe engagement starting points, guidelines, and protocols. 3. Apply strategies to mitigate fear of "doing it wrong" in community engagement. 4. Identify ways to support Indigenous-led solutions. This presentation highlights the essential role of authentic relationship building in delivery of care to rural and remote Indigenous communities, offers guidance on how and why to engage meaningfully, and where to start. Protocols, communication pathways, considerations, and resource toolkits will be discussed, with a focus on supporting community-led solutions. This discussion aims to serve as a starting point for providers, with the goal of increasing access to care for rural and remote Indigenous communities, while promoting allyship consistent with self-determination.
Session: 126 Dr. Chien-Shun Chen	ADHD Everywhere All At Once At the conclusion of this activity, participants will be able to: 1. Reframe ADHD encounters as explanatory-model transactions. 2. Identify the core friction points driving tension. 3. Predict the common encounter patterns that lead to treatment failure, rupture, and gatekeeping dynamics. 4. Separate state descriptions from value-laden expectations and negotiate a plan. Have you ever had an ADHD encounter that starts with "Do I have ADHD?" and ends in tension: a stalemate over stimulants, reluctant placating, or a vague deferral that ends the visit but leaves you uneasy afterward? You are not alone, and it is not just "complexity." This session reframes ADHD encounters as transactions between explanatory models and shows where conflict reliably arises. We will map four common friction points (agency, medication meaning, diagnosis meaning, and division of labour) and highlight three high-yield patterns that predict treatment failure, rupture, and gatekeeping dynamics. You will leave with a framework to separate state descriptions from value-laden expectations, defuse heat early, and negotiate a realistic plan in a busy practice.
Session: 127 Dr. David Bradbury-Squires, Dr. Kerry Lynn Williams & Ms. Amber Hodder	Teaching with Simulation: Yes, You Can Do It! At the conclusion of this activity, participants will be able to: 1. Gain an understanding of the role of simulation in medical education rural contexts. 2. Explore different simulation modalities and teaching strategies, with special considerations for low-resource settings. 3. Develop a practical approach to debriefing and giving feedback. An interactive discussion of how to integrate simulation into a medical education curriculum.

Session: 128 Dr. Wade Mitchell & Mr. Jinay Patel	Skin Cancer 101 - New and Improved At the conclusion of this activity, participants will be able to: 1. Differentiate benign from malignant skin lesions based on history and physical exam. 2. Develop a management plan for diagnosis and treatment of a malignant skin lesion. 3. Develop a follow up plan for patients with a diagnosis of melanoma or recurrent NMSCs. Review of benign and malignant skin lesions, pre-test probability, identification both macro and micro (with dermoscope), how to manage clinically and recommended follow up.
Session: 129 Dr. Stephen Cashman	POCUS and the Thrombotic Menaces: DVT (and PE!) Assessment with Point of Care Ultrasound (To be Repeated) At the conclusion of this activity, participants will be able to: 1. Evaluate the strengths and weaknesses of point of care ultrasound for the assessment of deep vein thrombosis and pulmonary embolism. 2. Demonstrate the psychomotor skills to generate and interpret lower extremity deep vein thrombosis scans. 3. Demonstrate the psychomotor skills to generate and interpret advanced cardiac scans to assess for evidence of pulmonary embolism. 4. Apply DVT and PE scans effectively in clinical practice. An exciting workshop aimed at learning about the utility of point of care ultrasound for the assessment of both deep vein thrombosis as well as pulmonary embolism. We will first go over some theoretical groundwork covering how to perform the scans, what their strengths and limitations are, and when to consider them. Then we will spend some time practicing hands on with real live models! Afterwards we will have a group discussion on how these scans could be implemented into practice, and how where we work might change how we would consider implementing these scans.
Session: 140 Miss Tiana Bressan, Mr. Paul Nanne & Dr. Allan Middleton	Breathe Easy: Reverse Engineering the Ventilator At the conclusion of this activity, participants will be able to: 1. Describe the historical development of mechanical ventilation and its relevance to current practice. 2. Explain the fundamental components and operating principles of modern ventilators. 3. Apply core theoretical concepts (e.g., pressure, volume, flow) to understand ventilator function in clinical settings. 4. Identify and respond to common ventilator alarms and demonstrate appropriate responses to them. Airway secured, congratulations, now the ventilator gets to show you who's boss. Maybe you only know the power button, or you're silently hoping an RT magically appears (except… you don't have one). In this session, we'll unpack how ventilators came to be, how they work, and review core theoretical concepts. By the end, you'll have a better sense about what's under the hood, how to calm the alarms, and feel far less intimidated by the machine that keeps your patients breathing.

Session: 141 Dr. Robert McCarthy, Dr. Lyn Power & Dr. Danielle Stacey	Oncologic Emergencies: What To Do and When To Refer At the conclusion of this activity, participants will be able to: 1. Discuss gaps in cancer care for patients residing in rural and remote communities. 2. Recognize several urgent and emergent conditions that arise in patients with various forms of cancer. 3. Develop an approach to work-up and initial management of several oncologic emergencies. 4. Distinguish between conditions that require urgent and emergent referral to specialty services versus those that may not. 5. Review key clinical resources to guide diagnosis and management of patients experiencing acute conditions related to oncologic and hematologic diagnoses. Rural patients face disproportionate rates of cancer diagnoses and also unfortunately experience poorer outcomes. Several factors contribute to these inequities, including limited access to cancer care from prevention through diagnosis, administration of systemic treatments and palliation. Socioeconomic factors, as well as significant gaps in access to primary care leave patients no choice but to present to urgent care clinics or the emergency room for management of many cancer-related concerns, including those pertaining to their diagnosis, as well as the side effects of treatment. Given the rising incidence of cancer throughout the country along with growing numbers of patients without attachment to primary care, it is prudent for emergency medicine providers to be knowledgeable in managing key oncologic emergencies and urgent issues. This session will provide participants with an approach to several oncologic (and hematologic) emergencies through case-based discussion, including initial management strategies and recognition of what necessitates urgent/emergent referral to specialty services.
Session: 142 Dr. Matthew McArthur	Quick and Easy Nerve Blocks At the conclusion of this activity, participants will be able to: 1. Explain the general principles of local anesthetic nerve blocks. 2. Perform an occipital nerve block for the treatment of acute or chronic headache. 3. Perform an ulnar nerve block for the management of boxer's fractures. 4. Perform a posterior tibial nerve block for the management of foreign body in the foot. 5. Perform an auricular nerve block for earlobe repair or I+D. Just about every rural physician knows how to do a ring block (digital nerve block) of the finger with local anesthetic. In this talk I will use a case-based approach to review the indications and technique for four other landmark-based nerve blocks that are just as safe, quick, and easy to perform as a ring block of the finger.

Session: 143 Dr. Simon Moore & Dr. Paul Dhillon	LifeHack-ER: Tips and Tricks for Bedside Care in Clinic and ER At the conclusion of this activity, participants will be able to: 1. Discuss literature on unusual and creative use of equipment in a clinic or emergency department. 2. Review unique medical equipment lifehacks you can use in clinical care. 3. Review different shortcuts you can use in resource-constrained environments while prioritizing patient safety. Using their energetic and engaging teaching style and a dynamic two-speaker presentation format, Dr. Moore & Dr. Dhillon will review unique and novel techniques to improve your patient care in the rural clinic or emergency department. Including crowd-sourced tips and a literature review to provide a comprehensive review of lifehacks to improve your clinical experience and your clinical care.
Session: 144 Dr. Joseph Boyle, Ms. Rebecca Brookham, Dr. Kapilan Panchendrabose, Ms. Caroline Holicka & Dr. Frances Kilbertus	Health Services Education - Oral Research Presentation At the conclusion of this activity, participants will be able to: 1. Summarize key findings from multiple rural health research studies relevant to the session theme. 2. Consider practical implications of research for rural clinical practice, policy, or community health. 3. Engage in discussion with presenters and peers to explore application, collaboration, and future research opportunities. Moderator: Dave Jerome 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. Dr. Joseph Boyle - Translational Healthcare Simulation in Rural Saskatchewan: A project developed by the College of Medicine and Saskatchewan Health Authority Ms. Rebecca Brookham- Development of a home-based palliative care simulation-based learning exercise for an equity-deserving rural community Dr. Kapilan Panchendrabose - Hierarchies of Trust in the Hinterland: Validating a Just Culture Assessment Tool to Uncover Reporting Disparities in Rural Residency Miss Caroline Holicka - Snakes & Ladders, SIM Edition: Exploring Facilitators and Barriers to Simulation Training Uptake in Rural Alberta Dr. Frances Kilbertus - You never know people as well as when you have been in their homes: Palliative care in rural homes

Session: 145 Dr. Trevor Champagne & Ms. Alanna Pullen	Optimizing Teledermatology: Tech and Tips At the conclusion of this activity, participants will be able to: 1. To review the critical components in history and exam of a successful peer-to-peer teledermatology assessment. 2. Review the equipment and methods necessary for capturing an assessment and dealing with the returned results. 3. Discuss techniques for implementing recommendations. Using rapid fire case-based learning, we will review the most impactful ways of ensuring that peer-to-peer teledermatology consultations will be a successful experience: the best questions to ask to get the best answers, and common counselling tidbits to efficiently relay information back to your patient. We will also review common in-office dermatology equipment to help both facilitate teledermatology consultations and independently manage the recommendations.
Session: 146 Mr. Peter Cleary	Rural, Remote, and Relentless: A 2-Part Advocacy Masterclass (2 hours) At the conclusion of this activity, participants will be able to: 1. Design a community-led mobilization strategy that leverages rural networks to create political urgency. 2. Execute high-impact engagement activities to communicate rural health priorities to elected representatives. 3. Distinguish the roles of civil servants, political staff, and system administrators to identify effective entry points for policy change. 4. Develop tailored messaging strategies to build credibility and influence with non-elected government decision-makers. Advocacy is often the "extra shift" rural physicians work to ensure their communities aren't left behind, but passion alone doesn't always move the needle. This two-part masterclass provides a tactical roadmap for turning local challenges into systemic solutions, whether you are a seasoned activist or a fi rst-time advocate. The fi rst hour focuses on the power of the porch, featuring a practical workshop on grassroots mobilization and high-impact engagement with local elected officials. The second hour pulls back the curtain on the "machinery of government," teaching you how to navigate and infl uence the civil servants, political staff, and administrators who shape policy long before it reaches a vote. You can attend either session for a focused toolkit or join both to master the full spectrum of modern political infl uence.

Session: 147 Dr. Kate Miller & Dr. Menaka Pai	The Fast and Furious: Dealing with an Abnormal CBC in Under 60 Seconds At the conclusion of this activity, participants will be able to: 1. Apply a systematic approach to the CBC that is efficient and effective. 2. Differentiate important and meaningful results from safely ignored mildly abnormal results. 3. Identify cases requiring specialist consultation - and the most effective means of accessing it. The CBC is the most commonly ordered lab test in both inpatient and outpatient settings. A goldmine of information, it also creates confusion through poorly understood analytes and mildly abnormal results that our gut tells us we can ignore (or can we?). This entertaining and interactive talk will help you rapidly work through CBC findings, identifying worrisome CBC patterns that require further investigation and minor abnormalities that can be ignored. Delivered by a hematologist and generalist family physician, this presentation will leave participants with some secret weapons to make the work-up more efficient and effective.
Session: 148 Dr. David Bradbury-Squires & Dr. Kerry Lynn Williams	Lung PoCUS At the conclusion of this activity, participants will be able to: 1. Indentify the clinical questions that can be answered with lung PoCUS. 2. Interpret PoCUS findings of pulmonary pathologies, including pneumothorax, pleural effusion, and pulmonary edema. 3. Demonstrate hands-on practice on models with PoCUS instructors. A (brief) didactic and hands-on PoCUS session.

Session: 149 Dr. Philippe Bégin & Ms. Jennifer Gerdts	From Evidence to Action: New Directions in Anaphylaxis At the conclusion of this activity, participants will be able to: 1. Identify the latest updates in anaphylaxis management, including new epinephrine devices and prescribing considerations. 2. Differentiate between varying presentations of anaphylaxis and assess severity and thresholds with greater confidence. 3. Apply current recommendations for possible at-home management, including patient and caregiver education, follow-up, and referral to specialists. 4. Integrate emerging evidence and guidelines into clinical decision-making to optimize care for patients at risk of anaphylaxis. 5. Demonstrate effective communication strategies to support patients and families in navigating treatment plans and managing anxiety around anaphylaxis. Anaphylaxis is a time-sensitive medical emergency, and family physicians play a critical role in both acute management and long-term patient support. While epinephrine remains the first-line treatment, in-community use continues to be limited, with patients and caregivers often hesitating to administer it due to fear, uncertainty, or misconceptions. At the same time, the landscape of anaphylaxis care is changing: new epinephrine delivery options—including nasal and sublingual formulations—are being reviewed by Health Canada and may soon be new options, there is new learning about reaction thresholds and the severity of reactions, and there are evolving approaches to at-home management. In this allergist-led session, participants will receive an up-to-date overview of the latest clinical evidence, guidelines, and emerging treatments for anaphylaxis. The discussion will go beyond acute treatment, focusing on how family physicians can address barriers to timely epinephrine use, educate and empower patients, and integrate evolving knowledge into practice. With the prevalence of anaphylaxis on the rise, staying current is essential to ensuring patient safety, confidence, and continuity of care.
Session: 160 Dr. Kimberley Chang & Dr. Mackenzie Moleski	How to Start a Practice in a Rural Setting At the conclusion of this activity, participants will be able to: 1. Evaluate the pros and cons of taking on a practice. 2. Develop tools to successfully start a practice in an organized way. 3. Apply lessons from experienced physicians on what worked well or did not when starting a practice. 4. Analyze how working in a rural community impacts starting a practice. Answering the many questions like: How many patients do you take on? How do you do a meet and greet well? How are you going to manage seeing your patients at the grocery store?

Session: 161 Dr. Chase Everett McMurren & Mr. Joshua Cunningham	Building a Bundle; Being a Bridge: A Miscellany for Supporting the Mental Health of Indigenous People Seeking Care, and Ourselves Along the Way At the conclusion of this activity, participants will be able to: 1. Explore the role of physicality in our practice asphysicians / health practitioners 2. Notice possibilities to interweave cultural ways of being into our approach(es) to providing biomedical care 3. Experiment with several experiential somatic practices (with addressing depression & overwhelm/activation as foci) 4. Review (& possibly play with) several online/digital tools that may help both practitioner & patient 5. Describe "self-study" & its role in "safe &effective use of self" in serving others as health practitioners. This session is a rural-oriented, Indigenous-wisdom-centered mini-training that will emphasize skills for serving Indigenous patients as they navigate complexity & suffering. Insights & strategies for practicing (more) psychotherapeutically, with a primary healthcare context in mind, will weave in multiple perspectives & modalities, including integrative medical psychotherapy & traditional Indigenous medicine. The tools & techniques practiced will be applicable not only for the Indigenous patients we get to serve; our own well-being as practitioners will also be acknowledged & explored.
Session: 162 Dr. Vu Kiet Tran	Can You Recognize a POOP (Pain-out-of-Proportion) At the conclusion of this activity, participants will be able to: 1. Recognize the pitfalls in the physical exam for these POOPs. 2. List the immediate management plans for each of these POOPs. 3. List the common POOPs in clinical practice. Patient often present with Pain-out-of-Proportion (POOP) in comparison to the physical exam. They are often fatal but too many times misdiagnosed. Do you know what these conditions are? Come and learn about them so you do not miss them on your next shift!

Session: 163 Dr. Jacinta McNairn & Mr. Michael Johnson	Lateral Canthotomy At the conclusion of this activity, participants will be able to: 1. Recognize the signs and symptoms of OCS. 2. Describe the relevant ocular anatomy and the pathophysiology of OCS. 3. Identify the indications and contraindications for lateral canthotomy. 4. List the equipment and procedural steps necessary to perform a lateral canthotomy. 5. Demonstrate the lateral canthotomy technique with supervised hands-on practice using a 3D model. Lateral canthotomy is a rarely-performed, sight-preserving, emergency procedure that can relieve increasing intra-ocular pressure in trauma patients presenting with ocular compartment syndrome (OCS). Emergency physicians, particularly those working in resource/specialist-limited environments, may benefit from practicing this skill in a simulated environment. This interactive workshop will equip participants with the knowledge and skills needed to confidently diagnose OCS and safely perform a lateral canthotomy.
Session: 164 Dr. Chien-Shun Chen	Rational Pharmacology of Acute Agitation At the conclusion of this activity, participants will be able to: 1. Define acute agitation and the target outcome. 2. Translate heterogeneous evidence into bedside expectations across the dose-to-control interval. 3. Select dose one from constraints, not habit. 4. Run a disciplined redosing playbook. What's the "best drug" for acute agitation? In practice, the answer often feels arbitrary, a force of habit. Every order set, guideline, and colleague seems to say something different. In this session, I argue that "best drug" is the wrong question and propose a framework for thinking through the decisions rationally. We will clarify the problem statement and use imperfect, heterogeneous trial data to set practical expectations from dose one through re-dosing. Participants will leave with a constraints-first scaffold for dose one, a structured re-dosing playbook, and a practical approach worked through rapid-fire rural cases.
Session: 165 Mrs. Laura Soles	Pride and Peril (2 hours) At the conclusion of this activity, participants will be able to: 1. Identify others who have a rural physician in their lives and arrange for continuing connections. 2. Identify their challenges and assess potential solutions provided in group discussions. 3. Apply their knowledge of supportive resources available to them. 4. Reflect on their membership in the "family" that is Rural Medicine. 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!

Session: 166 Mr. Peter Cleary	Rural, Remote, and Relentless: A 2-Part Advocacy Masterclass (2 hours) At the conclusion of this activity, participants will be able to: 1. Design a community-led mobilization strategy that leverages rural networks to create political urgency. 2. Execute high-impact engagement activities to communicate rural health priorities to elected representatives. 3. Distinguish the roles of civil servants, political staff, and system administrators to identify effective entry points for policy change. 4. Develop tailored messaging strategies to build credibility and influence with non-elected government decision-makers. Advocacy is often the "extra shift" rural physicians work to ensure their communities aren't left behind, but passion alone doesn't always move the needle. This two-part masterclass provides a tactical roadmap for turning local challenges into systemic solutions, whether you are a seasoned activist or a fi rst-time advocate. The fi rst hour focuses on the power of the porch, featuring a practical workshop on grassroots mobilization and high-impact engagement with local elected officials. The second hour pulls back the curtain on the "machinery of government," teaching you how to navigate and infl uence the civil servants, political staff, and administrators who shape policy long before it reaches a vote. You can attend either session for a focused toolkit or join both to master the full spectrum of modern political infl uence.
Session: 167 Dr. François Doiron & Ms. Brooke Hanson	Gender Affirming Care 101: An Approach to Hormone Therapy At the conclusion of this activity, participants will be able to: 1. Describe the gender identity continuum. 2. How to approach an assessment of a gender diverse individual. 3. A review of hormone therapy. 4. A review of accessing gender affirming surgery. In this session, I will review a 101 approach of gender affirming care. I will discuss what gender identity is and what gender dysphoria is. We will review an approach to assessment gender diverse individuals, guidelines that are available to support practitioners, the procedure of prescribing hormone therapy and how to access funding for gender affirming surgery.
Session: 168 Dr. Andre Jakubow & Ms. Jessica Maher	PALS & NRP: What's New In 2026 At the conclusion of this activity, participants will be able to: 1. Review initial steps recommended for evaluating and resuscitating critically ill children (PALS) and newborns (NRP). 2. Describe the main changes to PALS and NRP guidelines featured in recent updates. 3. Highlight good practices in resuscitation team dynamics and crisis resource management. Led by an experienced FP-Anesthetist and certified PALS & NRP instructor, this session will review some of the latest changes in NRP and PALS resuscitation guidelines and invite the audience to integrate these best practices into their moment-to-moment actions when resuscitating critically ill children and newborns. It will be most useful for family and emergency residents and physicians who want to become more confident in their assessment and treatment of critically ill children and newborns, for those who are curious about what has changed since their most recent update course, and for all health professionals who encounter children and infants with respiratory, circulatory or combined emergencies.

Session: 169 Dr. Wilson Lam, Dr. Jim Yang & Dr. Nicholas Schouela	Airway Workshop: SALAD, Awake Intubation, and Cricothyrotomy (2 Hours) At the conclusion of this activity, participants will be able to: 1. Carry out the steps of cricothyrotomy on a task trainer under induced stress. 2. Recognize and apply methods of awake tracheal intubation on an airway mannequin. 3. Perform suction-assisted laryngoscopy and decontamination on a task trainer. 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.
Session: 180 Ms. Paula Pickard, Dr. Ravneet Comstock & Ms. Jessica Telizyn	Measuring & Improving Team-Based Approach in Primary Care At the conclusion of this activity, participants will be able to: 1. Describe the process and metrics used to assess the effectiveness of team-based primary care. 2. Identify strategies for improving interprofessional collaboration and team functioning in primary care teams, aligned with the Patient Medical Home model. 3. Apply lessons learned from Horizon Health Network's experience to support primary care transformation in their own rural or remote practice environments. Team-based primary care is foundational to high-functioning rural health systems and is a core component of the College of Family Physicians' Patient Medical Home (PMH) model. Horizon Health Network's Primary Care Program is currently implementing and strengthening team-based collaborative primary care with the implementation of Family Health Teams. Horizon has developed a structured, evidence-informed approach to measure and improve team-based care, aligned with the PMH model. This workshop will guide participants through Horizon's approach to operationalizing PMH principles—such as accessibility, continuity, and comprehensiveness - using practical assessment tools, processes, and metrics. We will highlight how integrated teams—comprised of physicians, nurse practitioners, nurses, social workers, pharmacists, and other allied health professionals—are supported with this process to improve team functioning, team communication, clarify roles, and foster a culture of continuous learning and improvement. This workshop is designed for rural physicians, clinical leaders, medical residents and learners who are working to improve team-based, collaborative approach within primary care settings. By connecting evidenced-based measurement tools with quality improvement methods, this session supports the advancement of sustainable models of primary care in rural and remote communities.

Session: 181 Dr. Mike Kolber & Ms. Betsy Thomas	Best of PEIP by PEER 2025 At the conclusion of this activity, participants will be able to: 1. Highlight key evidence and practice-changing updates from PEIP 2025, focusing on topics that directly impact primary care decision-making. 2. Promote practical implementation of evidence-based strategies in family practice. 3. Foster critical thinking and shared decision-making by weighing benefits and harms of interventions. This session summarizes the highlights of PEIP 2025 - distilling the most relevant, practice-changing (or reaffirming) evidence from each talk into clear take-home messages for primary care providers.
Session: 182 Dr. Simon Moore & Dr. Paul Dhillon	Smart Studying for the CCFP Exam: Tips, Tricks, and Strategies At the conclusion of this activity, participants will be able to: 1. Apply simple, easy-to-remember tools to efficiently use the Patient-Centred Approach underlying the CCFP exam. 2. Identify recent guideline changes to major family practice topics and rural family medicine topics, and apply these to sample written exam questions during the session. 3. Implement in-exam techniques to enhance performance and reduce common CCFP exam errors. New changes to the CCFP exam! Using their energetic and engaging teaching style, and a dynamic two-speaker presentation format, Dr. Moore & Dr. Dhillon will review important medical updates and need-to-know content for anyone about to write the certification examination in Family Practice and practice in a rural context. 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.
Session: 183 Dr. Gillian Sheppard & Dr. Peter Collins	Pain in the Neck? Tackling Pediatric Acute Pain and Anxiety with a Smile At the conclusion of this activity, participants will be able to: 1. Describe pediatric pain scales and their use. 2. List three non-pharmacologic ways to reduce pain and anxiety for pediatric patients. 3. List three pharmacologic choices for reducing pain and anxiety for pediatric patients. This presentation brings together the knowledge of a husband-and-wife team who practice pediatric emergency medicine and pediatric anesthesiology. Through anecdotes and lived experience, they will relay their PEARLS to help practicing physicians skillfully manage their next pediatric patient with acute pain.
Session: 184 Kush Patel	CaRMS 101: Navigating the Match with Intention and Insight”

Session: 185 Mrs. Laura Soles	Pride and Peril (2 hours) At the conclusion of this activity, participants will be able to: 1. Identify others who have a rural physician in their lives and arrange for continuing connections. 2. Identify their challenges and assess potential solutions provided in group discussions. 3. Apply their knowledge of supportive resources available to them. 4. Reflect on their membership in the "family" that is Rural Medicine. 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!"
Session: 186 Dr. Laura Noack	Gravid & Gasping: Shortness of Breath in Pregnancy - Looking Beyond the PE At the conclusion of this activity, participants will be able to: 1. Review of physiological changes in pregnancy to cardiac, respiratory and hematological systems. 2. Identify interesting benign and non-benign etiologies of shortness of breath in pregnancy. 3. Acquire tips and tricks in evaluating shortness of breath in the pregnant patient. An interactive case based presentation on shortness of breath in pregnancy, with a review of its benign and pathologic causes.
Session: 187 Dr. Anchaleena Mandal	Finding Hidden Bruises: A Primary Care Approach to Intimate Partner Violence At the conclusion of this activity, participants will be able to: 1. Develop an understanding about the prevalence and impact of IPV on your patient population. 2. Demonstrate strategies to universally screen patients for IPV and respond to disclosures with a trauma-informed care approach. 3. Recognize medical management priorities and community resources to support IPV experiencers. Rates of police-reported intimate partner violence (IPV) experienced by rural women in Canada are 75% higher than those for urban women. Intimate partner violence (IPV) can have significant impacts on an individual's physical and mental health, and there is evidence that effective intervention can reduce harm and improve health outcomes for patients. Family physicians are well positioned to play an important role in screening and providing comprehensive care to individuals who experience IPV, but a review of the literature shows that a lack of adequate training of physicians has led to low rates of screening in primary care. This lecture serves as an evidence-based and expert-reviewed educational session on the screening and management of intimate partner violence (IPV) in the primary care setting. Joining the Q&A portion of this session is Dr. Katherine Bell, whose expertise and insight into how physicians themselves experience intimate partner violence will help deepen and enrich the discussion.

Session: 188 Dr. Stephen Cashman	POCUS and the Thrombotic Menaces: DVT (and PE!) Assessment with Point of Care Ultrasound (Repeat) At the conclusion of this activity, participants will be able to: 1. Evaluate the strengths and weaknesses of point of care ultrasound for the assessment of deep vein thrombosis and pulmonary embolism. 2. Demonstrate the psychomotor skills to generate and interpret lower extremity deep vein thrombosis scans. 3. Demonstrate the psychomotor skills to generate and interpret advanced cardiac scans to assess for evidence of pulmonary embolism. 4. Apply DVT and PE scans effectively in clinical practice. An exciting workshop aimed at learning about the utility of point of care ultrasound for the assessment of both deep vein thrombosis as well as pulmonary embolism. We will first go over some theoretical groundwork covering how to perform the scans, what their strengths and limitations are, and when to consider them. Then we will spend some time practicing hands on with real live models! Afterwards we will have a group discussion on how these scans could be implemented into practice, and how where we work might change how we would consider implementing these scans.
Session: 189 Dr. Wilson Lam	Airway Workshop: SALAD, Awake Intubation, and Cricothyrotomy (2 Hours) At the conclusion of this activity, participants will be able to: 1. Carry out the steps of cricothyrotomy on a task trainer under induced stress. 2. Recognize and apply methods of awake tracheal intubation on an airway mannequin. 3. Perform suction-assisted laryngoscopy and decontamination on a task trainer. 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.
Session: 200 Dr. Zahra Jaffer & Ms. Caitlin Larson	HIV and Hepatitis C: The Dynamic Duo No One Asked For At the conclusion of this activity, participants will be able to: 1. Briefly review testing guidelines for HIV and Hepatitis C. 2. Discuss further investigations once a positive result is obtained. 3. Review management of HIV and Hepatitis C, including management of co-infections, common side effects, and interactions. 4. Managing opportunistic infections. 5. When to seek expert consultation. 6. PrEP and PEP. As cases of HIV and Hepatitis C rise, physicians in rural communities are uniquely poised to provide wholistic treatment and support for our patients with these conditions, helping them avoid lengthy and unnecessary travel. With the challenges around the unhoused, vulnerable, co-infected or for people who use drugs (PWUD) HIV and Hepatitis C can feel like complex issues to treat. This talk will use a case-based approach to review current management guidelines, monitoring, and pearls around supporting patients in the ER, Family Medicine clinic, and inpatient settings.

Session: 201 Dr. Tina Korownyk & Ms. Betsy Thomas	Hot Flashes, Cold Facts and a Lukewarm Evidence Base: PEER's Evidence-Based Menopause Management At the conclusion of this activity, participants will be able to: 1. Summarize the risks and benefits of hormone therapy, non-hormonal therapy, (e.g., gabapentin, SNRI), neurokinin-3 receptor antagonists (eg., fezolinetant) and others. 2. Recognize the challenges and limitations of clinical evidence related to menopause management. 3. Identify an approach to symptoms of menopause and important counselling tips for patients. This session provides a practical, evidence-informed approach to the diagnosis and management of menopausal symptoms in primary care, addressing hormone and non-hormonal therapies while dispelling common myths. Emphasis is placed on balancing benefits and harms to support shared decision-making with patients.
Session: 202 Dr. Lindey Felske & Dr. Mark Prins	Breathe Easy: An Intro to Chest Tube Insertion Using the Seldinger Technique At the conclusion of this activity, participants will be able to: 1. Identify evidence-based indications and contraindications for chest tube insertion. 2. Demonstrate knowledge of critical anatomical landmarks and surface anatomy for safe chest tube placement. 3. Perform chest tube insertion using the Seldinger technique through supervised hands-on simulation training. 4. Evaluate post-insertion X-rays to confirm appropriate tube positioning. 5. Analyze the multidisciplinary roles and responsibilities of healthcare team members in chest tube management and ongoing patient care. 6. Execute safe chest tube removal and implement appropriate post-removal patient monitoring strategies. This hands-on workshop provides the essential skills needed to safely insert and manage chest tubes using the Seldinger technique. Through evidence-based instruction and simulation practice, participants will learn proper technique for wire-guided insertion, post-insertion management, and safe removal of chest tubes. The session is designed for learners at all levels, from medical students to practicing physicians seeking to refresh their skills.

Session: 203 Dr. David Jerome	Clearing the Water - Management of Patients Who Have Drowned At the conclusion of this presentation, participants will be able to: 1. Recognize that drownings are not necessarily fatal events, and that patients can drown and survive. 2. Utilize appropriate terminology when discussing a patient who has drowned. 3. Describe the pathophysiology of a drowning. 4. Describe an evidence-based approach to the resuscitation of a patient who has drowned. Drownings are the third leading cause for accidental deaths in Canada, and the second leading cause for children. Many misconceptions persist amongst clinicians about drownings and the appropriate management of a patient who has drowned, leading to suboptimal care of this patient population. This presentation will confirm the appropriate terminology to use when discussing a patient who has drowned, discuss the pathophysiology of drowning and outline the appropriate management of a patient who has drowned. A drowning classification system will be presented. Participants will leave this presentation with a clear approach to assessing and managing patients who have had a drowning event.
Session: 204 Ms. Laurel Pirrie & Ms. Meredith Charbonneau	Beyond Box Breathing: Self Regulation Skills in Healthcare At the conclusion of this activity, participants will be able to: 1. Describe the impacts of trauma and dysregulation in self and others. 2. Explain the principles of polyvagal theory relevant to the development of self-regulation skills. 3. Apply visualization techniques to enhance self-regulation. 4. Apply principles of distress tolerance, containment, and somatic processing to the development of self-regulation skills. 5. Demonstrat containment exercises, DBT self regulation skills, progressive muscle relaxation, and sensory grounding exercises. 6. Select appropriate self-regulation activities for specific situations. Healthcare workers are well acquainted with dysregulation, our field is full of traumatic and emotionally charged experiences that build up throughout the day. Despite this, staff and students are expected to approach each patient encounter with composure regardless of what they may have just experienced moments earlier. While we can all acknowledge the systemic level issues that contribute to dysregulation, trauma, and burnout, the focus of this workshop is on learning practical strategies to support emotional regulation and containment in the moment. Participants will explore and practice skills pulled from various therapeutic modalities including EMDR, DBT, CBT, and polyvagal approaches. Having worked in mental health as members of the interdisciplinary team, Laurel and Meredith have used these strategies with clients and in their own lives to support wellness and resilience. We are excited to share these strategies with you and hope that you will find them helpful for yourselves, your colleagues, and your patients.

Session: 205 Dr. Braydon Connell	Headache Management in the Community: Differentiation, Diagnosis, and Advances in Treatment At the conclusion of this activity, participants will be able to: 1. Differentiate migraines from other types of headaches. 2. Develop a systematic approach to evaluating headaches. 3. Incorporate new treatment options into practice. This presentation provides a practical, evidence-based approach to headache management in the community, with a focus on differentiating migraine from other primary and secondary headache disorders and recognizing red flags that warrant further investigation. It reviews a structured diagnostic framework, common diagnostic pitfalls (including "sinus" headache), and integrates updated Canadian Headache Society guidance with emerging pharmacologic and non-pharmacologic treatment strategies for episodic and chronic migraine, including refractory disease.
Session: 206 Ms. Stephanie Welton & Dr. Margo Wilson	Connecting the Dots: Building a National Network for Rural Health Researchers & Innovators At the conclusion of this activity, participants will be able to: 1. Identify a wide range of rural innovations, illustrate what is needed for growth in this field, and join an ongoing community of practice in rural health research and innovation. Innovation in rural medicine thrives at the grassroots level—from the development of novel clinical solutions, to advances in rural medical education, to formal research targeting local challenges. However, these innovators often work in isolation. The "evidence" generated by this crucial work remains siloed, limiting its impact. A national network is needed to connect these dispersed efforts, amplify successful innovations, and accelerate progress for all rural communities. This interactive workshop aims to spark the creation of a national community for rural researchers and innovators. We will: 1. Map the Innovation Landscape: Identify and celebrate the diverse forms of research and innovation happening in rural Canada, from formal academic studies to quality improvement (QI) projects, program evaluations, and educational innovations. 2. Define Shared Needs: Collaboratively identify the top barriers innovators face (e.g., time, mentorship, measurement tools, dissemination) and envision how a network could provide practical support. 3. Seed a Community of Practice: Initiate connections among participants and outline the first, most actionable steps toward a sustainable national community. This 60-minute session will use rapid, focused facilitation. After a brief introduction, participants will engage in structured small-group discussions designed to maximize interaction and idea generation. A final report-out will consolidate the collective vision.

Session: 207 Dr. Craig Bertagnolli & Mr. Justin Whitaker	Basic Airways Skills At the conclusion of this activity, participants will be able to: 1. Apply basic airway maneuvers to optimize oxygenation and ventilation. 2. Select and correctly use common airway adjuncts, including oropharyngeal and nasopharyngeal airways. 3. Demonstrate effective bag-valve-mask ventilation, including two-person techniques. This interactive skills station focuses on foundational airway management techniques commonly required in rural and remote practice. Following a brief introduction, participants will rotate through hands-on stations to practice core airway skills, with expert faculty available for coaching, troubleshooting, and discussion. Emphasis is placed on simple, reliable techniques, primarily applicable to students and allied health providers.
Session: 208 Dr. David Bradbury-Squires, Dr. Christy Noftall & Dr. Kristina LeDrew	Perspectives on Delirium: Case Review with a Rural COE and ER Doc At the conclusion of this activity, participants will be able to: 1. Recognize common clinical presentations of delirium in older adults through case-based discussion. 2. Apply practical strategies for the initial assessment, diagnosis, and management of delirium in varied rural clinical contexts. 3. Identify common pitfalls in delirium assessment, diagnosis, and management. 4. Integrate interdisciplinary perspectives to improve patient-centered care for older adults presenting with delirium in rural clinic, home, and emergency settings. Review of common presentations of delirium using a case-based approach. Each case will be presented by a rural Care of the Elderly (COE) and ED physician, who will discuss, compare, and contrast their perspectives and priorities based upon each case presentation.

Session: 209 Dr. Sivaruban Kanagaratnam, Mr. Hareshan Suntharalingam & Ms. Habba Mahal	Advanced Surgical Skills Workshop with Trauma Focus for Rural and Remote Physicians (2 hours) At the conclusion of this activity, participants will be able to: 1. Demonstrate safe and effective wound management and closure techniques, including figure-of-eight suturing, snap-and-suture vessel ligation, and complex facial laceration repair. 2. Adapt these surgical skills to trauma care in rural and resource-limited environments. Rural and remote physicians frequently encounter unique challenges in the management of traumatic injuries, where access to specialist support and tertiary care resources may be limited. Training opportunities that emphasize practical, adaptable surgical skills will be essential to ensuring safe and effective care in these settings. This hands-on surgical workshop, delivered as part of the Society of Rural Physicians of Canada's Rural & Remote Course, will focus on trauma-informed procedural skills tailored to resource-limited environments. The curriculum will emphasize procedural efficiency and adaptability. Core components will include wound management using the sponge roll technique, figure-of-eight suturing, and snap-and-suture vessel ligation. Additional modules will address complex facial laceration repair (including ear, lip, and other facial injuries), as well as principles of wound closure under tension, incorporating advanced suturing strategies and tissue-undermining techniques. Participants will engage in scenario-based, supervised practice using high-fidelity models, supported by simulation-based feedback. The course will aim to reinforce technical proficiency while building confidence in applying these skills to real-world rural trauma cases. This focused, hands-on workshop will equip rural and remote physicians with essential techniques for effective wound management and closure, helping to bridge gaps in access to specialist care. This training model is expected to enhance procedural readiness and contribute to improved patient outcomes in resource-constrained settings.
Session: 220 Dr. Brody Laberge & Dr. Ryan Boudreau	Beyond the Cuff: New Pressures in Hypertension Care At the conclusion of this activity, participants will be able to: 1. Summarize key updates in the latest Canadian Hypertension Guidelines and apply them to clinical decision-making. 2. Identify and manage resistant hypertension, including common pitfalls in diagnosis and treatment. 3. Outline an efficient and targeted workup for secondary hypertension in primary care settings. Hypertension remains one of the most common—and deceptively tricky—conditions in rural primary care. This session offers a practical update on the latest Canadian guidelines, including changes in blood pressure targets and treatment algorithms. We'll explore how to identify and approach resistant hypertension, avoid overdiagnosis of pseudo-resistance, and recognize red flags for secondary causes. With an emphasis on rural-friendly workups and medication strategies, this session will help clinicians manage blood pressure more confidently, even without a specialist down the hall .

Session: 221 Dr. Darlene Kitty	Pop Quiz: Indigenous Health At the conclusion of this activity, participants will be able to: 1.Review definitions and concepts relevant to Indigenous health, including cultural safety and the Medicine Wheel. 2.Engage in an interactive activity to test their knowledge level, interpretation and consolidation, including case discussions. 3.Acquire and apply pearls to effectively interact with and give culturally safe care to Indigenous patients, families and communities. 4. Identify gaps and reflect on self-directed learning needs through suggested resources. This interactive session will review key concepts related to Indigenous health, including cultural safety and frameworks such as the Medicine Wheel. Through a pop-quiz style activity and case-based discussions, participants will test their knowledge and reflect on how these concepts apply in real clinical situations. The session will highlight practical pearls to support culturally safe interactions with Indigenous patients, families, and communities. Participants will also be encouraged to identify knowledge gaps and explore resources to guide their ongoing learning in Indigenous health.
Session: 222 Kush Patel	Introduction to Residency: What I Wish I had Known Before PGY-1 At the conclusion of this activity, participants will be able to: 1. Identify a wide range of rural innovations, illustrate what is needed for growth in this field, and join an ongoing community of practice in rural health research and innovation. Innovation in rural medicine thrives at the grassroots level—from the development of novel clinical solutions, to advances in rural medical education, to formal research targeting local challenges. However, these innovators often work in isolation. The "evidence" generated by this crucial work remains siloed, limiting its impact. A national network is needed to connect these dispersed efforts, amplify successful innovations, and accelerate progress for all rural communities. This interactive workshop aims to spark the creation of a national community for rural researchers and innovators. We will: 1. Map the Innovation Landscape: Identify and celebrate the diverse forms of research and innovation happening in rural Canada, from formal academic studies to quality improvement (QI) projects, program evaluations, and educational innovations. 2. Define Shared Needs: Collaboratively identify the top barriers innovators face (e.g., time, mentorship, measurement tools, dissemination) and envision how a network could provide practical support. 3. Seed a Community of Practice: Initiate connections among participants and outline the first, most actionable steps toward a sustainable national community. This 60-minute session will use rapid, focused facilitation. After a brief introduction, participants will engage in structured small-group discussions designed to maximize interaction and idea generation. A final report-out will consolidate the collective vision.

Session: 223 Dr. Sarah Le Blanc & Mr. Brad Gunn	Blueprint for a Robust Rural Palliative Care Service At the conclusion of this activity, participants will be able to: 1. Describe the roles and responsibilities of each member of our robust palliative care team and how the team was developed 2. Collaborate with session attendees to share ideas for effective team-based palliative care. 3. Explain how MAID assessment and provision is managed by the multidisciplinary team. In this interactive lecture, we will introduce the model of community palliative care we practice in Prince Edward County, a rural community in southern Ontario. With an aging population and many social determinants of health at play, we provide care to a high volume of patients. By intentionally building relationships between the local Family Health Team, family physicians, hospital, residential hospice, home care nurses and care coordinators, paramedics and pharmacies, our community members are supported to live fully and comfortably until death. We will also touch on MAID assessment and provision as part of our local palliative care service, and the supports required to maintain access. We hope that participants will share ideas for how they deliver care in their community so that other attendees can learn from their expertise.
Session: 224 Miss Amandri Dahanayake, Miss Alesha Bishop & Dr. Alanna Morgan & Ms. Meredith Charbonneau	Health Services and Policy - Oral Research Presentation At the conclusion of this activity, participants will be able to: 1. Summarize key findings from multiple rural health research studies relevant to the session theme. 2. Consider practical implications of research for rural clinical practice, policy, or community health. 3. Engage in discussion with presenters and peers to explore application, collaboration, and future research opportunities. Moderator: TBC 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. Dr. Amandri Dahanayake - Improving Biomarker Turnaround Times for Colorectal Cancer in Rural Saskatchewan: A Quality Improvement Initiative Miss Alesha Bishop - Exploring the Impact of Socioeconomic and Geographic Factors on Immunotherapy Discontinuation and Success in Northern Ontario: A Retrospective, Single-Center Cohort Study Dr. Alanna Morgan - Understanding the Role of Community Health Workers for Diabetes Care in First Nations Communities in Northwestern Ontario: Lessons Learned From an Implementation Partnership Ms. Meredith Charbonneau - Evaluating the Long-Term Impact of Community of Practice Ketamine-Assisted Therapy (CoP-KaT) for Depression, Anxiety, and PTSD Among Healthcare Workers and First Responders in Rural Northern Ontario

Session: 225 Dr. Emmanuel Abara	Urology and Generalist Training for Primary Health Care At the conclusion of this activity, participants will be able to: 1. Clarify the need for the Subject. 2. Enumerate potential benefits for Urology/Surgery Generalist Stream. 3. List possible procedure and urology services to be rendered by Primary Health care Professionals. 4. Identify mode of curricula delivery and evaluation. 5. Outline the possible opportunities and challenges. Urology is a specialty that is practised by a few among diverse medical sub-specialties in Canada and very much the same all over the world. Most urologists have their office and hospital practices based in urban or semi -urban communities. Very few of these urologists may have some satellite services scheduled periodically in nearby rural communities. The primary health care professionals requiring to secure appropriate urologic care for their patients may have long wait time, no easy access to urology, poor communication with attendant poor service for patients especially those in rural and remote communities. For the patients, access to urology care continue to be limited because of the relative few urologists trained and a good percentage work in urban and/or tertiary Health care facilities. This calls for the need to consider the primary care generalist stream in our training curricular in our Medical Schools
Session: 226 Dr. Matthew McArthur	Vertigo Mythbusters: A Simplified Approach To Vertigo At the conclusion of this activity, participants will be able to: 1. Adopt a simple, safe, and effective approach to the evaluation and management of vertigo. 2. Debunk common clinical myths about vertigo. 3. Recognize red flag clinical features that are worrisome for a dangerous central cause of acute dizziness/vertigo. 4. Confidently diagnose the two common types of BPPV (posterior and horizontal canal), using history and physical exam maneuvers (Dix Hallpike and Supine Roll Test.) 5. Treat posterior canal BPPV using the Epley maneuver. 6. Apply the HINTS+ exam to establish a diagnosis of vestibular neuritis in patients presenting with acute vestibular syndrome. This partially hands-on session, meant to complement Vertigo Makes Me Dizzy! talk, will go over the diagnosis of Horizontal Canal BPPV, Posterior Canal BPPV, Anterior Canal BPPV, manoeuvres to diagnose these conditions, and inform treatment of various vertiginous syndromes.

Session: 227 Dr. Craig Bertagnolli	Advanced Airway Skills At the conclusion of this activity, participants will be able to: 1. Prepare for endotracheal intubation using a structured approach. 2. Demonstrate endotracheal intubation using both direct and video laryngoscopy. 3. Identify common challenges encountered during infrequent intubation and apply strategies to optimize success. 4. Implement appropriate backup and rescue airway strategies when initial intubation attempts are unsuccessful. This interactive skills station focuses on advanced airway management for clinicians who occasionally perform endotracheal intubation. Following a brief introduction, participants will rotate through hands-on stations to practice intubation using both direct and video laryngoscopy, with expert faculty available for coaching, troubleshooting, and discussion. Emphasis is placed on preparation, technique refinement, and maintaining proficiency with infrequently used, high-risk airway skills.
Session: 228 Dr. Rebecca Bobby & Dr. Mandy Peach	POCUS-Guided Peripheral IV Insertion Workshop (To be repeated) At the conclusion of this activity, participants will be able to: 1. Review the anatomy of the upper limb as visualized on ultrasound. 2. Differentiate between arteries and veins using ultrasound imaging. 3. Identify appropriate vessels for intravenous insertion. 4. Discuss the common pitfalls and cautions associated with IV insertion. 5. Practice real-time IV insertion using ultrasound guidance. In this hands-on session, there will be a brief lecture reviewing the anatomy of the upper limb and technique for ultrasound-guided peripheral IV placement. The learners will then have the opportunity to scan each other's upper arms to familiarize themselves with the upper limp anatomy then practice placing IVs in real time using ultrasound on gel-blocks.

Session: 229 Dr. Sivaruban Kanagaratnam, Mr. Hareshan Suntharalingam & Ms. Habba Mahal	Advanced Surgical Skills Workshop with Trauma Focus for Rural and Remote Physicians (2 hours) At the conclusion of this activity, participants will be able to: 1. Demonstrate safe and effective wound management and closure techniques, including figure-of-eight suturing, snap-and-suture vessel ligation, and complex facial laceration repair. 2. Adapt these surgical skills to trauma care in rural and resource-limited environments. Rural and remote physicians frequently encounter unique challenges in the management of traumatic injuries, where access to specialist support and tertiary care resources may be limited. Training opportunities that emphasize practical, adaptable surgical skills will be essential to ensuring safe and effective care in these settings. This hands-on surgical workshop, delivered as part of the Society of Rural Physicians of Canada's Rural & Remote Course, will focus on trauma-informed procedural skills tailored to resource-limited environments. The curriculum will emphasize procedural efficiency and adaptability. Core components will include wound management using the sponge roll technique, figure-of-eight suturing, and snap-and-suture vessel ligation. Additional modules will address complex facial laceration repair (including ear, lip, and other facial injuries), as well as principles of wound closure under tension, incorporating advanced suturing strategies and tissue-undermining techniques. Participants will engage in scenario-based, supervised practice using high-fidelity models, supported by simulation-based feedback. The course will aim to reinforce technical proficiency while building confidence in applying these skills to real-world rural trauma cases. This focused, hands-on workshop will equip rural and remote physicians with essential techniques for effective wound management and closure, helping to bridge gaps in access to specialist care. This training model is expected to enhance procedural readiness and contribute to improved patient outcomes in resource-constrained settings.
Session: 239 Honourable Marjorie Michel, Federal Minster of Health, Dr. Sarah Giles, Dr. Gavin Parker & Dr. Sarah Newbery (Moderator)	Practical Solutions to Improve Access to Care in Rural Canada

Session: 239.4 Ms. Rachel Kaludjak, Ms. Jasmine Chatelain, Ms. Eileen Moorehouse, Ms. Edith Bobbish, Dr. François Prévost & Dr. Philippe Simon (Moderator)	From Evacuation to Expectation: Rethinking Perinatal Care in Northern and Remote Canada At the conclusion of this activity, participants will be able to: 1. Describe community-centered perinatal care models in Northern and Indigenous communities, including midwifery-led programs in Cree and Inuit territories and barriers limiting equitable access to birth on territory. 2. Integrate patient-centered and culturally rooted approaches into perinatal practice, including responding to self-perceived needs of Indigenous birthing people and applying TRC Calls to Action in clinical service delivery. 3. Recognize the expanded scope of midwifery care in remote settings, moving beyond birth-focused interventions to encompass longitudinal women's health, social support, advocacy, and community empowerment. 4. Identify practical strategies for collaborative care in resource-limited settings, including approaches to staffing challenges, maintaining clinical competencies, and embedding cultural safety as a standard of care. Perinatal care is a high impact nexus in remote and Indigenous settings. Focus and priorities are evolving from Southern models of care transplanted to the North and medical evacuation for birth to Indigenous-led approaches to care, birth on territory and innovative interprofessional collaboration. This session brings together Midwives, Physicians and Nurses of Indigenous and non-Indigenous backgrounds working and living in Nunavut and Nunavik, Quebec. Through sharing our experiences and collaborative discussion, we offer understanding and engaging with this kind of work as well as tools and inspiration for the way forward.
Session: 240 Dr. Matthew McArthur	A Simpler Approach? Subcutaneous Insulin for Adult DKA Patients At the conclusion of this activity, participants will be able to: 1. Describe the pathophysiology and pharmacology of DKA. 2. Explain the rationale for subcutaneous insulin in DKA. 3. Summarize the evidence around subcutaneous insulin in DKA. 4. Apply a practical approach to implementing this in your hospital. The 2024 Consensus Guidelines on Hyperglycemic Crises in Adults endorse the use of subcutaneous insulin in the treatment of mild to moderate uncomplicated DKA, as an alternative to traditional IV insulin infusion. A number of studies have been published over the last 5 years which report on outcomes after hospital-wide implementation of subcutaneous insulin-based DKA treatment protocols. This talk will review the evidence, rationale, and recent implementation studies as well as provide personal anecdotal experience from my implementation of this in a hospital where I work.
Session: 241 Dr. Wilson Lam	More Than Just 'Down-Up': Anatomic Approach to the Foreign Body in the Airway At the conclusion of this activity, participants will be able to: 1. Develop an anatomic approach to the management of complete foreign body obstruction of the airway. 2. Recognize the importance of laryngoscopic blade geometry in the approach of foreign body removal. 3. Utilize unorthodox equipment for the management of foreign body retrieval in the airway. This presentation will provide a regimented approach to managing a foreign body in the airway causing complete airway obstruction: a rare but nightmare scenario in your rural ED.

Session: 242 Dr. Joyce Lee	Approach to Parkinson Disease and Things About PD You Weren't Taught in Medical School At the conclusion of this activity, participants will be able to: 1. Identify the key symptoms and signs in diagnosing Parkinson disease, and know the "red flags" for atypical syndromes. 2. Review the pharmacologic management of Parkinson disease. 3. Manage non-motor symptoms and manage the "low-hanging fruit" symptoms in your practice. 4. Apply evidence-based lifestyle measures for patients with Parkinson disease. This presentation will provide practical tools and knowledge on the diagnosis of Parkinson Disease, and the recognition and management of Non-Motor Symptoms in clinical practice.
Session: 243 Dr. Gordon Brock & Ms. Carmen Kiltz	Leadership, Communication, Victory and Tragedy in the Crash Room At the conclusion of this activity, participants will be able to: 1. Apply effective leadership strategies in Crashroom teams. 2. Demonstrate verbal and non-verbal communication skills essential for leading Crashroom teams. 3. Develop coping mechanisms to manage the emotional impact of clinical tragedies. This Workshop will assure attendees that, no matter their own personality, previous leadership experience or their own ""style"", we can all effectively learn to lead our Crash Room Teams. It will also teach both verbal and non-verbal Communications skills that they can use to effectively lead their teams. It will also encourage attendees to develop coping skills to deal with the inevitable tragedies we see in the Crash Room and the inevitable feeling that we will have at times.
Session: 244 Dr. Adri-Anna Aloia	A Look Ahead: Anticipating the Financial Burden of CaRMS and Residency At the conclusion of this activity, participants will be able to: 1. Explore the concept of Financial Wellness. 2. Reveal the known and hidden costs of CaRMS and Residency pursuits in Canada. 3. Tips, resources, departments and organizations that may better support your journey ahead. 4. Guidance on navigating financial conversations with one's social support network. 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. Updated for 2026, if you haven't had the money talk yet, this is a great place to start. The information presented herein is appropriate for the CMG and IMG candidate.

Session: 245 Dr. Roy Kirkpatrick, Dr. Leigh Beamish, Dr. Merrilee Brown, Dr. Mark Prins & Dr. Gavin Parker (Moderator)	Generalist and Specialist Care in Rural and Remote Canada At the conclusion of this activity, participants will be able to: 1. To explore opportunities for the SRPC and the RCPSC to collaborate on strengthening rural healthcare. 2. To describe strengths and challenges in the professional relationship between generalists and specialists in rural settings. 3. To consider opportunities to enhance the education of medical learners related to rural and remote practice. Generalist and Specialist Care in Rural and Remote Canada will (among other things) examine the strengths and challenges in the relationship between generalists and specialist in rural and remote areas of Canada.
Session: 246 Mrs. Laura Soles & Ms. Sarah Dunphy	SRPC Reads At the conclusion of this activity, participants will be able to: 1. Reflect on the experience of participating in a wellness-related activity. 2. Demonstrate a reduction in practice-associated isolation through the development of social bonds with fellow book club members. 3. Build a sense of continuity from one conference to the next through an annual session. 4. Discuss current trends in Canadian literature. The SRPC Book Club was launched at R&R in 2019. 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 the CBC's Canada Reads short list, as well as any other books that attendees wish. All you need to attend is a love of books!
Session: 247 Dr. Angus Brown	Punch it, Cut it, Send it: What Canada Can Learn from Sunburnt Australia At the conclusion of this activity, participants will be able to: 1. Identify the spectrum of skin cancers, including basal cell carcinoma, squamous cell carcinoma, and melanoma, and recognise the risk factors associated with high UV exposure in high-incidence populations. 2. Summarise evidence-based guidelines for melanoma care, including biopsy technique, excision margins, staging, and referral pathways. 3. Apply current guideline recommendations for the management of non-melanoma skin cancers, including appropriate surgical margins and follow-up strategies. 4. Formulate an individualised management plan for both simple skin cancers (e.g. excision margins, follow-up) and more complex cases (e.g. reconstruction requirements, referral indications). 5. Evaluate when and how referral to specialist services (e.g. dermatology, plastic surgery, oncology) is warranted in skin cancer care. Australia is renowned for its stunning beaches, vast outback land, and outdoor lifestyle—but these same features contribute to some of the highest levels of ultraviolet (UV) exposure in the world. As a result, Australia has one of the highest rates of skin cancer globally, including melanoma. Some doctors in Australia dedicate their entire career solely to skin cancer diagnosis and treatment. This is in stark contrast to Canada, where skin cancer medicine is far less common. This talk will highlight practical approaches to skin cancer management by presenting a series of simple and complex cases, exploring best practices in diagnosis, and outlining evidence-based management plans that range from straightforward excisions to complex surgical reconstructions. The session will focus on demystifying common concepts in skin cancer medicine and offering practical strategies that all rural generalists in Canada can apply in their day-to-day practice.

Session: 248 Dr. Rebecca Bobby & Dr. Mandy Peach	POCUS-Guided Peripheral IV Insertion Workshop (Repeat) At the conclusion of this activity, participants will be able to: 1. Review the anatomy of the upper limb as visualized on ultrasound. 2. Differentiate between arteries and veins using ultrasound imaging. 3. Identify appropriate vessels for intravenous insertion. 4. Discuss the common pitfalls and cautions associated with IV insertion. 5. Practice real-time IV insertion using ultrasound guidance. In this hands-on session, there will be a brief lecture reviewing the anatomy of the upper limb and technique for ultrasound-guided peripheral IV placement. The learners will then have the opportunity to scan each other's upper arms to familiarize themselves with the upper limp anatomy then practice placing IVs in real time using ultrasound on gel-blocks.
Session: 249 Dr. Sivaruban Kanagaratnam & Mr. Hareshan Suntharalingam	Management of Hemorrhagic Shock in Trauma: Practical Approaches for Rural and Remote Physicians At the conclusion of this activity, participants will be able to: 1. Recognize hemorrhagic shock early in trauma patients. 2. Apply the principles of damage control resuscitation. 3. Adapt evidence-based strategies—including fluid and blood product use, permissive hypotension, tranexamic acid, and adjunctive measures such as figure-of-eight suturing, vessel ligation, and pelvic binders—to effectively manage bleeding trauma patients in rural and resource-limited settings. Hemorrhagic shock remains a leading cause of preventable mortality following trauma. In rural and remote settings, limited access to blood products, advanced resuscitation resources, and surgical backup will continue to present significant challenges. Equipping rural physicians with practical, evidence-based strategies tailored to these realities will be critical to improving patient outcomes. This session, delivered within the trauma stream of the Society of Rural Physicians of Canada's Rural & Remote Course, will provide an interactive, case-based review of current best practices in the recognition and management of hemorrhagic shock. Key topics will include early identification of shock, principles of damage control resuscitation, fluid and blood product strategies in resource-limited environments, permissive hypotension, and the timely use of tranexamic acid. Practical adjuncts—including figure-of-eight suturing, vessel ligation techniques, pelvic binders, and hemostatic dressings—will also be introduced. Participants will engage in interactive case discussions and hands-on components designed to apply these principles to realistic trauma scenarios, reinforcing clinical decision-making in rural contexts. Participants will develop a structured and adaptable approach to the assessment and resuscitation of bleeding trauma patients. Through interactive learning, attendees will strengthen their confidence in decision-making while anticipating logistical challenges such as delayed transfer and limited resources.

Session: 260 Dr. Kate Miller & Dr. Menaka Pai	An Approach to Acute Hemorrhage That Won't Deplete Your Blood Bank (Or Your Patience...) At the conclusion of this activity, participants will be able to: 1. Apply medications, including anticoagulant reversal agents, to effectively reduce blood loss. 2. Recognize the risks of under- and over-transfusion. 3. Manage limited blood product supplies with confidence. There is a plethora of advice on transfusion available, spanning early transfusion in trauma, restricted transfusion in internal medicine, and massive transfusion protocols. But the management of acute hemorrhage requires an efficient, evidence-based, common sense approach. With advice appropriate for emergency, inpatient, and surgical settings, this talk delivered by a hematologist / transfusion medicine physician and a family physician will help you decide when to transfuse, what to transfuse and how to use other medications to reduce blood loss. You will learn how to develop approaches that work for your setting - taking into account local laboratory and blood bank resources.
Session: 261 Dr. Sarah Giles & Mr. Adam Steiner	Strange Brew - Toxic Alcohol Ingestion Treatment Made Easy At the conclusion of this activity, participants will be able to: 1. Identify the characteristics associated with toxic alcohol ingestions. 2. Interpret key lab values that allow for the diagnosis of a toxic alcohol ingestion. 3. Analyze a series of lab values to practice diagnoses this condition. 4. Apply the treatment guidelines to cases. 5. Synthesize the information to allow for confidence in identifying and treating toxic alcohol ingestions. In medical school we are taught to think about toxic alcohol ingestions when people present to the ER with an altered level of consciousness or intoxication, but many of us never see this presentation…or do we? We are also taught to do all sorts of calculations but promptly forget them once the exam is over. In this presentation, we will teach you the ins and outs of toxic alcohol ingestions in an understandable and engaging manner.
Session: 262 Dr. Vu Kiet Tran	Fatal ECGs Workshop (2 Hours) At the conclusion of this activity, participants will be able to: 1. Design an investigative plan for fatal conditions based on an ECG. 2. Design a management plan for fatal conditions based on an ECG. 3. Recognize Pulmonary embolism on ECG. Many of us have not had proper training in ECG interpretation, but yet, it is an essential tool in our toolkit for anything chest pain, shortness of breath, syncope, palpitations, dizziness, and abdominal pain. Are you aware of many subtle ECG changes that harbor fatal conditions? If so, you do not need to attend this workshop. If you are wondering what these subtle changes are, this workshop is for you!

Session: 263 Dr. Wade Mitchell & Ms. Mansa Agbaku	Advanced Skin Procedures and Wound Management At the conclusion of this activity, participants will be able to: 1. Describe different suture materials and closure techniques for the best cosmetic outcome. 2. Apply knowledge of skin tension and utilize methods to minimize scarring for traumatic or iatrogenic created wounds. 3. Design appropriate flaps and determine their use based on the location of biopsy or wound. For the more advanced proceduralist / acute care clinician to design and perform more complex skin excisions for biopsies and traumatic skin closure techniques.
Session: 264 Dr. Amanda Bergman & Ms. Dana Kryszel Pormento	Travel Medicine in the Office At the conclusion of this activity, participants will be able to: 1. Review the most common vaccines needed for travel 2. Review some of the less common vaccines needed for travel 3. Review patient education topics for diseases not covered by vaccines 4. Review patient education topics for other safety concerns at destinations 5. Review how to find the above information for your patients' destinations" We will review how to have a travel medicine visit in your office. This is especially helpful when you live far from a travel clinic and patients come to you for advice for their trips. We'll review important patient education for common destinations as well as how to find which vaccines are required for their itinerary.
Session: 265 Dr. Anna Gunz	Land-Based Healing - Nature for Healing Program At the conclusion of this activity, participants will be able to: 1. Describe the principles of land-based healing and nature-based interventions for holistic health. 2. Identify practical “nature prescription” strategies to support physical, mental, spiritual, and emotional well-being. 3. Apply small, nature-based interventions in clinical or community settings to promote patient wellness. Toolkits for physical, mental, spiritual, and emotional health through nature prescriptions and small interventions.

Session: 266 Dr. Thomas O'Neill, Dr. Kaveh Roustaian & Mr. Chris Keller	La Voie Aérienne Difficile (2 hours) À la conclusion de cette activité, les participants seront capables de: 1. Décrire les indications pour l'intubation dans la salle d'urgence. 2. Discuter l'équipement et la médication qui devraient être disponibles. 3. Réviser des études de cas de notre établissement. 4. Démontrer l'utilisation de la technique d'intubation, les méthodes alternatives, vidéo-laryngoscope et cricothyroïdotomie. 5. Décrire une approche pratique de l'intubation difficile pour les médecins en milieu rural. L'induction à séquence rapide est maintenant une pratique courante dans las salle d'urgence. Cela permet de diminuer les risques de traumatisme durant l'intubation. Cela implique l'utilisation de médications, jusqu'à maintenant, seulement utilisées par des anesthésiologistes.
Session: 267 Dr. Kush Patel	Rural Residency Fair (2 hours) At the conclusion of this activity, participants will be able to: 1. Connect pre-clerkship and third-year clerkship medical students with rural residency program directors, program administrators, and current residents to learn more about available programs across the country in preparation for CaRMS. 2. Allow fourth-year medical students who have already matched to meet and network with their future rural colleagues. Canada has over 80 rural sites from which medical students can choose to pursue residency training in family medicine. SRPC's Rural & Remote Conference is ideal for highlighting the abundance of programs and their unique characteristics. 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.
Session: 268 Dr. Yogi Segal	Unusual Papers At the conclusion of this activity, participants will be able to: 1. Have reviewed unusual studies that might change their practice. 2. Be able to apply the material into diverse areas of their practice. 3. Come up with a bottom line for each of the cases. 4. Be inspired with curiosity and wonder. This is a talk that has been updated annually (and often more frequently than that) with a fresh set of unusual articles on a wide variety of subjects that will hopefully be applicable to your practice. It is an interactive and hopefully entertaining talk on a mix of studies that you might not have heard about. It will focus on the bottom line and on how to use the evidence in your practice.

Session: 269 Dr. John Soles & Dr. Kara Perdue	Chest Tubes (To Be Repeated) At the conclusion of this activity, participants will be able to: 1. Indications & contraindications for closed chest drainage. 2. Approach to tube selection. 3. Overview of Seldinger technique. 4. Overview of how "underwater" drainage systems work. 5. Hands-on practice. 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.
Session: 280 Mx. Lee Yeates, Ms. Adrienne Peltonen, Dr. Donna Wachowich & Dr. Claire Moffatt	From Seeds to Systems: Cultivating Clinical Leadership and Administrative Networks to Strengthen Rural Maternity At the conclusion of this activity, participants will be able to: 1. Apply lessons learned from the ROAM and RSON programs to address workforce shortages and improve sustainability in rural maternity care. 2. Formulate strategies to foster relationships, dialogue, and collaboration among health system partners and interprofessional rural maternity teams. 3. Describe how clinical leadership and administrative networks work together to strengthen team stability and rural maternity services. 4. Explore practical strategies for cultivating clinical leadership and fostering networks to sustain rural health services. Increasing system complexity, patient acuity, and limited resources hinder rural BC providers' efforts to deliver local maternity care. When local service closures affect multiple sites in an area, regional obstetric capacities become situationally overwhelmed. In this context, the 2018 Rural Surgical and Obstetrics Networks (RSON) program and 2019 Rural Obstetrics Access and Maternity Sustainability Program (ROAM) began supporting British Columbia's remaining 32 rural communities with planned birthing services. Ongoing program evaluations and community reports show these programs are pivotal in sustaining local services and teams. While stemming the tide of permanent service closures marked a significant achievement for RSON and ROAM, it's clear we're not out of the woods yet. Rural communities still face critical workforce shortages across health disciplines. This drives higher workloads, extended on-call time, and increasing moral distress and burnout - a multidisciplinary crisis highlighting the need for innovative, collaborative, and multifaceted support. Drawing on program evaluations, local provider and team feedback, and insights from the Rural Maternity Summit, the ROAM team set out to strengthen local leadership, enhance interprofessional networks, and foster community through peer support, knowledge sharing, and collaboration across care corridors and health regions. Funding in early 2025 enabled new infrastructure for rural maternity teams with the addition of local Clinical Leads and part-time Network Coordinators in each community. Inspired by positive impacts in RSON, this approach enhances lateral relationships and boosts responsive planning, innovative resourcing, and stability for local teams. Join us in this interactive session to explore ROAM's iterative evolution, discuss early outcomes and challenges of cultivating clinical leadership and administrative networks, and to hear frontline experiences of implementing local sustainability strategies to strengthen rural maternity services.

Session: 281 Dr. Tina Korownyk, Dr. Mike Kolber & Ms. Jennifer Young	PEER Team Jeopardy At the conclusion of this activity, participants will be able to: 1. Apply best evidence in the management of a variety of clinical questions in primary care. 2.. Distinguish interventions with minimal benefit from those supported by strong patient-oriented outcomes. This fast-paced review will address answers to common clinical questions. The audience will select topics from a list of 28–32 possibilities. For each answer, participants will consider a true/false question before presenters review the evidence and provide a concise bottom line. Topics cover a wide range of primary care conditions spanning pediatrics to geriatrics.
Session: 282 Dr. Vu Kiet Tran	Fatal ECGs Workshop (2 Hours) At the conclusion of this activity, participants will be able to: 1. Design an investigative plan for fatal conditions based on an ECG. 2. Design a management plan for fatal conditions based on an ECG. 3. Recognize Pulmonary embolism on ECG. Many of us have not had proper training in ECG interpretation, but yet, it is an essential tool in our toolkit for anything chest pain, shortness of breath, syncope, palpitations, dizziness, and abdominal pain. Are you aware of many subtle ECG changes that harbor fatal conditions? If so, you do not need to attend this workshop. If you are wondering what these subtle changes are, this workshop is for you!
Session: 283 Dr. Sivaruban Kanagaratnam	Hands-On Workshop: Percutaneous and Surgical Airway and Chest Access Techniques for Rural and Remote Physicians At the conclusion of this activity, participants will be able to: 1. Participants will be able to perform surgical and percutaneous cricothyrotomy safely and effectively. 2. Perform percutaneous chest decompression in emergent situations. 3. Describe the indications for, and demonstrate insertion and management of, a Heimlich valve. Airway compromise and thoracic injuries represent life-threatening emergencies in rural and remote settings, where immediate specialist backup and advanced resources may not be available. Equipping rural physicians with practical skills in airway and chest access will be essential to ensuring timely and effective management of critically ill patients. This hands-on workshop will provide structured training in advanced procedural skills for airway and chest trauma. Core techniques will include surgical and percutaneous cricothyrotomy, percutaneous chest decompression, and Heimlich valve insertion for ongoing chest drainage. Participants will learn through a combination of focused didactic review, expert demonstration, and supervised hands-on practice using simulation models. Emphasis will be placed on procedural indications, identification of anatomical landmarks, troubleshooting common challenges, and adapting techniques to resource-limited environments. Learners will gain practical experience in high-acuity, low-frequency procedures that are critical for stabilizing trauma patients in rural practice. The workshop will aim to build confidence and competence in managing airway emergencies and chest injuries when timely transfer or specialist support is not immediately available. This focused, simulation-based training will enhance the emergency readiness of rural and remote physicians. By reinforcing life-saving skills through hands-on practice, the workshop will address a critical gap in rural trauma care and support improved patient outcomes in resource-constrained settings.

Session: 284 Dr. Diana Rucker	Practical Capacity Assessments At the conclusion of this activity, participants will be able to: 1. Define capacity and related terminology. 2. How do physicians assess capacity in the emergency setting? 3. The four basic skills of capacity: understanding, assessing, reasoning and expression 4. Four practical factors: 1 - Is there a trigger? 2 - Task specificity. 3 - What is the functional ability of he patient? 4 - What are past/future risks. 5. Recognize four common capacity scenarios: 1 - medical treatments, 2 - Can the patient pick a decision maker, 3 - Can the patient choose where to live, 4 - managing finances. Practical Capacity Assessments: the 4/4/4 rule In the formal setting reviews the 4 basic skills of capacity, four additional ""practical tips"" that help define when and what else to consider when assessing capacity and finally we review the four most common capacity scenarios physicians will encounter.
Session: 285 Dr. Gaurav Mehta & Ms. Sarah Kang	Managing Schizophrenia: A Community Perspective At the conclusion of this activity, participants will be able to: 1. Explain the role of newer antipsychotic treatment algorithm for schizophrenia. 2. Review the evidence-based literature and guidelines in schizophrenia care. 3. Discuss schizophrenia care from physical health perspective. This session entails how to manage schizophrenia in community, use of long-acting injections, clozapine as well as newer treatments in schizophrenia; along with the physical health monitoring, using evidence based guidelines.
Session: 286 Dr. Thomas O'Neill, Dr. Kaveh Roustaian & Mr. Chris Keller	La Voie Aérienne Difficile (2 hours) À la conclusion de cette activité, les participants seront capables de: 1. Décrire les indications pour l'intubation dans la salle d'urgence. 2. Discuter l'équipement et la médication qui devraient être disponibles. 3. Réviser des études de cas de notre établissement. 4. Démontrer l'utilisation de la technique d'intubation, les méthodes alternatives, vidéo-laryngoscope et cricothyroïdotomie. 5. Décrire une approche pratique de l'intubation difficile pour les médecins en milieu rural. L'induction à séquence rapide est maintenant une pratique courante dans las salle d'urgence. Cela permet de diminuer les risques de traumatisme durant l'intubation. Cela implique l'utilisation de médications, jusqu'à maintenant, seulement utilisées par des anesthésiologistes.

Session: 287 Dr. Kush Patel	Rural Residency Fair (2 hours) At the conclusion of this activity, participants will be able to: 1. Connect pre-clerkship and third-year clerkship medical students with rural residency program directors, program administrators, and current residents to learn more about available programs across the country in preparation for CaRMS. 2. Allow fourth-year medical students who have already matched to meet and network with their future rural colleagues. Canada has over 80 rural sites from which medical students can choose to pursue residency training in family medicine. SRPC's Rural & Remote Conference is ideal for highlighting the abundance of programs and their unique characteristics. 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.
Session: 289 Dr. John Soles & Dr. Kara Perdue	Chest Tubes (Repeat) At the conclusion of this activity, participants will be able to: 1. Indications & contraindications for closed chest drainage 2. Approach to tube selection 3. Overview of Seldinger technique 4. Overview of how "underwater" drainage systems work 5. Hands-on practice 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.
Session: 300 Dr. Michelle Lajzerowicz & Ms. Holly Butt	Taking Out and Putting Into the Room in the Womb At the conclusion of this activity, participants will be able to: 1. Have a better understanding of the particularities of the female pelvic anatomy in order to access the endometrial space. 2. Review the procedure for placement of the IUDs commonly used in Canada, and feel at ease with the procedure , with its pitfalls. 3. Review the procedure for endometrial biopsy and practice use of the endometrial pipelle. During this workshop we will review how to access the endometrial space in women of all ages. Positioning, preliminary pelvic exam, materials, and standard procedure will be reviewed for both IUD insertion and endometrial biopsy. We will focus on how anatomy and positioning will help with your success. Pitfalls will be reviewed and basic solutions provided

Session: 301 Dr. Julie Saby	Not Your Mother's Regular Burnout Talk: Burnout in the First Five Years At the conclusion of this activity, participants will be able to: 1. Recognize the signs of early career burnout during residency and the first five years of practice. 2. Develop strategies to set personal and professional boundaries proactively. 3. Apply tools and techniques to prevent or address burnout effectively. Since the dawn of our medical education, we have constantly had lecture after lecture about career burnout and practicing wellness in the workforce. But how many of us are actually putting what we learned into practice? Do we even remember what we were told during med school in residency, or were we too focused on preparing for exams, finding jobs, etc? And now that we are soldiering on the frontlines of medicine as brand new attendings, are we really becoming burnt out so early in our careers? Join Dr. Saby as she uses humor and wit to explore early career burnout signs, tips for setting boundaries, and other tools for practicing wellness to stave off burnout as much as possible. She promises it will not be another run-of-the-mill wellness talk! This talk is intended mostly for residents and those early in their medical careers, but all are welcome to attend.
Session: 302 Dr. Laura Noack	Delivering More Than Expected: A Look at Postpartum Complications At the conclusion of this activity, participants will be able to: 1. Review risk factors that put patients at risk of postpartum complications. 2. Identify worsening postpartum complications. 3. Formulate management plans for treatment in rural centres. 4. Determine when patients require transfer or a higher level of care. A case based presentation of unusual and serious postpartum complications and how to treat them.
Session: 303 Ms. Rachel Stefaniuk & Ms. Shantel McCracken	Strengthening the SRPC Mentorship Program: Insights from a Nationwide Review At the conclusion of this activity, participants will be able to: 1. Recognize the unique mentorship needs of rural physicians and medical learners. 2. Identify practical mentorship strategies from other established programs across Canada that can be applied to our SRPC mentorship program. 3. Explain how the SRPC is shaping its mentorship program to better support its members, encouraging mentorship program engagement. 4. Evaluate opportunities to strengthen other mentorship initiatives in our own rural communities and organizations. What makes mentorship work in rural medicine? Too often, rural learners and physicians face limited support and programs that don't reflect the realities of rural practice. To reimagine the SRPC Mentorship Program, we did a review of mentorship initiatives across Canada — from Indigenous and equity-focused models to rural-specific programs — and uncovered practical strategies that make a real difference. In this session, we'll share what we learned and how SRPC is re-shaping its physician-learner mentorship program. Attendees will leave with concrete ideas to strengthen mentorship in their own rural communities.

Session: 304 Dr. Ben Stride-Darnley	Depression / Anxiety in Young People - How to Adapt “Best Practice” to Rural / Remote Primary Care Settings At the conclusion of this activity, participants will be able to: 1. Gain confidence with approaching diagnosis and management of young people with depression and anxiety symptoms 2. Use knowledge gained to adapt their practice approach to this patient population 3. Be able to apply Measurement-Based Care (MBC) into their practice 4. Gain knowledge of reasonable timeframes for medication adjustment This session focuses on how to practically approach assessment, initial management, medication options, and ongoing monitoring of 14-25 year old patients with depression and anxiety symptoms. Grounded in the national and international guidelines, as well as choosing wisely Canada recommendations, this session is also situated in the experience of a practitioner who works both in remote Canada as a family MD and as part of the specialist service in a northern hub. Being both the person that reaches out to psychiatry, and the one on the end of the on-call phone means that many "tips and tricks”, useful metaphors, and how to engage diverse patients, have been learnt. These lessons will be shared during this session: we will address titrating medications in way that patients might actually find helpful, as well options for cross tapering and discontinuing medications.
Session: 305 Dr. Denise Jaworsky & Ms. Chloe Hewitt	Too Far to Care? Rethinking Rural Specialist Access At the conclusion of this activity, participants will be able to: 1. Identify key challenges to providing specialist care in rural communities. 2. Explore solutions and opportunities in enhancing access to specialist care in rural communities. 3. Contribute to a community of practice of rural specialists. This session will summarize an in-depth needs assessment conducted in BC on barriers and facilitators to specialist care in rural communities. It will also review findings on specialty residency training opportunities in rural communities and learner perspectives on rural training. It will include time for audience members to share their experiences, challenges and suggestions on how to improve access to specialist care for rural communities across Canada.

Session: 306 Mr. Richard Gregory	Mechanical Lower Back Pain - Differential Diagnosis in the Absence of Imaging (2 hours) At the conclusion of this activity, participants will be able to: 1. Effectively extract key history details from patients presenting with acute low back pain, identify abnormal/pathophysiological spine presentations, perform relevant special tests, clarify the differential diagnosis and provide effective guidance for corrective actions (exercise), and low-cost resources for education/self-help. 2. Complete an effective history taking, observe and identify dysfunctional spine presentations, perform the relevant special tests and clarify the differential diagnosis as this pertains to lower back pain. 3. Minimize unnecessary imaging for patients with lower back pain. They will effectively provide evidence-based guidance for these same patients. They will be able to complete the history taking, clinical observation, special testing clarification of differential diagnosis and patient guidance within a 15 minute time limit. This hands-on evidence-based presentation will review the relevant anatomy, physiology and pathophysiology of spine conditions (including: disc degeneration, osseous foraminal/canal stenosis, acquired foraminal/canal stenosis, vertebral instability, and intra-discal nerve ingrowth).
Session: 307 Dr. Maxim Morin, Dr. Jon Witt & Dr. Karine Diedrich	Practice Ready Assessment (PRA): Strengthening Canada's Rural Healthcare Workforce – Part A: Awareness and Foundations At the conclusion of this activity, participants will be able to: 1. Describe how PRA programs strengthen access to family physicians in rural and remote communities, improving continuity of care for patients. 2. Analyze the key components, opportunities, and challenges of PRA programs in rural practice, including the role of local physicians as mentors and assessors. 3. Evaluate strategies to optimize PRA for long-term retention, workforce sustainability, and collaborative team building in underserved regions. Rural and remote communities across Canada continue to face critical shortages of family physicians, placing enormous strain on health care teams and limiting timely access to primary care. Practice Ready Assessment (PRA) programs provide a structured, competency-based pathway for internationally trained physicians to enter independent practice, creating an immediate and sustainable solution for communities most in need. This session will explore PRA, focusing on how these programs expand access to care, support existing providers, and help stabilize health services in underserved regions. We will examine core assessment components, readiness criteria, and strategies for integration into Canadian practice settings. Importantly, more and more rural physicians are welcoming PRA candidates into their communities — sharing the responsibility for mentorship, assessment, and long-term team building. Participants will gain a deeper understanding of the opportunities and challenges of PRA, including retention, regional differences, and scalability, and will leave with practical strategies to optimize PRA's role in strengthening rural and remote health care.

Session: 308 Dr. Craig Bertagnolli, Mr. Ben Leggett & Mr. Justin Whitaker	Essential Airway Skills: Foundations for Safe Ventilation At the conclusion of this activity, participants will be able to: 1. Identify indications and contraindications for basic airway interventions, including OPA, NPA, bag-mask ventilation, and supraglottic airways (LMA). 2. Select and size airway devices appropriately, including OPA, NPA, and LMA, based on patient anatomy. 3. Demonstrate effective bag-mask ventilation, including airway positioning, mask seal, and one and two person techniques. 4. Describe core physiologic principles of oxygenation, ventilation, and the importance of maintaining airway patency. 5. Recognize when to escalate from basic to advanced airway interventions based on clinical context. This hands-on session introduces essential airway management techniques, including OPA, NPA, bag-mask ventilation, and LMA placement. Participants will learn proper sizing, indications, and troubleshooting while practicing effective ventilation and foundational airway positioning strategies. Guided by clinicians with anesthesia and emergency medicine backgrounds, the session provides an opportunity to refine skills and ask questions in a supportive environment. Designed for early learners, this session builds the foundation needed to excel during anesthesia, emergency medicine, and rural clinical rotations.
Session: 309 Dr. Philippe Simon	Fresh Blood Transfusions At the conclusion of this activity, participants will be able to: 1. Review the indications of emergency blood transfusions in trauma and obstetrical cases. 2. Review standard procedures for administration of blood products in remote locations. 3. Review the common and less common complications of transfusions and their treatment. 4. Review the various health Canada-approved blood products and blood alternatives. Managing unstable patients in remote area is a high-acuity - low-occurrence (HALO) event for most remote ruralist and generates significant stress. One of the key interventions to stabilizing a patient is emergency transfusion of blood products. While crucial, administration of blood products can also have significant complications that need to be understood and managed. This session aims at reviewing the current approach to blood product and blood product alternatives and continue the discussion on fresh blood transfusions.

Session: 320 Dr. Joanna Zaslow, Dr. Christine De Maria & Ms. Sheena Corfe	Medico-Legal Risk in Rural EDs: Insights from CMPA Data At the conclusion of this activity, participants will be able to: 1. Identify common issues related to assessment and history while practicing rural emergency medicine. 2. Apply tools to help prevent diagnostic decision-making errors. 3. Review best practices to optimize patient safety and minimize medico-legal risk through documentation. Rural and physicians face unique challenges in their daily practice, including the strain of resource limits, variety of case presentations, and human resource challenges. As the largest medical association for doctors in Canada, CMPA represents over 117 000 physicians. Using this national repository, which includes information on a variety of medico-legal matters, we identified factors that contributed to the medico-legal risk of emergency physicians practicing in rural and remote areas. In an analysis of 709 medico-legal cases that occurred in rural and remote emergency departments, peer experts' most common criticisms were related to medical history-taking and physical assessments (214 cases, 30.2%). In these cases, peer experts were critical of physicians for failing to perform or document their physical exams, failing to ensure their exams were thorough, or failing to reassess patients. These resulted in a variety of missed or delayed diagnoses, including sepsis, pulmonary embolisms, cardiac arrhythmia, amongst others. This presentation will discuss skills and behaviours to help physicians identify situations associated with a higher incidence of diagnostic decision-making errors and act to prevent them. We will also identify ways to ensure physicians' documentation reflects their diagnostic process
Session: 321 Dr. Jayson Stoffman, Dr. Sonja Bruin, Dr. Courtney Leary & Ms. Tara Myran	Restorative Justice to Address Conflict in Health Care At the conclusion of this activity, participants will be able to: 1. List the four core principles of restorative justice. 2. Explain the value of restorative practices in conflict resolution. 3. Describe the important processes in a conflict resolution circle. CPSM's Restorative Practices Program is the first of its kind in Canada for Medical Regulatory Authorities. The Restorative Practices Program will use the principle of restorative practices to uphold CPSM's Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism and commitment to action by engaging in meaningful, educational, and supportive conversations with registrants, members of the public, communities, families, and healthcare professionals to repair harm, restore trust, rebuild relationships, and prevent further harm through accountability, guidance, and healing. We appreciate the opportunity to share valuable insights and knowledge that our team has developed with other registrants as we work together to lead change. Restorative justice can offer an alternative approach to addressing conflict in health care. An intervention circle provides the harmed person and the person who caused the harm to share their experiences in a facilitated circle, with the goal of addressing the needs that were created by the harm. In this workshop, participants will observe a simulated conflict intervention circle, with opportunities to ask questions during the circle and a full debriefing after its conclusion. This will demonstrate the potential for restorative practices to offer a compelling alternative to traditional disciplinary and punitive practices.

Session: 322 Mrs. Laura Soles	Rural Physician Partners of Canada: Networking & Recruitment Roundtable At the conclusion of this activity, participants will be able to: 1. identify strategies to enhance networking among current and prospective RPPC members. 2. Contribute to the development of actionable ideas to recruit and engage new members. This session provides a dedicated space for Rural Physician Partners of Canada (RPPC) members to connect with both existing colleagues and new recruits. Participants will discuss opportunities to strengthen networking, share best practices, and brainstorm strategies for recruiting and engaging future members. This collaborative session is designed to foster meaningful connections and generate actionable ideas that will enhance the RPPC community. All Physician Partners and family members welcome!
Session: 323 Dr. Mike Allan, Dr. Tina Korownyk & Dr. Mike Kolber	New True and Poo: New Clinically Relevant Studies for Primary Care At the conclusion of this activity, participants will be able to: 1. Identify new studies of diagnostic tests, therapies, or tools that should be implemented into current practice. 2. Analyze evidence that reaffirms currently utilized diagnostic tests, therapies, or tools. Reviewing the latest 2025/26 research with direct relevance to family medicine, highlighting what is new, what has been confirmed, and what should be reconsidered or abandoned. Participants will explore the clinical implications of novel interventions and diagnostic findings, helping to inform evidence-based decision-making in practice. The session provides a clear, practical update to guide clinicians in applying current research to patient care.
Session: 324 Ms. Erynn Monette, Dr. Tracey Carr, Ms. Angelina Curwin, Dr. Alison Eyre & Ms. Katherine Purvis	Practice Readiness, Recruitment and Retention - Oral Research Presentation At the conclusion of this activity, participants will be able to: 1. Summarize key findings from multiple rural health research studies relevant to the session theme. 2. Consider practical implications of research for rural clinical practice, policy, or community health. 3. Engage in discussion with presenters and peers to explore application, collaboration, and future research opportunities. Moderator: Stephanie Welton 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. Ms. Erynn Monette - "More than money:" Physician perspectives on current rural recruitment and retention strategies in Eastern Ontario Dr. Tracey Carr - Why Stay? Family Physician Retention in Rural Saskatchewan Ms. Angelina Curwin - Locum Tenens Ad Septentrionem: Expert-Informed Recommendations for Recruiting and Retaining Locum Physicians in Northern Ontario Dr. Alison Eyre - Evaluation of the First Cohort of Practice Ready Ontario Ms. Katherine Purvis - The Impact of Community Navigators in Family Medicine Resident Recruitment

Session: 325 Dr. Roy Kirkpatrick	The Royal College and Rural Specialists At the conclusion of this activity, participants will be able to: 1. Describe the core business of the Royal College. 2. Identify how the Royal College supports rural specialists. 3. Discuss the future of the Royal College and how it will evolve over the next 5-10 years. This session will explore past and current engagement efforts, gather insights from rural specialists on their needs, and identify strategies to better prepare physicians for practice in rural and remote settings.
Session: 326 Mr. Richard Gregory	Mechanical Lower Back Pain - Differential Diagnosis in the Absence of Imaging (2 hours) At the conclusion of this activity, participants will be able to: 1. Identify key patient history details associated with different mechanical low back pain conditions. 2. Identify abnormal/pathophysiological lumbar spine presentations. 3. Perform and refine the hands-on relevant special tests. 4. Clarify the differential diagnosis. 5. Provide effective evidence-based guidance for corrective actions (exercise). 6. Identify low-cost resources for education/self-help. 7. Minimize unnecessary imaging for patients with mechanical lower back pain without red flags. This hands-on evidence-based presentation will review the relevant anatomy, physiology and pathophysiology of mechanical spine conditions including: disc degeneration/herniation, osseous foraminal or canal stenosis, acquired foraminal or canal stenosis, spondylolisthesis, and intra-discal sensory nerve ingrowth. We will identify different pain types, and physical presentations associated with each condition and identify key questions for the history taking. Visual and hands-on presentations will demonstrate the appropriate in-clinic special tests related to each pathology. There will be time to complete an effective history taking, observe and identify dysfunctional spine presentations, perform the relevant hands-on special tests and clarify the differential diagnosis. This will be repeated with case studies in a timed, mock practice setting to mimic actual clinical practice. A digital copy of the presentation can be provided along with suggestions for low cost, evidence-based resources for patient education and self-help.

Session: 327 Dr. Maxim Morin, Dr. Jon Witt & Dr. Karine Diedrich	Practice Ready Assessment (PRA): Strengthening Canada's Rural Healthcare Workforce – Part B: Retention and Integration Strategy Lab At the conclusion of this activity, participants will be able to: 1. Identify the key challenges and enablers for integrating PRA physicians into rural and remote practice. 2. Collaboratively design strategies for mentorship, team support, and community integration to improve retention. 3. Evaluate which retention strategies are most feasible and adaptable to participants' own rural contexts. Recruiting physicians is only part of the solution for rural and remote communities — retention and integration are equally critical for long-term sustainability. While Practice Ready Assessment (PRA) programs provide internationally trained physicians with a pathway to licensure, their success depends on how well communities, colleagues, and health systems support their transition into practice. In this interactive workshop, participants will engage in a Retention and Integration Strategy Lab, working through fictional but realistic rural community profiles. Each group will design practical strategies for mentorship, team integration, and long-term retention of PRA physicians. Facilitators will provide guiding questions, evidence-based insights, and tools to support the brainstorming process. By the end of the session, participants will have created actionable ideas that can be adapted to their own communities, helping to ensure that PRA not only expands the physician workforce but also strengthens the stability of rural health care.
Session: 328 Dr. Craig Bertagnolli, Mr. Ben Leggett & Mr. Inaam Chattha	Advancing Airway Skills: Intubation Technique, Tools, and Tube Confirmation At the conclusion of this activity, participants will be able to: 1. Prepare for intubation using a structured setup, including equipment selection, oxygenation strategy, and patient positioning. 2. Perform orotracheal intubation using direct laryngoscopy, video laryngoscopy, a stylet-assisted technique, and a bougie-first approach, selecting the appropriate method based on context and experience level. 3. Optimize glottic visualization using positioning adjustments and adjunct maneuvers such as external laryngeal manipulation. 4. Confirm correct endotracheal tube placement using capnography and clinical assessment. 5. Recognize and troubleshoot common challenges during intubation, and initiate an appropriate backup approach while maintaining oxygenation. This practical, hands-on session focuses on advancing airway management skills using direct and video laryngoscopy, stylets, and bougie-assisted intubation. Participants will practice equipment setup, visualization techniques, and confirmation methods while working on manikins. Guided by clinicians with anesthesia and emergency medicine backgrounds, the session emphasizes ergonomics, troubleshooting, and developing consistency in approach. Ideal for learners with some prior exposure to airway management who want to refine intubation technique with structured support.

Session: 329 Dr. Gordon Brock & Ms. Makayla Skrlac	Managing The Three Types of Heart Failure: The Similarities, The Differences At the conclusion of this activity, participants will be able to: 1. Compare and contrast the management of the three types of heart failure. 2. Explain the emerging role of the heart as an endocrine organ and its therapeutic implications. 3. Describe the role of SGLT2 inhibitors in the management of heart failure. The Heart Failure Management will present the management of the three types of Heart Failure, HFrEF, HFmrEF and HFpEF, stressing the similarities - and the differences - between the three types. It will present the latest role of the heart as an endocrine organ. The talk will also review the places of more rarely-used therapies and give rational guidelines for referral.
Session: 339 Dr. Vanessa Cardy	Let Me Tell You a Story: Creativity and Storytelling as the Essence of Rural Medicine At the conclusion of this activity, participants will be able to: 1. Use stories to advocate for their patients within the broader health care system. 2. Recognize the value of narrative medicine in improving patient care, breaking down silos within the health care system and increasing clinical courage in the next generation of rural physicians. Dr Vanessa Cardy will highlight the ways that medical storytelling can help us to better care and advocate for our patients while also working to break down silos of care and share the joys of rural medicine.
Session: 340 Dr. Gavin Parker	Doctor Caught in the Wild

Session: 341 Ms. Jessica Bennett & Ms. Ariel Thomas	Filling in The Gaps – Overcoming Barriers to Rural Medical Student Recruitment, and Where We Continue to Fall Short At the conclusion of this activity, participants will be able to: 1. Recognize the merit of targeting recruitment efforts towards rural high school students. 2. Describe the essential components of an MD Outreach Program targeted to high school students, and be able to apply the model to their own community. 3. Identify "rural factors" that are barriers to outreach, and develop tools to integrate these barriers into a high school outreach model. Rural communities continue to remain underserved and struggle to recruit long-term physicians. An easy solution to this problem is to recruit medical students raised in rural communities with a desire to return to serve their home communities. Our research shows that high school is the optimal age group to target outreach initiatives towards, as most rural youth commit to a career trajectory while in high school. Through the development of the University of Alberta's brand-new MD Outreach Program, we have made great strides in reaching several communities across the province of Alberta, and engaging hundreds of high school students in interactive, informative sessions aimed to inspire these youth to pursue medical careers. In conjunction with recognizing the accomplishments of our program, in the first year of development our team has also identified what we like to call, "rural factors", factors unique to rural and indigenous populations that posed barriers to participation in our high school outreach programs. In this breakout session, we will overview 3 different models for high school MD outreach weekends that has been implemented in several communities in Alberta and BC, the impact of MD Outreach programming on students (student-reported), and introduce "rural factors" and how we can integrate them effectively into our community outreach.
Session: 343 Dr. Brody Laberge, Dr. Sara Gauthier & Dr. Hailey O'Grady	"Liver Let Die?" Spotting and Managing Cirrhosis At the conclusion of this activity, participants will be able to: 1. Define liver cirrhosis and describe its common etiologies and pathophysiology in a primary care context. 2. Recognize key clinical and laboratory features suggestive of compensated and decompensated cirrhosis. 3. Outline a rational diagnostic approach, including appropriate use of bloodwork, imaging, and non-invasive fibrosis tools. 4. Initiate evidence-based first-line management strategies for common cirrhosis-related complications (e.g., ascites, hepatic encephalopathy, varices). 5. Identify clinical red flags and referral criteria for timely specialist input or urgent care. 6. Apply a patient-centered approach to cirrhosis care in rural and resource-limited settings. Liver cirrhosis is increasingly common, yet early recognition and management can be challenging in rural practice. This session offers a practical, evidence-based approach tailored to family physicians working without immediate specialist support. Attendees will review cirrhosis definitions, key clinical features, and a focused workup using accessible investigations. The talk will also cover basic management strategies for common complications and clear criteria for when to refer. Emphasis will be placed on real-world decision-making in community settings.

Session: 344 Dr. Andréa Brabant, Dr. David Pontin & Dr. Sophie Thornton	Planetary Health: Incorporating Planetary Health Into Medical Training At the conclusion of this activity, participants will be able to: 1. Describe the concept of planetary health and its relevance to healthcare. 2. Identify key climate change–related challenges faced by rural and remote communities through a planetary health lens and discuss strategies to enhance climate resilience in health systems and communities. 3. Recognize the importance of integrating planetary health into medical education and CME and explore ways of doing so by drawing on recent pilot initiatives discussed during the session. In this session, participants will be introduced to the concept of planetary health and its relevance to healthcare providers. We will explore the specific challenges faced by rural and remote communities in the context of climate change through a planetary health lens and identify strategies to enhance climate resilience in both systems and communities. Finally, we will highlight the importance of integrating planetary health into medical education, drawing on recent pilot initiatives at the University of Alberta and Memorial University of Newfoundland as case studies.
Session: 345 Dr. Sean Moore	Implementing AI in Clinical Practice At the conclusion of this activity, participants will be able to: 1. Describes the basics of AI. 2. Identify current uses of AI in clinical medicine. 3. Apply common AI tools with a focus on AI scribes. 4. Differentiate AI capabilities and explain limitations and governance considerations. This presentation will bring the learner up to date on the rapidly evolving utility of AI in rural clinical medicine. We will focus on practical uses and limitations of scribes in detail and also give an overview of practical applications of AI today.
Session: 346 Dr. Christina Jando & Ms. Jane Porter	Managing Tricky, Prickly and Tough Conversations with Patients At the conclusion of this activity, participants will be able to: 1. Recognize and apply effective communication strategies that lead to improved doctor-patient relationships. 2. Identify and feel ready to implement strategies to evoke and maintain patient motivation. 3. Apply skills to manage difficult moments that can arise with patients (an argumentative exchange, feeling powerless with a patient or overwhelmed by their level of distress). The doctor patient relationship is key to successfully treating patients and helping them maintain healthy choices and follow treatment plans. Difficulties can arise such as treatment adherence, unsatisfactory communication, conflict or lack of collaboration in the professional relationship. This course offers participants strategies that can help with these problems and an experiential component to get hands on practice with the skills being taught. It is inspired by Motivational Interviewing (Rollnick and Miller, 2023) and Good psychiatric management treatment approaches (Gunderson, 2014).

Session: 347 Dr. Erika Koop	Basic Suturing for Learners At the conclusion of this activity, participants will be able to: 1. Review the equipment for basic suturing techniques for lacerations and minor surgery. 2. Apply appropriate application of the various techniques. 3. Have an opportunity to practice techniques under supervision. 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.
Session: 348 Dr. Rebbeca Bobby & Dr. Mandy Peach	Bottomed Out and Breathless: POCUS to the Rescue! At the conclusion of this activity, participants will be able to: 1. Described the Blue Protocol. 2. Apply the Blue Protocol and explain how POCUS can narrow the differential diagnosis of a patient with undifferentiated dyspnea. 3. Describe the RUSH Protocol. 4. Apply the RUSH Protocol and explain how POCUS can narrow the differential diagnosis of a patient with undifferentiated hypotension. Reviews a POCUS-based approach to undifferentiated dyspnea and hypotension and illustrates the usefulness of POCUS in resuscitation.
Session: 349 Dr. Craig Bertagnolli, Dr. Margo Wilson & Ms. Sabrina Feng	Rapid Sequence Induction: A Checklist-Guided, Team-Based Approach At the conclusion of this activity, participants will be able to: 1. Apply a standardized RSI checklist to organize preparation, assign roles, and ensure critical steps are not omitted. 2. Select appropriate induction and neuromuscular blockade agents based on patient context, physiology, and anticipated airway difficulty. 3. Execute the full RSI sequence using a structured workflow, including preoxygenation, induction, paralysis, laryngoscopy, and post-intubation management. 4. Identify common human-factor and communication pitfalls during RSI, and apply strategies to improve role clarity, closed-loop communication, and situational awareness. 5. Anticipate and manage complications or deviations from plan, including hypotension, desaturation, failed first attempt, or unexpected airway difficulty. This interactive session introduces a structured, checklist-guided approach to rapid sequence induction (RSI). Participants will work through medication selection, pre-oxygenation strategies, role assignment, and timing in a deliberate, repeatable format. Guided by clinicians with anesthesia and emergency medicine backgrounds, groups will run simulated low-fidelity RSI scenarios using the checklist to support communication, sequencing, and safety. Ideal for clinicians preparing to participate in—or lead—emergency airway management.

Session: 360 Dr. Sonja Poole, Dr. Kajsa Heyes & Dr. Eleanor Crawford	Efficiency in the First Five Years At the conclusion of this activity, participants will be able to: 1. Review barriers to efficiency, especially for early career and rural practitioners. 2. Consider aspects of rural practice that can impact efficiency. 3. Discuss tools (including techniques, AI technology, teamwork) to increase efficiency in practice. 4. Introduce a framework to evaluate your own practice efficiency. A panel talk on ways to increase efficiency in early years of rural practice, in the clinic and hospital, during which we are planning to discuss: - Delegation, prioritization and personal well-being as methods to improve efficiency - Idea sharing with attendee participation - Use of AI and technology to enhance efficiency - Evaluating our own practice efficiency
Session: 361 Dr. Sarah Mathieson & Dr. Sarah Giles	Evidenced-based Debriefing in the Clinical Setting: Unlocking Better Outcomes At the conclusion of this activity, participants will be able to: 1. State the benefits and risks of debriefing after high stakes cases in the ER. 2. Explain the best practices of effective debriefing in a clinical setting. 3. Formulate a plan on how to provide concise, effective debriefing for your healthcare team. Physicians often deal with high stakes scenarios and emotionally difficult cases. In the clinical setting, these events occur without warning and in the midst of a busy work day with little time to properly process the event. This session will discuss best practices in debriefing, and address concrete ways to deal with high stakes events and poor outcomes.
Session: 362 Dr. Dave McLinden, Dr. Stacy Desilets, Dr. Sarah Newbery & Ms. Carmen Tessier	Effective Verbal and Written Feedback (2 hours) At the conclusion of this activity, participants will be able to: 1. Describe the importance of effective verbal and written feedback to learner development. 2. Cultivate a psychologically safe learning environment when providing feedback to learners in the clinical setting. 3. Provide written feedback that is specific, actionable, and helpful for learners and other educators in the clinical learning environment. This 2-hour interactive workshop has it all for the rural clinical teacher!! Whether you teach a few learners a year, have many learners or are just starting to teach, this is for you. We've got extremely experienced community-based rural facilitators, evidence-based strategies for effective feedback, lot of opportunity to interact and learn from other clinical teachers and even a bit of AI. This workshop is part of the Clinical Teachers Certificate (CTC) which is a micro-credential developed by Continuing Education and Professional Development at NOSMU (Northern Ontario School of Medicine) to promote and support community based rural teaching. This module fulfills part of the mandatory requirements to attain the full CTC.

Session: 363 Dr. Laurel Charlesworth	Fatigue Risk Management in Healthcare At the conclusion of this activity, participants will be able to: 1. Explain the role of fatigue in healthcare, including its impact on patient care, provider wellness, and medical education. 2. Recognize signs and symptoms of fatigue in oneself and healthcare team members. 3. Develop an evidence-based "toolbox" of strategies to manage and mitigate fatigue during daily clinical activities and high-demand periods. 4. Implement preparation and recovery practices to optimize performance, safety, and wellbeing in the context of fatigue risk management.. Fatigue is an unavoidable challenge of clinical practice, with implications for patient safety, physician/provider wellness, and medical education; this can be particularly impactful in low-resource and remote settings. Guided by evidence from medicine and aviation, this workshop explores the physiological and circadian factors that drive fatigue. Participants will be equipped to anticipate and recognize early signs of fatigue, implement practical strategies for high- and low-acuity work, and optimize preparation and recovery to support performance, safety, and wellbeing.
Session: 365 Dr. Emmanuel Abara	Urologic Cancer Care in Rural and Remote Health At the conclusion of this activity, participants will be able to: 1. Identify the burden of Cancer Care in the Rural and Remote Communities. 2. List current challenges facing the rural cancer patient. 3. Enumerate potential innovations for building equity in cancer care for dwellers of our rural communities. 4. Categorize avenues for future development. The burden of cancer care in the rural and remote areas is real but not well attended to worldwide. Urologic cancer care brings a heightened dimension with a specialty that is sparse in the rural areas. There is a need to understand the challenges faced by the patients and the health care professionals in our rural communities. Government, Educational institutions, Health organizations, Businesses and stakeholders need to be engaged to improve urologic/surgical cancer care in rural and remote communities. Research, including clinical trials should be present to build equity and inclusiveness. Studies to understand the challenges and the needs of urologic/surgical patients are required and the outcomes acted upon for growth
Session: 366 Dr. Rick Fleet	Urgence 360, Movie Presentation (2 hours)

Session: 367 Mx. Lee Yeates & Dr. Amy Sawchuk	Relationships, Reliability, and Reach: Transforming Remote Maternity Care through Virtual Partnerships At the conclusion of this activity, participants will be able to: 1. Identify systemic and geographic barriers to perinatal care in remote BC communities. 2. Explain the significance of community engagement and relationship-building in the development of rural and remote health care initiatives. 3. Explain key enablers of successful virtual health care initiatives. Systemic and geographic barriers impact the availability, accessibility, and stability of perinatal care at the remote edges of British Columbia's (BC) health care system. Integrating with existing networks of care, the Real-Time Virtual Support (RTVS) Maternity and Babies Advice Line (MaBAL) team explored creative ways to virtually enhance perinatal care in remote communities.
Session: 368 Dr. Madeleine Cole	First trimester Bleeding: Pearls and Pitfalls At the conclusion of this activity, participants will be able to: 1. Engage in shared learning through cases, evidence and experience. 2. Review the differential diagnoses for first trimester bleeding. 3. Apply tools that will help us prognosticate to keep a pregnant person appropriately informed and safe. 4. Discuss potential management options and give women choices whenever we are able to do so. 5. Demonstrate confidence in providing care as early-career family doctors (and NPs) and consult as needed. In this session, early pregnancy bleeding will be reviewed, as rural generalist family doctors are well positioned to give great care. Bleeding, particularly in a pregnancy that is wanted and welcome, is worrisome to downright frightening for most pregnant people. And we all know that a missed ectopic or a severe bleed far from an operating room can be deadly; though frequently a healthy pregnancy ensues or a (medically) uncomplicated miscarriage happens. Understanding and using the tools available to us - lab tests and ultrasound and history and physical exam - helps us communicate with kindness and knowledge whatever the eventual outcome.
Session: 369 Dr. Craig Bertagnolli & Dr. Margo Wilson	Predicting Difficulty and Positioning for Success At the conclusion of this activity, participants will be able to: 1. Perform a focused airway assessment and identify predictors of difficult bag-mask ventilation, supraglottic ventilation, and intubation. 2. Apply evidence-based positioning strategies, including sniffing position, ramping, reverse Trendelenburg, and head-elevated laryngoscopy positioning. 3. Modify positioning techniques for patients with obesity, trauma, cervical spine precautions, or limited mobility. 4. Use adjuncts such as pillows, blankets, and commercial positioning devices (e.g., Troop pillow) to optimize airway alignment when ideal equipment is not available. 5. Integrate assessment findings and positioning decisions into pre-intubation planning to increase first-pass success in resource-limited environments. This session focuses on recognizing predictors of a difficult airway and understanding positioning strategies that optimize first-pass success. Participants will primarily observe live demonstrations using pillows, blankets, and commercial devices such as ramping and head-elevated laryngoscopy positioning. Guided by clinicians with anesthesia and emergency medicine backgrounds, learners will explore adaptations for obesity, trauma, and restricted mobility. Ideal for anyone looking to refine pre-intubation planning and situational judgment when ideal equipment or personnel may not be available

Session: 380 Dr. Yogi Sehgal & Ms. Jessica Katerenchuk	Pearls of Wisdom from R & R At the conclusion of this activity, participants will be able to: 1. Have received a few pearls of wisdom from talks they could not attend. 2. Get a flavour for talks they might want to attend next year. 3. Be able to apply some of those pearls to their practice. A formal participatory evaluation, conducted in spring 2025, captured ongoing learning opportunities and overall outcomes for patients and community providers. The evaluation highlighted increased knowledge and confidence among local providers, enhanced patient care and coordination, and strengthened relationships between the partnered communities and MaBAL. The team's relational approach, cultural competency, continuity and reliability, and experience in rural and remote settings were identified as key enablers of success. Join the initiative's co-leads for practical insights and to explore ways of supporting collaborative, virtually enhanced perinatal care in your rural or remote community.
Session: 381 Dr. Gavin Parker	The Management of the Intubated Patient in the ED At the conclusion of this activity, participants will be able to: 1. Describe principles of monitoring of an intubated patient. 2. Describe the basics of ventilator settings. 3. Develop an approach to the deteriorating intubated patient. 4. Discuss the need for adequate analgesia and sedation. 5. Apply strategies to prevent ventilator associated pneumonia (VAP). Rural emergency practitioners need to have comfort with establishing a definitive airway for care and transport of high acuity patients. Much of the focus is on capturing the airway, but what do you do with the patient while awaiting the transport team. This talk will focus on a simplified algorithm in managing an intubated patient in the rural ED, common pitfalls and their management, and best practices to help prevent the consequences of being ventilated.
Session: 382 Dr. Dave McLinden, Dr. Stacy Desilets,Dr. Sarah Newbery & Ms. Carmen Tessier	Effective Verbal and Written Feedback (2 hours) At the conclusion of this activity, participants will be able to: 1. Describe the importance of effective verbal and written feedback to learner development. 2. Cultivate a psychologically safe learning environment when providing feedback to learners in the clinical setting. 3. Provide written feedback that is specific, actionable, and helpful for learners and other educators in the clinical learning environment. This 2-hour interactive workshop has it all for the rural clinical teacher!! Whether you teach a few learners a year, have many learners or are just starting to teach, this is for you. We've got extremely experienced community-based rural facilitators, evidence-based strategies for effective feedback, lot of opportunity to interact and learn from other clinical teachers and even a bit of AI. This workshop is part of the Clinical Teachers Certificate (CTC) which is a micro-credential developed by Continuing Education and Professional Development at NOSMU (Northern Ontario School of Medicine) to promote and support community based rural teaching. This module fulfills part of the mandatory requirements to attain the full CTC.

Session: 383 Ms. Sarah Dunphy	Resilience Rising: Perspectives on Access to Trauma-Informed Care for Children and Youth At the conclusion of this activity, participants will be able to: 1. Define the core principles of trauma-informed care. 2. Evaluate the impact of trauma-informed practices on outcomes for engaging in child and youth mental health practice. 3. Identify clinical strategies for integrating trauma-informed care. This session will focus on research from Newfoundland and Labrador interviewing practitioners who provide trauma-informed care to children and youth. It will also explore the concept of trauma informed care, what it can look like in clinical practice, and the benefits of taking this approach for child and youth mental health outcomes.
Session: 384 Ms. Tara Myran, Dr. Sonja Bruin, Dr. Courtney Leary & Dr. Jayson Stoffman	The Power of Participation - Restorative Practices to Address Anti-Indigenous Racism in Health Care At the conclusion of this activity, participants will be able to: 1. List the four core principles of restorative justice. 2. Explain the value of restorative practices in conflict resolution. 3. Describe the important processes in a conflict resolution circle. Among the Calls to Action, the Truth and Reconciliation of Canada (TRC) identified specific responsibilities on healthcare that medical regulators can act upon to lead real change. The College of Physicians and Surgeons of Manitoba (CPSM) continues its path forward towards truth and reconciliation and reached a pivotal moment in history on June 21, 2025, by introducing the mandatory cultural and anti-Indigenous racism training, implementing the Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism, and launching the Restorative Practices Program (RPP). CPSM's Restorative Practices Program is the first of its kind in Canada for Medical Regulatory Authorities. The Restorative Practices Program will use the principle of restorative practices to uphold CPSM's Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism and commitment to action by engaging in meaningful, educational, and supportive conversations with registrants, members of the public, communities, families, and healthcare professionals to repair harm, restore trust, rebuild relationships, and prevent further harm through accountability, guidance, and healing. We appreciate the opportunity to share valuable insights and knowledge that our team has developed with other registrants as we work together to lead change. This 60-minute lecture will consist of knowledge-sharing and updates from the RPP team, as they describe what has transpired over the past year as we continue our journey towards reconciliation in action. The updates will be beneficial to registrants and/or Medical Regulatory Authorities who may be seeking out information and/or resources to start their own Restorative Practices Program.

Session: 385 Dr. Sean Moore	High Acuity Low Occurrence (HALO) Events: Managing Uncommon but Critical Events in Rural Settings At the conclusion of this activity, participants will be able to: 1. Identify ways to improve CME approaches to HALO events in rural contexts. 2. Explain the importance of educational strategies for HALO events. 3. Apply evidence-based approaches for mastering knowledge in HALO events and life-threatening emergencies for rural generalist practitioners. In rural emergency medicine we encounter high acuity low occurrence (HALO) events that rely on preparation and training that is beyond what is routine clinical practice. I will present various educational approaches to mastering low occurrence events within the context of rural generalist practitioner CME.
Session: 386 Dr. Rick Fleet	Urgence 360, Movie (2 hours)
Session: 388 Dr. Margo Wilson & Dr. Rebecca Bobby	POCUS Renal and Biliary Workshop At the conclusion of this activity, participants will be able to: 1. Demonstrate proper scanning techniques to obtain diagnostic views of the gallbladder, kidneys, and bladder using point-of-care ultrasound. 2. Acquire standard POCUS views for evaluation of the gallbladder, kidneys, and bladder. 3. Identify normal sonographic anatomy of the gallbladder, kidneys, and bladder on point-of-care ultrasound. 4. Recognize key pathological findings relevant to emergency and acute care practice. 5. Integrate POCUS findings into clinical decision-making for common presentations such as right upper quadrant pain, flank pain, and urinary retention. This hands-on workshop will introduce participants to the use of point-of-care ultrasound (POCUS) for assessing the gallbladder, kidneys, and bladder. Participants will learn proper scanning techniques to obtain diagnostic images and acquire standard views while becoming familiar with normal sonographic anatomy. Through guided practice and case-based discussion, the session will also highlight key pathological findings relevant to emergency and acute care settings. Participants will explore how to integrate POCUS findings into clinical decision-making for common presentations such as right upper quadrant pain, flank pain, and urinary retention.