Resident Project Day

Abstract Collection

DEPARTMENT OF FAMILY MEDICINE

June 12, 2019

Schulich MEDICINE & DENTISTRY

Western

Learning Objectives:

Learning objectives for Family Medicine Resident Project Day include:

- Encourage and foster research and scholarly work in family medicine
- Increase primary care knowledge through research
- Provide public recognition of the resident projects
- Provide feedback to the residents through evaluation
- Provide an opportunity for discussion about the resident projects

Accreditation Statement:

This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by the Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University for up to 4.5 Mainpro+ credits.
Each participant should claim only those hours of credit that he/she actually spent participating in the educational program.

This program has no commercial support.

25% of this program is dedicated to participant interaction.

Resident Project Day

Western Centre for Public Health and Family Medicine
Wednesday, June 12, 2019

9:00 a.m.	Registration, coffee and tea – 1st floor foyer
9:30 a.m.	Opening remarks: Dr. Jamie Wickett, postgraduate director, Department of Family Medicine, Dr. Stephen Wetmore, chair, Department of Family Medicine,
9:45 a.m.	"The importance of scholarly activity in Family Medicine" Amanda Terry, PhD and Sonny Cejic, MD Co-directors of the Centre for Studies in Family Medicine
10:00 - 11:00 a.m.	Concurrent "lightning oral" presentations (Session A in Room 1150, Session B in Room 1120)
11:00 a.m. - 11:15 a.m.	Morning Break/Snack
11:15 a.m. - 12:25 p.m.	Concurrent "lightning oral" presentations (Session C in Room 1150, Session D in Room 1120)
12:25 - 1:00 p.m.	Lunch
1:00 - 2:00 p.m.	Concurrent "lightning oral" presentations (Session E in Room 1150, Session F in Room 1120)
2:00 - 2:15 p.m.	Afternoon Break/Snack
2:15 - 3:15 p.m.	"Lightning oral" presentations (Session G in Room 1150)
3:15 - 3:20 p.m.	Awards Amanda Terry, PhD and Sonny Cejic, MD Co-directors of the Centre for Studies in Family Medicine
3:20 - 3:30 p.m.	Closing remarks / evaluations Dr. Jamie Wickett Postgraduate director, Department of Family Medicine

Session A: Oral Presentations – Room 1150

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
10:00 a.m.	Jane Thornton MD, PhD	Development of Patient Educational Materials on Physical Activity for Management of Chronic Disease
10:10 a.m.	Dr. Jenna Dickson	A Novel Approach to Musculoskeletal Education using the Family Medicine Study Guide
10:20 a.m.	Dr. Charles Chu, Dr. Amandeep Dhaliwal, Dr. Eriney Hanna	Increasing opioid deprescribing discussions in chronic non-cancer pain patients using more than 50 ME/ day at Byron Family Medical Centre
10:30 a.m.	Dr. Jacinta Peel	Improving Opioid Prescribing Practices in Primary Care: Opioid Medication Reviews
10:40 a.m.	Dr. Bryce Leontowicz and Dr. Omar Zghal	Tapering of High Dose Opioids in Patients with Chronic Non-Cancer Pain
10:50 a.m.	Dr. Adam Zhu	Limitations of HbA1c

Jane Thornton, MD, PhD – PGY3 Sports Medicine

Development of Patient Educational Materials on Physical Activity for Management of Chronic Disease

Faculty Lead: Dr. Noah Ivers (Department of Family and Community Medicine, University of Toronto)
Co-authors: Jane Thornton MD, PhD, Beth Bosiak MSc, Emily Nicholas, Holly Finn, Sherry Teeter, Payal Agarwal MD, CCFP, Mike Heinrich, Noah Ivers MD, PhD, CCFP
Project Type: Research
Objective: To gain insights from both patients and providers to inform the design of patient educational materials regarding physical activity in the management of chronic conditions.
Design: Qualitative Descriptive
Setting: Content was created in London, Canada, and patient interviews conducted in an academic primary care practice in Toronto. Final design occurred in London, England.
Participants: Eighteen patients participated in interviews or focus groups to inform resource development. A purposive maximum variation sampling approach was used to promote sample diversity. Ten providers, researchers and designers provided additional feedback.
Intervention: Seven evidence-based patient handouts were created based on the most commonly presenting chronic conditions in family practice, employing extensive patient and provider input. Patients were interviewed using a semi-structured guide regarding counselling and resource preferences. The remainder of development followed an iterative process, including feedback from the research and design teams.
Main outcome measures: Patient and provider attitudes regarding design, language used, content, and amount of material.
Findings: Most participants felt that physicians should discuss physical activity with all patients. Patients wanted their providers to offer recommendations tailored to their individual health context and circumstances. Patient and provider input was integral to content and design from beginning to end.
Conclusion: Individually tailored physical activity advice can and should be provided by primary care physicians to their patients. This study demonstrates that patients' perspectives are critical to ensuring effective design and uptake. Condition-specific patient educational materials provide a novel way to counsel on physical activity in the management of chronic disease.

Dr. Jenna Dickson – PGY3 Sports Medicine

A Novel Approach to Musculoskeletal Education using the Family Medicine Study Guide

Faculty Leads: Dr. Graham Briscoe and Dr. Daniel Leger
Project Type: Provider Education
The Family Medicine Study Guide app is a collection of study resources for the primary care learner, based on the CFPC's 99 priority topics. Functioning as a portable curriculum, it aims to complement traditional didactic and clinical teaching in a compelling and interactive online platform. The goal of this resident project was to develop a novel section focusing on assessment and management of common musculoskeletal problems. Titled "MSK Crash Course", this section allows the user to generate a case by selecting patient age, joint, and chronicity of injury. A case vignette is provided, followed by a series of questions regarding history, physical exam, investigations, and management. Points are assigned to each selection and users are given feedback and clinical pearls throughout the case. Information provided is evidence-based and aims to highlight CFPC key features and Choosing Wisely principles. Six knee cases were developed, ranging from an acute ACL tear to chronic osteoarthritis. Future app development will focus on generation of cases for other major joints in the body including ankle, hip, and shoulder.

Dr. Charles Chu, Dr. Amandeep Dhaliwal, Dr. Eriney Hanna – Byron Family Medical Centre

Increasing opioid deprescribing discussions in chronic non-cancer pain patients using more than 50 ME/day at Byron Family Medical Centre

Faculty Lead: Dr. Scott McKay

Project Type: Quality Improvement

Opioids have increasingly been used in the management of chronic pain. However, there are concerns regarding their misuse and side effects. The 2017 Canadian opioid guidelines recommend their use for patients who have not responded to optimisation of nonopioid pharmacotherapy and non-pharmacological therapy or those who have defined somatic or neuropathic pain conditions for which opioids have been shown to be effective. At BFMC; we sought improved pain management by applying the recent guidelines and initiating discussion regarding deprescribing in patients taking more than recommended doses. Baseline data collected at BFMC over a 3-month period in 2017, showed that only 23.5% of chronic opioid users taking more than 50 MED for non-cancer pain had a documented discussion about opioid deprescribing. The aim of this project was to increase this percentage to 50% over a 4-month period. Interventions to help increase deprescribing discussions included a presentation to increase awareness about 2017 opioid guidelines, providing handouts and carrying out individual discussions. We did achieve the aim of our project by increasing the deprescribing discussion to more than 50%; our figures were 66.67%. The two most significant challenges faced in our project were limiting the faxed prescriptions and tackling the fear about worsening pain both by patients and physicians.

Dr. Jacinta Peel – Goderich

Improving Opioid Prescribing Practices in Primary Care: Opioid Medication Reviews

Faculty Lead: Dr. Tamra Steinmann

Project Type: Quality Improvement

Introduction: Worldwide, Canada has the second highest rate of opioid use and the highest opioid use in daily morphine equivalents. In response, The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain was published. Literature is limited on the clinical application of these recommendations by primary care physicians. The aim of this CQI study is to increase opioid monitoring medication reviews by 30% (baseline 10%) over a 1-year period in primary practice.

Methods: Four physician practices were searched for patients on opioids for 3 months' duration within the last year, excluding weak opioids. Patients with a diagnosis of cancer or a life-limiting illness were excluded. The outcome measure was the percentage of opioid monitoring medication reviews. Secondary measures included: narcotic contracts, opioid risk tool use, urine samples, new opioid prescriptions, specialist referrals and opioid use >90mg morphine equivalents. Four PDSA cycles were conducted including; an electronic medical record (EMR) opioid toolbar, an education session on current guidelines, physician prescribing reports, and a patient-specific EMR notification. A chart-audit was completed with subsequent SPSS data analysis.

Results: Of patients with an active opioid prescription for chronic non-cancer pain after 1 year (N=42), a total of 79% had an opioid monitoring medication review.

Conclusion: The CQI increased the number of opioid monitoring medication reviews in four primary care practices. Small sample size and lack of standardized criteria for an opioid medication review limited this study. Future research is required on the effect of opioid medication reviews on patient outcomes.

Dr. Bryce Leontowicz and Dr. Omar Zghal – Windsor

Tapering of High Dose Opioids in Patients with Chronic Non-Cancer Pain

Faculty Lead: Dr. Paul Ziter

Project Type: Quality Improvement

Opioids have long been used to treat all types of pain including chronic non-cancer pain. The harms associated with high dose opioid use and its over-prescription is a major factor in the current opioid crisis. The 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain provided evidence-based recommendations to restrict opioid use to less than 90mg Morphine Equivalents Daily (MED) and preferably aiming for less than 50 MED.

This quality improvement will address the use of high dose opioids in the context of comprehensive family medicine practices. There were 45 patients taking over 50 MED for chronic non-cancer pain in the practices of Dr. Paul Ziter and Dr. John Day in Windsor, ON.

Various interventions were attempted including educational discussions, patient handouts, opioid contracts, urine drug testing, tapering schedules, switching opioids, and pain specialist referrals.

Over the course of 12 months, 11 (24%) out of 45 patients on high dose opioids successfully tapered their doses to below 50 MED. There were a total of 28 patients (62%) who started to taper their opioids.

The biggest challenges were with patients with opioid dependence or withdrawal symptoms that reversed any tapering successes. There was significant success with slow opioid tapers, referrals to pain specialists, and educational discussions with patients who became highly motivated to decrease their opioid use. This project showed that with continued patient-centered discussions and gradual changes, it is possible to taper patients with chronic pain to safer opioid doses.

Dr. Adam Zhu – PGY3 Chronic Disease Management

Limitations of HbA1c

Faculty Lead: Dr. Sonja Reichert

Project Type: Case Report

Hemoglobin A1c (HbA1c) is a valuable marker of glycemic control in patients with diabetes and has been validated in landmark clinical trials to correlate with diabetes-related complications. However, HbA1c has important limitations that can impact clinical decision making. This case report will review some of the common conditions that can affect the reliability of this common blood test as well as alternative biomarkers that can be used to monitor glycemic control.

Session B: Oral Presentations – Room 1120

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
10:00 a.m.	Dr. Ryan Wilson	Practice patterns of local TIA clinic referrals from the ED
10:10 a.m.	Dr. Craig Olmstead	Abdominal Aortic Screening in a Suburban Academic Family Practice: the Potential Impact of Guideline Changes
10:20 a.m.	Dr. Monica Blichowski, Dr. Nadine Cheikh, Dr. Todd Elogio, Dr. Michaela Ondreijicka, and Dr. Sorina Stef	Utility of Online Modules as a Teaching Platform for Point-of-Care Ultrasound Assisted Diagnosis of Abscess: A Program Evaluation Study
10:30 a.m.	Dr. Alex Jiang	Scrotal POCUS Training in Canadian Urology and Emergency Medicine Residents
10:40 a.m.	Dr. Alicia Cundall	Point-of-Care Ultrasound Training in Resource Limited Settings: A Study form Tanganyika Plantation Company Hospital and Kilimanjaro Christian Medical Centre in Kilimanjaro Region, Tanzania
10:50 a.m.	Drs. Jason Ko, Melissa Wallace, and Jun Sunny Yin	Training Family Medicine Residents to Perform Lung Ultrasound for Congestive Heart Failure Exacerbations

Dr. Ryan Wilson – PGY3 Emergency Medicine

Practice patterns of local TIA clinic referrals from the ED

Faculty Lead: Dr. Munsif Bhimani

Project Type: Research

Introduction: Transient Ischemic Attacks (TIAs), when diagnosed in the Emergency Department (ED) could lead to potential stroke prevention if identified and managed appropriately. Practice patterns surrounding the diagnostic accuracy in TIA referrals to our local clinic from the ED has not been investigated. This study will describe the appropriateness of TIA clinic referrals based on the diagnosis made at the TIA clinic and whether the patient received the appropriate imaging studies and medications in the ED.

Methods: This is a retrospective chart review of patients with a diagnosis of TIA from the ED. Charts of patients referred to the TIA clinic from January to May 2017 were reviewed to determine if the neurologist's diagnosis was congruent with the ED physician and if appropriate management was done.

Results: 167 patients were referred to the TIA clinic from the ED. 54% had a TIA diagnosed in ED and confirmed by a neurologist. 14% had a diagnosis of stroke, not seen on initial ED imaging. 31% had a diagnosis other than TIA or stroke by the Neurologist. The majority of patients diagnosed with TIA had antiplatelets initiated (36%) or continued (48%). 26% of patients had no medications initiated. The majority of patients diagnosed with TIA had appropriate imaging with CT Head & Neck with Contrast (69%).

Conclusion: The study shows that our ED Physicians are appropriately diagnosing, treating and referring TIAs at LHSC.

Dr. Craig Olmstead – Byron Family Medical Centre

Abdominal Aortic Screening in a Suburban Academic Family Practice: the Potential Impact of Guideline Changes

Faculty Lead: Dr. Sonny Cejic

Project Type: Research

Screening for abdominal aortic aneurysms (AAA) remains relatively uncommon, despite increasing evidence for its benefits in specific populations. The Canadian Task Force on Preventive Health Care updated guidelines in 2018 to reflect this growing body of evidence, recommending one-time AAA screening for all men aged 65 to 80. This study's primary intention is to investigate the effect of this update on AAA screening within a suburban academic family medicine practice through a retrospective chart review. The secondary intention is to use data collected to explore whether point-of-care ultrasound to perform AAA screening would have potential opportunity to reduce costs or improve adherence to recommended screening. On the primary objective, there was a low overall screening rate with a non-statistically significant reduction in screening rates in the 6 months after the update in guidelines relative to the 6 months prior. Pertinent findings in the demographic data indicated that being a current or former smoker did not affect the rates of AAA screening, while a non-statistically significant increase in screening was seen within the small subset of individuals with a family history of AAA. On the second objective, the volume of individuals eligible for screening each year was too low to justify the costs of a point-of-care ultrasound machine for AAA screening alone, even if compensation was available for such screening. However, 10% of individuals for whom screening was recommended did not follow through with imaging, indicating an opportunity for point-of-care ultrasound to improve compliance with screening guidelines.

Dr. Monica Blichowski, Dr. Nadine Cheikh, Dr. Todd Elogio, Dr. Michaela Ondreijicka, and Dr. Sorina Stef – Southwest Middlesex Health Centre, Mt. Brydges

Utility of Online Modules as a Teaching Platform for Point-of-Care Ultrasound Assisted Diagnosis of Abscess: A Program Evaluation Study

Faculty Lead: Dr. Kyle Carter
Project Type: Program Evaluation
Title: Utility of Online Modules as a Teaching Platform for Point-of-Care Ultrasound Assisted Diagnosis of Abscess: A Program Evaluation Study

Introduction: Point-of-care ultrasound (POCUS) has become a staple in clinical practice and is useful in distinguishing abscess from cellulitis. As such, residency programs have adopted training curricula to accommodate.
Objective: To assess knowledge gain and retention of online modules for teaching residents how to use POCUS to identify and distinguish abscesses from other presentations.
Methods: Participants from the Strathroy and Mt. Brydges Family Medicine sites were presented with an online learning module detailing diagnostic features of abscess and cellulitis. Participants completed a 10 question image pre-test and post-tests (at 0, 1 and 3 months) and quantitative feedback questionnaire. Composite scores were calculated with medians and interquartile ranges for each quiz and qualitative question summarized. T-test was used to compare mean results across time.
Results: 11 individuals completed the pre-module quiz, 7 completed the post-module quiz, 2 at 1-month, and 4 at 3-months follow-up. Knowledge acquisition comparing the pre- and post-module scores showed no significant knowledge difference after module completion ($p=0.1996$). Knowledge retention comparing post-module scores with the 1 and 3-month follow-up scores separately showed no significant knowledge difference over time following module completion ($p=0.5$ and 0.6376 respectively). Qualitative results from the questionnaire demonstrated a favourable view of online module learning.
Conclusion: It is difficult to draw conclusions with a low participation rate, retention rate and non-significant results. However, participants responded positively to this learning style. Further studies are required as research from other centres shows POCUS is a beneficial skill to employ in residency training.

Dr. Alex Jiang MD, CCFP – PGY3 Emergency Medicine

Scrotal POCUS Training in Canadian Urology and Emergency Medicine Residents

Faculty Lead: Dr. Frank Myslik

Authors: Dr. Leandra Stringer, MD, Dr. Peter Wang, MD, FRCPC, Dr. Frank Myslik, MD, CCFP(EM)

Project Type: Research

Introduction: Testicular torsion (TT) is one of the most common urological emergencies. The diagnostic imaging of choice is scrotal ultrasound (US). However, formal US may be unavailable during weekends or overnight, which can delay diagnosis and resultantly, surgery. This project seeks to evaluate the utility of a curriculum designed to teach urology and emergency medicine residents how to assess for TT using scrotal POCUS with the ultimate aim of reducing time to definitive management.

Method: A prospective trial was conducted at a single academic institution that enrolled 28 residents and fellows. Participants reviewed online modules that explained the basics of scrotal POCUS. Subsequently, they completed a practical training session involving standardized patients. The primary outcome was the mean difference in the level of comfort and confidence with POCUS.

Results: After undergoing the training, participants experienced significant improvement in their comfort level with pre- and post-intervention score of 0.6 and 3.6 points, respectively (mean difference = 3.0 points, 95% CI 2.6-3.5; $p<0.0001$). They also felt more confident assessing testicular flow afterwards with score increasing from 1.0 to 2.1 (mean difference = 1.2, 95% CI 0.8-1.6; $p<0.0001$). They also demonstrated marked improvement in their knowledge of scrotal POCUS with exam score increasing from 6.3/10 to 8.0/10 (mean difference 1.7, 95% CI 1.1-2.3; $p<0.0001$). The average OSAUS score was 29/35.

Conclusion: Participants felt more comfortable and confident performing scrotal POCUS to assess for TT after undergoing our training session. They also improved their knowledge and skill with the procedure while retaining the same proficiency at interpreting the images.

Dr. Alicia Cundall – PGY3 Emergency Medicine

Point-of-Care Ultrasound Training in Resource Limited Settings: A Study from Tanganyika Plantation Company Hospital and Kilimanjaro Christian Medical Center in Kilimanjaro Region, Tanzania

Faculty Lead: Dr. Tarek Loubani

Project Type: Research

Introduction: Point-of-care ultrasound (POCUS) is a useful modality in the diagnosis and management of a number of emergency care complaints. Its utility is particularly significant in low resource settings including the emergency departments of low and middle-income countries (LMIC).

Methods: In June of 2018 a joint Tanzanian-Canadian not-for-profit conducted hands-on training programs for local Tanzanian physicians in POCUS. Pre and post training surveys were distributed to 22 health-care providers at two sites Kilimanjaro Christian Medical Centre (KCMC), a large tertiary hospital, and the Tanganyika Plantation Company Hospital (TPCH), a small community hospital. Survey results were analyzed using descriptive statistics.

Results: 100% of course participants thought POCUS was a useful modality in Tanzania. The most important barrier to POCUS use in the tertiary centre was limited time and, in the community centre, lack of teachers. Using POCUS in trauma patients to detect free fluid and to diagnose ectopic pregnancy were among the two highest rated applications of POCUS in both centres. Across sites, the most useful modality for learning POCUS was hands-on instruction.

Conclusion: POCUS was suggested to be a highly useful area for training and application in the Tanzanian hospitals surveyed. Groups organizing future training courses may benefit from the knowledge this study generated of which applications and methods for instruction are most locally beneficial.

Jason K. Ko, MD, Dr. Jun S. Yin, MD, Melissa L. Wallace, MD, Kyle Carter*, MD, CCFP(EM) – Southwest Middlesex Health Centre, Mt. Brydges

Training Family Medicine Residents to Perform Lung Ultrasound for Congestive Heart Failure Exacerbations

Faculty Lead: Dr. Kyle Carter
Project Type: Research

Background: Congestive heart failure (CHF) is common and associated with morbidity and mortality. Current diagnosis utilizes clinical findings and chest X-rays which lack either sensitivity (14-69.5%) or specificity (53-96%). Point of care lung ultrasound (LUS) has been shown to be both sensitive (94.1-97%) and specific (92.4-97.4%).

LUS semi-quantifies CHF using artifacts called B-lines which are dynamic and respond in real-time to diuresis and ultrafiltration. The responsiveness, portability, immediacy, and lack of radiation are key advantages over radiographs.

LUS is highly teachable. Studies in Emergency Medicine demonstrate high resident-expert correlation after a single teaching session. Family physicians encounter CHF in various settings and LUS is an important skill for residents to develop. However, the ability for family medicine residents to acquire that skill is unknown.

Design: First-year residents in the Regional Family Medicine program were given a single teaching session. Inpatients at Strathroy-Middlesex General Hospital with suspected CHF exacerbation were recruited and LUS was performed by the residents. Residents collected video clips of the scan which were then viewed by Canadian Point-Of-Care Ultrasound Society-trained physician experts. Resident and expert interpretations of the LUS were then compared.

Results: The sensitivity and specificity of resident-interpreted lung POCUS were 80% (CI 95% 28.4–99.5) and 0% (CI 95% 0.0–97.5%), respectively. Concordance rates between residents and experts were poor.

Conclusions: Significant problems with sample size and inter-expert concordance limited the validity of the analysis. Going forward, increasing sample size and having clear scanning protocols and interpretation criteria readily available for reference will be priorities.

Session C: Oral Presentations – Room 1150

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
11:15 a.m.	Dr. Alexander Leonard	Hospital Choice in Petrolia: What drives patient decision-making in emergency department visits?
11:25 a.m.	Dr. Juliet Veens	Do elderly trauma patients who are transferred from a community hospital to a trauma centre have worse outcomes than those who present directly to the trauma centre?
11:35 a.m.	Dr. Florence Chan, Dr. Farah Jetha, Dr. Tina Lam, and Dr. Russell Pellar	Can patient follow-up after hospital discharge be improved in an academic family medicine practice?
11:45 a.m.	Dr. Barwaka Abdallah, Dr. Brett Hill, and Dr. Namita Kanwar	Patient perspective on code status discussion in family practice
11:55 a.m.	Dr. Michael De Jager and Dr. Sarah Hanik	Early Advance Care Planning Discussions in Office Family Medicine
12:05 p.m.	Dr. Kyra Harris-Schulz	An Environmental Scan of Legacy Work in Palliative Settings Across Ontario
12:15 p.m.	Dr. Damanjot Otal	Medical assistance in dying on a tertiary palliative care unit: a retrospective chart review

Dr. Alexander Leonard – Central Lambton Family Health Team, Petrolia

Hospital Choice in Petrolia: What drives patient decision-making in emergency department visits?

Faculty Lead: Dr. John Butler

Project Type: Research

Introduction: Charlotte Eleanor Englehart Hospital's (CEEH) Emergency Department in Petrolia is a Low-Volume Community Hospital affiliated with Bluewater Health in Sarnia. In an era where bigger often is thought to equate with better, one would expect patients to prefer the larger, more specialized site, particularly in times where patient requires acute care such as emergency department visits. Nevertheless, CEEH's Emergency Department sees patients from the Sarnia-area on a daily basis, which begs the question: What drives patient decision-making when choosing an Emergency Department?

Methods: A cross-sectional survey consisting of pre-determined options was to be administered to patient's who presented to the ER via walk-in, and thus under their own volition. These responses were then to be compiled and analyzed to determine the most prevalent responses in an effort to better understand how patients choose their hospital and how motivating factors may differ depending upon patient's home location.

Results: At the conclusion of the project, no patients were successfully enrolled in the study. A review of a recent German study (de Cruppe and Geraedts, 2017) which attempted to gain insight into patient decision-making as well, found the most cited factors were 1) Previous Experience with Hospital (58.7%) 2) Hospital Reputation (30.2%), and 3) Distance from Home (24.9%).

Conclusion: Due to time constraints and challenges with receiving project approval, unfortunately no conclusions could be drawn from the proposed study. This served as a valuable learning experiencing into the challenges that physicians face when embarking upon a community-based research project.

Dr. Juliet Veens – PGY3 Emergency Medicine

Do elderly trauma patients who are transferred from a community hospital to a trauma centre have worse outcomes than those who present directly to the trauma centre?

Faculty Lead: Drs. Miriam Mann and Kelly Vogt

Project Type: Research

Co-Authors: Miriam Mann, Fran Priestap, Kelly Vogt

Introduction: Transfer of trauma patients from community hospitals to a trauma hospital has demonstrated reduced mortality. As the population ages, incidence of trauma in the elderly is increasing, yet there have been no studies comparing elderly trauma patients who presented direct to a trauma hospital and those who were transferred.

Methods: A retrospective cohort study using the LHSC Trauma Registry, that included patients 65 years and older who present with an Injury Severity Score (ISS) ≥12, or for whom trauma team is activated, over a 10-year period. A multivariate analysis was performed to evaluate the relationship between in-hospital mortality and directness of transport, while adjusting for potentially confounding in-hospital variables.

Results: 1,643 patients were included: 888 transported directly to the trauma hospital, 755 transferred. The groups were similar demographically and in injury characteristics. Overall crude mortality was higher in the direct group compared to the transferred group (18.7% vs 13.4%; $p = 0.0036$). When multivariate analysis was used to adjust for patient age, ISS, comorbidities, shock, ICU admission, initial GCS and trauma team activation, directness of transport was not associated with in increased risk of mortality.

Conclusion: Transferred elderly patients and those who presented directly to the trauma hospital were demographically similar. Transferred patients were more likely to be admitted to the ICU. The overall crude mortality was higher in the direct group, however, the multivariate analysis revealed no statistically significant difference in mortality.

Dr. Florence Chan, Dr. Farah Jetha, Dr. Tina Lam, and Dr. Russell Pellar – Victoria Family Medical Centre

Can patient follow-up after hospital discharge be improved in an academic family medicine practice?

Faculty Lead: Dr. Stacey Valiquet

Project Type: Quality Improvement

Transition of care" refers to the movement of patient care from one provider or setting to another. It has been cited that an estimated 80% of serious medical errors are due to miscommunications that occur during transition of care. Therefore, the period of time after discharge from hospital can be a high-risk transition. Breakdowns in communication are known to be a barrier in this transition.

In order to facilitate effective transition of care, the communication between providers must be timely and complete. Our QI project attempted to increase hospital discharge follow-up to improve the transition of care from inpatient to outpatient medicine. At Victoria Family Medical Centre, over a 4-month period, we implemented PDSA cycles with the aim to increase patient follow-up within 2 weeks of hospital discharge by 50%. These cycles involved the second-year residents reviewing hospital discharge notifications collected from team nurses, and sending office actions to the team secretary to remind the patient to follow up. We had a success rate of 48%. Some limitations included the time of implementation (e.g., patient were less likely to follow up over the holidays), vacation of staff/residents, and the use of clinical judgement not to follow up (e.g., when the patient already had follow up with a specialist). Overall, our project was successful and should be implemented as common practice in all Family Medicine clinics to ensure that the transition of care is transparent, which in turn allows practitioners to deliver better quality of care.

Dr. Barwaka Abdallah, Dr. Brett Hill, and Dr. Namita Kanwar – Byron Family Medical Centre

Patient perspective on code status discussion in family practice

Faculty Lead: Dr. George Kim

Project Type: Research

Code status discussion is important in understanding patient's health care goals and allows for value driven health care delivery. It is LHSC policy to clearly document the code status for all admitted patients. Since primary care physicians provide longitudinal care, they can potentially have these discussions with their patients to allow for informed decision making. However, there are few studies evaluating patient perspective on code status discussion in primary care. The purpose of this questionnaire based prospective study was to understand if patients would prefer the code status discussion in primary care setting. We aimed at collecting 74 anonymously filled out surveys for statistical analysis. We identified barriers to data collection and addressed these to improve our survey return rate. At the end of 3-month study period we collected 24 surveys. Our data suggests close to 70% of the patients would like their family doctor to have code status discussion and over 60% of patients prefer this to be done during their routine appointments in the office. Our study also shows only 50% of patients had a code status discussion at the time of admission which was not further investigated since it was out of scope if this research project. A larger sized follow up study would be useful in further assessing patient preference.

Dr. Michael De Jager and Dr. Sarah Hanik– Windsor

Improving Early Advance Care Planning Discussions in Office Family Medicine

Faculty Advisor: Dr. Paul Ziter

Project Type: Quality Improvement

As the Canadian population is living longer due to advancing medical therapies, advance care planning (ACP) is essential to ensure patient-centred care occurs near the end of life. Although family doctors are ideally situated to discuss these topics, most family practices have no formal method of engaging patients in ACP discussions. Research has shown that most patients have ideas about their end-of-life care but few have had documented discussions with their family physician. Therefore, our aim is to increase the number of ACP discussions in the outpatient family medicine setting by 15%. To do this we implemented a quality improvement project in one Windsor-based family physician's office. Specifically, we attempted to engage patients aged 75 or older in ACP discussions first with waiting-room posters and then with handouts. We tracked the number of patients initiating ACP discussions through the insertion of an EMR stamp based on the SpeakUp Ontario ACP Conversation Guide and tallied these numbers monthly along with the total number of visits for patients aged 75 or older. As balance measures we obtained healthcare provider feedback on the usefulness and feasibility having ACP discussions. We found that our interventions cumulatively increased ACP discussions within the practice by only 1.2%. The reasons for this were likely multifactorial but the main conclusion drawn from this is that interventions requiring patients to initiate discussion may not be effective in starting ACP discussions in the primary care setting. Future directions may target longitudinal discussions with a more formal, physician-initiated intervention.

Dr. Kyra Harris-Schulz – PGY3 Palliative Care

An Environmental Scan of Legacy Work in Palliative Settings Across Ontario

Faculty Lead: Dr. Gil Schreier

Project Type: Research

Background: The importance of generativity, and legacy-making for patients with life-limiting illness has been well demonstrated. Legacy Work (LW) emerged to address these particular patient needs and the needs of the bereaved. LW is a psychosocial intervention aimed at decreasing distress through life review and the production of a legacy product. Research to date has focused on assessing outcomes of novel interventions. However, little to no empiric data exists on the current practice of LW in adult Palliative Care.
Aims: The objective of our study was to better understand the prevalence, form, and professional ownership of LW in palliative placements across Ontario. Additional aims included exploring care providers' attitudes and beliefs about LW and assessing differences in access across end-of-life settings.
Methods: Our research team generated a 26 item online survey on LW. The survey was pilot-tested and revised iteratively. An invitation to recruit was sent to 80 palliative care units and hospices across Ontario, of which 22 agreed to distribute our survey. Our survey was sent to 484 participants.
Results/Conclusions: We received 83 responses from interdisciplinary care providers across Ontario, of which the majority were nurses (55.4%). A number of themes that emerged from our descriptive data. Palliative care providers generally agree that LW is a beneficial clinical practice. Most providers learn techniques from their colleagues, rather than using manualized approaches. Not knowing how to provide LW poses a barrier to its clinical provision. While Social Workers may be involved most often, an unexpected variety of care providers currently provide LW to patients. These themes should inform future academic and educational endeavours in the field.

Dr. Damanjot Otal – PGY3 Palliative Care

Medical assistance in dying on a tertiary palliative care unit: a retrospective chart review

Faculty Lead: Dr. Gil Schreier

Project Type: Research

Background: To our knowledge, there are no documented experiences of medical assistance in dying (MAID) provision within a palliative care unit (PCU) in a tertiary care centre. This study describes the characteristics and trends of patients who underwent medical assistance in dying (MAID) on the PCU of a tertiary care centre.

Methods: A retrospective chart review was conducted of patients who received MAID between June 17, 2016 and October 31, 2018. Data extracted included: age, gender, diagnosis, date of admission to PCU, reason for admission to PCU and MAID, number of days of the 10-day reflection period completed, and medications and doses used in the MAID procedure.

Results: 17 patients underwent MAID in the time period studied; one patient was excluded. Of the 16 patients, 63% were female, and the average age was 73, and 69% were in-patient transfers. Ten had a diagnosis of solid tumour malignancy, four hematological malignancy, one respiratory condition and one peripheral vascular disease. The average length of stay on the PCU was 13 days and reasons for transfer to the PCU included symptom management, end of life care, MAID assessments. The observation period was waived in three cases due to impending loss of capacity. The median doses of midazolam, propofol and rocuronium used were 15mg IV, 600mg IV, and 100mg IV, respectively.

Discussion: This retrospective review demonstrates how MAID is carried out on a tertiary palliative care unit. Understanding this information will generate more research about how palliative care and MAID services interact in an in-patient hospital setting.

Session D: Oral Presentations – Room 1120

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
11:15 a.m.	Dr. Mimi He	Implementing AAA Screening Guidelines in a Community-Based Family Practice
11:25 a.m.	Drs. Peter Chehade, Gregory Douglas, Tarek El-Chabib	Improving Osteoporosis Screening Rates in Men
11:35 a.m.	Dr. Lauren Bouillon, Dr. Carolyn Trottier, Dr. Shannon Vanderstelt	Osteoporosis Self-Assessment Tool (OST) – Implementing an early osteoporosis screening protocol in family practice
11:45 a.m.	Dr. Ramen Nissan	Increasing colorectal cancer screening through FOBT
11:55 a.m.	Dr. Christina Christoff, Dr. Jasmine Davies, Dr. John Haddad, Dr. Tyler Jervis	Decreasing Proton Pump Inhibitor (PPI) exposure through identifying appropriate candidates and facilitating deprescribing discussions
12:05 p.m.	Dr. Rachael Berta, Dr. Leila Cohen, Dr. Kristie Wong	Deprescribing PPIs
12:15 p.m.	Dr. James Wei	Quality improvement measures to improve the availability of up-to-date vital signs during calls for nursing home patients at Earl's Court Village

Dr. Mimi He – Windsor

Implementing AAA Screening Guidelines in a Community-Based Family Practice

Faculty Lead: Dr. Alexandrea Gow

Project Type: Quality Improvement

An abdominal aortic aneurysm (AAA) occurs at a rate of 1-5% in the general population. Unfortunately, AAA is often symptomatically silent until rupture, when it carries an 80% mortality rate. Even among those who do present with symptoms, 30% are initially misdiagnosed. The Canadian Task Force for Preventative Health Care recommends one-time screening of all men aged 65-80 to identify occult AAA, which may be amenable to endovascular repair. The purpose of this project was to increase screening rates of male patients aged 65-80 to a target of 50% in a community-based family practice through a one-time telephone call to the patient at home. If the patient agreed to screening, an ultrasound requisition was sent directly to the local hospital's diagnostic imaging department for booking. After excluding patients residing in long-term care, a total of 47 eligible patients were identified. At baseline, the abdominal aorta status was known in only 5 of these patients (10.6%). In the first PDSA cycle, 14 patients were telephoned on a Saturday morning and offered screening. In the second PDSA cycle, 28 patients were contacted. In total, 21 of the 42 patients contacted underwent screening, thus raising the total rate of eligible patients screened to 55.3%. While this figure exceeded the targeted outcome, no occult AAAs were actually found. Furthermore, the average wait-times for the ultrasound studies did increase substantially from the first to second PDSA cycle, indicating a detectable burden placed on hospital resources by implementing AAA screening guidelines in a single family physician.

Drs. Peter Chehade, Gregory Douglas, Tarek El-Chabib – Southwest Middlesex Health Centre, Mt. Brydges

Improving Osteoporosis Screening Rates in Men

Faculty Lead: Dr. Julie Copeland

Project Type: Quality Improvement

Male osteoporosis is recognized as an important and growing public health concern, which is substantially underdiagnosed and undertreated, and many clinical guidelines now address the evaluation and treatment of osteoporosis in males. We aimed to further explore whether there was a deficiency of osteoporosis screening of men within our clinic and, if so, to develop a project to improve the care of our elderly male patients through early recognition and management of those with compromised bone health. We found that despite current guidelines and previous attempts to increase osteoporosis screening through targeted awareness projects, only 36% of our male patients over the age of 65 years old had either undergone screening with a BMD or had the recommendations discussed with them. Our outcome measure goal was to implement a QI project that would increase clinic osteoporosis screening rates in this population to greater than 50%. Through a number of PDSA cycles involving education sessions, awareness raised at centre rounds, and targeted point of care reminders to residents and staff physicians, we were able to surpass our goal outcome measure and improved clinic BMD screening rates to 53% of the targeted male population. Screening for low BMD is the primary method of identifying asymptomatic men who might benefit from osteoporosis treatment, and through this project, we have successfully improved our clinic's screening rates with the hope this will benefit the long-term health of our elderly male population.

Dr. Lauren Bouillon, Dr. Carolyn Trottier, Dr. Shannon Vanderstelt – Hanover Medical Associates, Hanover

Osteoporosis Self-Assessment Tool (OST) – Implementing an early osteoporosis screening protocol in family practice

Faculty Lead: Dr. Randy Montag

Project Type: Quality Improvement

Osteoporosis Self-Assessment Tool (OST) is a simple math equation, weight minus age, that allows clinicians to quickly screen adults aged 50-64 to determine if they are at risk for osteoporosis and if they should be further assessed using a BMD. At baseline only 25% of persons 50-64 had any sort of osteoporosis screen documented in their records. We wanted to increase this number to 80%. We implemented three different interventions: putting an OST option in the preventative care sidebar, educating our physician preceptors about how to use the OST, and asking the nurses to collect a weight for each patient in clinic in the right age range in order to allow the physician to calculate the OST. Our interventions offered a modest increase in screening rate, by -4% in PDSA 1, 7% in PDSA 2, and 15% in PDSA 3, thus not meeting our goal of 80% screening rate. Barriers to success included lack of time both from physicians and nurses, not remembering to do the test as that is yet another item for clinic staff to attend to, and lack of awareness of the benefits, economically, of doing this early screening test. Our suggestions moving forward to successfully implement an OST are to have automatic prompts in the EMR for qualifying individuals, or to have an OST as a line item in a periodic health exam form so that it is not missed.

Dr. Ramen Nissan – Victoria Family Medical Centre

Increasing colorectal cancer screening through FOBT

Faculty Lead: Dr. Jamie Wickett

Project Type: Quality Improvement

The goal of this projects is to increase the screening rate for colorectal cancer through the utilization of the fecal occult blood test (FOBT). The rate desired by the ministry of health is 70% of eligible patients. The outcome desired was modified for the purpose of this project to reflect an increase in initiating the discussion about the test with the patient. A secondary outcome of completing the test within 6 months was also developed as the ultimate end point. The project was centered around team D at VFMC only. The baseline screening rate was initially at 55% and completion rate at 23%. The first intervention was directed toward educating the team members about the test. This showed an improvement of screening rate to 67%. The completion rate did not improve being at 17%. The second intervention focused on further educational sessions and informing the patient to finish the test within 3 weeks. The screen rate stayed similar to previous at 65% while the completion rate decreased further to 12%. The interventions were favorable in increasing the screening rate but not the completion rate. Sources of error included a small sample size, restricting the study to one team at one clinic which increases the chance of personal bias, and finally limited time and resources present to the investigator.

Dr. Christina Christoff, Dr. Jasmine Davies, Dr. John Haddad, Dr. Tyler Jervis – Middlesex Centre Family Medicine Clinic, Ilderton

Decreasing Proton Pump Inhibitor (PPI) exposure through identifying appropriate candidates and facilitating deprescribing discussions

Faculty Lead: Dr. Michael Craig

Project Type: Quality Improvement

Proton Pump Inhibitors (PPI) are commonly prescribed medications used for the treatment of gastrointestinal reflux disease (GERD) among other medical conditions. They are effective and were thought to be benign and safe medications. Recently, studies have shown several important complications to consider from long term exposure to PPIs that have started to influence prescribing habits. It is thought that chronic PPI therapy contributes to nutrient malabsorption, osteoporosis, increased risk of hip fracture and increased rates of C. difficile infections. In 2015, the American Geriatric Society updated the Beers criteria, a guideline list of medications that are shown to cause harm in elderly patients, to include PPI therapy beyond eight weeks for non-indicated reasons. Our project allowed us to develop strategies to identify appropriate candidates for PPI deprescribing, and after a discussion with the patient, elicit their readiness to agree to deprescribing. PDSA cycles were conducted in each of the independent academic practices within the clinic with the goal of increasing reach to appropriate patients with each subsequent cycle. A number of methods were used including flagging patient appointments at the beginning of the day, informative posters, and directly contacting patients when a renewal request for a PPI was received. Through these methods, each resident was ultimately able to have a deprescription discussion with 80-100% of eligible patients seen in a given day by their final cycle, and of those patients 80-100% agreed to a trial of a taper of their PPI.

Dr. Rachael Berta, Dr. Leila Cohen, Dr. Kristie Wong – St. Joseph's Family Medical Clinic

Deprescribing PPIs

Faculty Lead: Dr. Saadia Hameed

Project Type: Quality Improvement

PPIs are a commonly used class of medications in family medicine. While there are definite indications for long-term PPI use, there are also many patients that remain on PPIs indefinitely without a true indication. This is especially relevant given that PPIs can have adverse effects over the long term. Our baseline data demonstrated a real need for improvement in this area, showing that 76.9% of patients on PPIs lacked an appropriate indication. Our QI project aimed to increase the number of patients that agreed to a trial of either decreasing or discontinuing their PPI by 25%. In our first PDSA cycle, we flagged upcoming clinic patients with inappropriate PPI use and discussed deprescribing in our clinic visit. This took place over the course of 1 week. This PDSA yielded 33% of patients agreeing to trial off their PPI. Our second PDSA cycle extended the timeframe to 4 weeks. We were able to counsel 53% of patients on inappropriate PPIs to trial either a decrease or discontinuation. For our third PDSA, we focused on fax renewals for PPIs by flagging inappropriate renewals and tasking reception to rebook the patient for discussion. In this PDSA, we found fewer instances of inappropriate PPI use than expected based on our baseline data. Unfortunately, given that we only allotted 3 weeks to this PDSA cycle, we were unable to actually see these patients back for discussion in the PDSA timeframe. In total, we found that our strategy employed in PDSA 1 and 2 yielded an increase in patients agreeing to trial off their PPI at a rate that exceeded our original goal.

Dr. James Wei – St. Joseph's Family Medical Clinic

Quality improvement measures to improve the availability of up-to-date vital signs during calls for nursing home patients at Earl's Court Village

Faculty Lead: Dr. Eric Wong

Project Type: Quality Improvement

On-call coverage for nursing homes covers a broad degree of medical issues. Given the complexity of various patients, having appropriate vital signs is a necessary feature for physicians to provide efficacious and clinically sound decisions. In this Quality Improvement (QI) project, baseline data collected from March to April 2019 revealed that recent vital signs were only available 25% of the time during calls from Earl's Court Village. From April to May 2019, various interventions were implemented to improve the availability of vital signs. A formal education session covering common medical problems encountered, the importance of vital signs, and improving team dynamics was presented to current day-time nursing staff and also during orientation of a group of new hires. In addition to this, a call checklist along with a sample call script was provided to be posted at each nursing station. A second education session was used as PDSA 2 as most nightshift nurses were not present during the initial session. The percentage of calls with up-to-date vitals for acute medical issues increased from 25% to 80% by the end of the second PDSA. Resident satisfaction of calls improved from 2.2/5.0 to 4.1/5.0.

Session E: Oral Presentations – Room 1150

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
1:00 p.m.	Dr. Sara Axford and Dr. Tariq Elsayegh	Cannabis: The Essentials
1:10 p.m.	Dr. Joel Almasi	What is the Value of a Canadian Medical Education? A Net Present Value Analysis
1:20 p.m.	Amrita Roy, MD, PhD	The responses of Canadian medical education bodies and institutions to the Truth and Reconciliation Commission of Canada's Calls to Action: A scoping review and thematic analysis of documents
1:30 p.m.	Dr. Carolyn Adams	Evaluation of a Developing Free Open Access Medical Textbook in Emergency Medicine
1:40 p.m.	Dr. Rory Peca	Integration and Utilization of Free and Open Access Medical Education (FOAMed) Among Canadian Emergency Medicine Residency Programs
1:50 p.m.	Dr. Shawn Segeren	Narrative assessment of Emergency Medicine learners: What should we keep as we move to competency-based assessment?

Dr. Sara Axford and Dr. Tariq Elsayegh – Windsor

Cannabis: The Essentials

Faculty Lead: Dr. Helena Hamdan

Project Type: Quality Improvement

Recreational use of cannabis has become legal in Canada in October 2018. In a climate where conversation on this socio-political topic will likely become increased, we assessed the preparedness of family medicine residents in regards to their education level surrounding indications, side effects, and prescribing of cannabis. Based on our findings, there was an obvious need to improve resident education on cannabis and ultimately improve resident comfort when addressing cannabis related questions during patient encounters. After delivering in person PowerPoint presentations and using online resources to deliver our presentation to increase resident access, we had a vast improvement in resident knowledge surrounding cannabis as evidence by improved post-presentation quizzes as well as verbal feedback. The overall outcome was improvement in resident comfort when asked cannabis-related questions in the office, further, due to their proficiency and sound knowledge base the residents reported that time spent on cannabis counselling did not interfere with addressing other important preventative health questioning.

Dr. Joel Almasi – Central Lambton Family Health Team, Petrolia

What is the Value of a Canadian Medical Education? A Net Present Value Analysis

Faculty Lead: Dr. Enoch Daniel, Dr. John Butler

Project Type: Research

Acceptance into medical school in Canada is a gruelling and demanding task. The paths of becoming a physician in English Canada is similar to French Canada, but the opportunity costs vary significantly between the same training paths in order to become a specialist or generalist. With economics playing a large role in a prospective medical student's decision to go into medicine, the economic value comes into question. Prior models to determine the financial benefit of educational endeavours have been described in the literature, but no prior studies have been complied with Canadian-based data. A financial model using the net present value (NPV) was used to determine the economical value of completing a career in medicine in Canadian Dollars and using Canadian data for various career paths in medicine. Assuming a discount rate of 5%, the NPV will vary among those who finish a medical education and practice in Ontario or Québec, and those who choose to complete a family medicine or royal college speciality. The NPV of those who participate in family medicine in Ontario will be $1,358,000, while in Québec this will be $1,138,000. Those who participate in a medical career with a five-year speciality path will have an NPV in Ontario valued at $1,141,000 and Québec at $1,320,000. The study also looks at how this value changes with other parameters and varying discount and growth rates. Based on a positive net present value and similar values regardless of province of training & practice, choosing to become a generalist or specialist physician in Canada should not be based on financial metrics alone but rather on personal preferences to produce a rewarding and meaningful career serving the needs of a population.

Amrita Roy, MD, PhD – St. Joseph's Family Medical Clinic

The responses of Canadian medical education bodies and institutions to the Truth and Reconciliation Commission of Canada's Calls to Action: A scoping review and thematic analysis of documents

Faculty Lead: Dr. Saadia Hameed
Project Type: Research
Objectives: Various Canadian medical education bodies and institutions have released formal responses to The Truth and Reconciliation Commission (TRC) of Canada's Calls to Action on Indigenous health. Through a scoping review and thematic analysis of formal response documents, our objectives are to: 1) map out the extent and nature of responses; 2) contextualize the responses with Indigenous health concepts.
Methods: 104 bodies and institutions were identified. Websites were hand-searched for publicly available formal responses; when no document was located, the body/institution was emailed. Eligible documents were reviewed, and data extracted, charted, mapped, synthesized. The thematic analysis involved coding, categorization, abstraction, and triangulation with Indigenous health literature.
Results: Nine documents were included. Common content included declarations of commitment; summary of activities done; proposal of future activities; reference to collaboration with Indigenous partners; acknowledgement of Indigenous health disparities and healthcare access barriers; acknowledgement of colonization and social determinants of health; and recognition of traditional healing approaches. Curricular issues discussed included cultural competence and safety training, and Indigenous trainee recruitment.
Conclusions: In addition to the bodies/institutions with released formal responses, several others indicated by email that work was being done towards responding to the TRC report. Thus, there appears to some commitment towards addressing the Calls to Action. The reconciliation process is complex, risking tokenism if done inappropriately. Only one of nine documents included an action plan with timelines and measurable landmarks, and there was minimal reference in documents to evaluation. Additionally, beyond physician education, broader system-level and societal changes are required.

Dr. Carolyn Adams – PGY3 Emergency Medicine

Evaluation of a Developing Free Open Access Medical Textbook in Emergency Medicine

Authors: Dr. Carolyn Adams, Kristine VanArsen, Dr. Tarek Loubani
Faculty Advisor: Dr. Tarek Loubani
Project Type: Research
Introduction: This study consisted of a survey to evaluate a single chapter on the topic of "Dizziness" from a developing FOAM emergency medicine textbook.
Methods: A cross-sectional survey was administered by email to ~150 participants in the Department of Emergency Medicine at Western University (staff, fellows, FRCPC residents, and CCFP/EM residents) and the Department of Family Medicine (residents and staff) from October 31 – November 25, 2018. There was no exclusion criteria. Basic demographic information was collected including participant level of education, gender, age, and use of various FOAM resources at least 1 time within the past month. The content of the completed textbook chapter was assessed on a Likert scale (disagree, somewhat disagree, neutral, somewhat agree, agree, strongly agree) for various criteria. Overall impression of the chapter was also assessed.
Results: 14 surveys were completed. 71% of participants were male and 57% in the 20-29 age group. With regard to baseline use of FOAM resources in the past month, 71% used podcasts, 21% recorded lectures, 57% Wikis, 50% medical blogs, and 64% E-textbooks. 79% of participants rated their overall impression as very good, excellent, or exceptional.
Conclusion: Overall, the first completed chapter on a FOAM textbook in emergency medicine was generally well perceived. Future attention to this and future chapters can be diverted to comprehensive chapter development and level of difficulty appropriateness.

Dr. Rory Peca – PGY3 Emergency Medicine

Integration and Utilization of Free and Open Access Medical Education (FOAMed) Among Canadian Emergency Medicine Residency Programs

Faculty Lead: Dr. Munsif Bhimani
Project Type: Research

Introduction: Free Open Access Medical Education (FOAMed) is a rapidly expanding area of asynchronous medical education. By employing non-traditional delivery methods such as blogs, podcasts, internet videos, and social media outlets, FOAMed expeditiously facilitates the distribution of medical knowledge around the globe. To date, there have been no published epidemiologic data characterizing the formal incorporation of FOAMed resources in Canadian emergency medicine residency curriculums.

Methods: A national survey was distributed to program directors of FRCP and CCFP-EM Canadian emergency medicine training programs. The survey questions attempted to characterize the extent that FOAMed resources are currently being formally incorporated into residency training.

Results: Survey completion rate was 55% (17/31). The majority of respondents were from CCFP-EM program directors (71%). 59% of programs reported using FOAMed resources in a formal setting. 70% of programs did not spend time educating their residents on what FOAMed is or how to evaluate it. Program directors sentiments towards FOAMed use in formal training was largely positive.

Conclusion: While the majority of programs reported varying degrees of use of FOAMed resources in the formal academic setting, that same majority did not educate their residents on what FOAMed is or how to evaluate it. Program directors were not opposed into incorporating FOAMed resources during formal academic teaching time, and foresaw an expanded role for these resources in the future of Canadian emergency medicine residency training.

Dr. Shawn Segeren – PGY3 Emergency Medicine

Narrative assessment of Emergency Medicine learners: What should we keep as we move to competency-based assessment?

Authors: Shawn Segeren, MD, Lisa Shepherd, MD MHPE, Rachael Pack, PhD
Faculty Lead: Dr. Lisa Shepherd
Project Type: Research

Emergency Medicine (EM) educators use narrative comments to assess their learners on each shift. Competency-based medical education (CBME), soon to be implemented throughout Canadian EM educational programs, encourages these narrative assessments. Understanding what information is garnered from existing narrative assessments will help us smoothly transition to CBME. This study explored how one Canadian undergraduate EM program's narrative comments mapped to two competency frameworks: one CanMEDS-based and one competency-based, built on entrustable professional activities (EPAs). A qualitative and quantitative content analysis of 1,925 retrospective, narrative assessments was conducted. Unprompted comments were mapped to the Royal College CanMEDS framework and the Association of Faculties of Medicine of Canada EPA framework. Codes were generated to identify themes not captured by either framework. 87% and 75% of the assessments contained comments that mapped to a CanMEDS role or EPA competency, respectively. CanMEDS roles most commented upon were Medical Expert (78%), Scholar (18%), and Communicator (18%). EPA competencies most mentioned were history and physical (51%), management plan (28%), and differential diagnosis (27%). 78% of comments included ideas that did not fall into either framework but were repeated with frequency to suggest importance. 21% of comments described experiential characteristics of working with a learner. Other themes included contextual information, generalities and platitudes, and next steps to improve. While much of the currently captured data can be mapped to established frameworks, important feedback may be lost by limiting comments to the competencies described within a particular framework, suggesting caution when transitioning to a CBME assessment program.

Session F: Oral Presentations – Room 1120

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
1:00 p.m.	Dr. Caleb Van de Kleut	Trampoline park safety perceptions of caregivers of patients presenting to the paediatric emergency department in London, Ontario
1:10 p.m.	Dr. Jason Lam	Physician Burnout Study
1:20 p.m.	Dr. Ryan Leigh	Does Physician Burnout Differ Between Urban and Rural Emergency Medicine Physicians? A Comparison Using the Maslach Burnout Inventory Tool
1:30 p.m.	Dr. Adam Fogel, Dr. Dmitri Tchigvintsev, Dr. Edwin Wu	Rates of Tetanus Vaccination in an Academic Family Medicine Practice
1:40 p.m.	Dr. Aaron Gross, Dr. Adam McDowall, Dr. Robert Wismer	Use of electronic medical record-based toolbar for smoking status documentation
1:50 p.m.	Dr. Adrianna Bruni	Patient attitudes towards the influenza vaccine: what influences intent to vaccinate?

Dr. Caleb Van de Kleut – PGY3 Emergency Medicine

Trampoline park safety perceptions of caregivers of patients presenting to the paediatric emergency department in London, Ontario

Faculty Lead: Dr. Tim Lynch

Authors: Caleb Van de Kleut, MD, Kristine Van Aarsen, MSc, Saba Cheema, Olivia McCuaig, Jessica Mammoliti, Matthew Dinunzio, Tim Lynch, MD

Project Type: Research

Introduction: This study aimed to determine the public perspective of trampoline park safety in order to provide a basis for addressing the current lack of safety recommendations around trampoline parks.

Methods: Parents/caregivers of children seeking care in the PED were approached by Research Assistants to participate in survey regarding trampoline safety. Caregivers of patients with severe injury/illness were excluded. The survey was completed in the Research Electronic Data Capture System.

Results: Of 495 caregivers approached to participate 408 completed the survey. 32.5% of participants (133/408) considered home trampolines "safe/very safe" while 123/408 (30.1%) of participants considered them unsafe/very unsafe. 33.8% of caregivers (138/408) considered trampoline parks "safe/very safe" while 110/408 (27.0%) believed them very unsafe/unsafe. 155/404 (38.4%) of caregivers believed there is a safe age that a child could safely play alone at a trampoline park with the mean (SD) acceptable age of 10.2 (3.2). 64/408 caregivers were aware of the CPS statement regarding trampoline safety and 67.2% of those (43/64) thought the current CPS statement about backyard trampolines should apply to trampoline parks, and 89.4% of respondents (364/407) thought the Ontario government should institute mandatory standards for trampoline parks.

Conclusion: Results suggest that caregivers consider trampoline parks to be safer than backyard trampolines, and perceive that young children can safely participate in trampoline park activities. Our work supports a call for adjustment of CPS guidelines and public policy.

Dr. Jason Lam – PGY3 Emergency Medicine

Physician Burnout Study

Faculty Advisor: Dr. Rod Lim

Project Type: Research

Introduction: Physician burnout has become an increasingly publicized topic, and Emergency Medicine has been shown to be one of the specialties with the highest burnout rates based on previous data. Locally, previous research at LHSC showed a 69% burnout rate amongst staff physicians in the ED. We sought to compare and contrast burnout data between staff physicians in EM to Pediatrics and Medical/ Radiation Oncology.

Methods: 64 staff Pediatricians, 19 Radiation Oncologists, and 18 Medical Oncologists were invited to complete our online survey. Our survey consisted of the validated burnout tool "Maslach Burnout Inventory" (MBI) as well as general demographic questions. The MBI consists of 3 scales, with a possible range of 0-6 (high values being negative for Emotional Exhaustion and Depersonalization, and high values being positive for Personal Accomplishment). From each participant we calculated burnout scores based on MBI criteria for burnout and was compared to previous Emergency physician data. In addition, we compared basic demographic data between burnt out and non burnt out physicians.

Results: Emergency Medicine had a 69% burnout rate compared to 39%, 33%, 33% in Pediatrics, Medical Oncology, and Surgical Oncology, respectively.

Conclusions: Staff physicians in Emergency Medicine have significantly higher burnt out rates compared to other specialties at our institution. Burnout rates for the other mentioned specialties were consistent with American data. Leaders should evaluate local data and be aware of possible differences across specialties when developing strategies to promote wellness.

Dr. Ryan Leigh –Southwest Middlesex Health Centre, Mt. Brydges

Does Physician Burnout Differ Between Urban and Rural Emergency Medicine Physicians? A Comparison Using the Maslach Burnout Inventory Tool

Faculty Lead: Dr. Rod Lim

Authors: Ryan Leigh, Kristine Van Aarsen, Laura Foxcroft, Rod Lim

Project Type: Research

Background: Previous literature suggests that emergency medicine physicians experience high levels of work-related burnout. However, these results are drawn primarily from physicians working in large urban emergency departments. Therefore, the aim of the present study was to compare physician wellness between emergency medicine physicians working in urban versus rural settings.

Methods: This cross-sectional study was conducted between January and August 2018. 67 emergency medicine physicians from two large tertiary care hospitals were compared to 22 emergency medicine physicians recruited from five small outlying communities. The primary outcome measure of interest was physician burnout as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). This survey tool measures physician burnout in the three domains of emotional exhaustion, depersonalization, and personal accomplishment. Paired t-tests and Mann-Whitney U tests were used to analyze parametric and non-parametric burnout domain data respectively. Significance was set at P value ≤0.05.

Results: Surveys were completed by 67/99 (68%) and 22/66 (33%) of urban and rural emergency medicine physicians respectively. An emotional exhaustion score ≥27 OR a depersonalization sub-score ≥10 was found in 71.4% (40/56) of urban physicians surveyed and 85.7% (18/21) (P=0.20) of rural physicians. No difference in mean emotional exhaustion, depersonalization, or personal accomplishment was noted between groups.

Conclusion: High levels of burnout were noted amongst both urban and rural emergency medicine physicians. However, no differences were noted between groups when compared on the Maslow Burnout Inventory survey tool. Thematic qualitative interviews exploring specific burnout factors may offer further insight into the drivers of physician burnout.

Dr. Adam Fogel, Dr. Dmitri Tchigvintsev, Dr. Edwin Wu – Victoria Family Medical Centre

Improving Tetanus Vaccination Rates in an Academic Family Medicine Practice

Faculty Advisor: Dr. Robyn Moxley

Project Type: Quality Improvement

The development and widespread use of the tetanus vaccine in Canada has decreased the mortality caused by tetanus to almost zero. The tetanus, diphtheria and pertussis combination vaccine has continued to show long-lasting, protective immune responses against these preventative infections. Despite the widespread access, vaccination rates remain sub-optimal, with only 75% of adults having received the recommended regiment according to the latest Canadian National Immunization survey. Our initial review of tetanus immunization rates at the Victoria Family Medicine Clinic, indicate that approximately 15% of patients may not be up-to-date. Our project goal was to identify both patient and staff factors that contribute to decreased immunization rates, and to improve vaccination rates. Our process measures examined the rate at which residents check patients' immunization status, the number of tetanus boosters given, and the proportion of up-to-date patients. During these PDSA cycles, the most common causes identified were insufficient time to check immunization status during encounters, patients not being aware of their tetanus immunization status and patients declining all screening recommendations. A total of 337 patients were included in our study. Improvement initiatives included reviewing all patients' charts for immunization status at the beginning of the day, electronic reminders to assess and administer the vaccine for out-of-date patients, and providing patient information sheets. Eighty-two percent of patients were up-to-date on their immunizations, 5% were administered a tetanus booster, and the remainder decline or deferred. The lessons learned from this project may further be expanded to include other routine immunizations or screening tests.

Dr. Aaron Gross, Dr. Adam McDowall, Dr. Robert Wismer – Thamesview Family Health Team, Chatham

Use of electronic medical record-based toolbar for smoking status documentation

Faculty Lead: Dr Jim Wheeler

Project Type: Quality Improvement

Identifying a patient's smoking status serves as an important first step in offering smoking cessation counselling, resulting in increased rates of smoking cessation and better health outcomes. One component of the electronic medical record (EMR) that is commonly under-utilized is the documentation of smoking status. This quality improvement project sought to implement a visual prompt in the form of a toolbar to the EMR, to aid in documenting smoking status. We implemented this toolbar over a one month trial, for all 18 primary care providers in our health team. Our primary outcome was the percentage of physicians who have documented at least 75% of their rostered patient's smoking status. We also examined physician's opinions of the toolbar. Of the 18 physicians, 4 reached the goal of 75% documentation. Of the 5,949 visits during the trial, 19% of patients had their smoking status updated. There was a 2% increase in the documentation of the entire health team's patient population. However, 3 of the 18 physicians were responsible for 60% of the total documentation, with each of them utilizing the toolbar in over 40% of their visits. Some physicians reported that the toolbar consumed excessive space on the patient's chart. These findings indicate that the effectiveness of this toolbar in improving smoking status documentation is very physician dependent. While the toolbar did increase documentation, further refinements are necessary to increase utilization.

Dr. Adrianna Bruni – Windsor

Patient attitudes towards the influenza vaccine: what influences intent to vaccinate?

Faculty Lead: Dr. Frank DeMarco

Project Type: Research

The influenza virus causes significant morbidity and mortality within the Canadian healthcare system. Although a safe and effective vaccine against influenza exists, the annual vaccination rate for eligible Canadians remains around only 35%. Patient motivation for receiving the flu vaccine is, therefore, unclear. The 2017-2018 flu season was particularly severe, and was recognized in Windsor, Ontario as being the worst flu season in over 20 years. This provided a unique opportunity to study the effect of a "bad flu season" on vaccination behaviours. Using a survey-style method of data collection, patients at a family medicine clinic in Windsor were questioned about vaccination behaviours and beliefs. The survey collected both qualitative and quantitative data regarding demographics, past and current vaccination behaviours, experiences of flu-like illnesses, and perceptions regarding the vaccine's safety and efficacy. In total, 120 surveys were collected and analyzed. Results demonstrated that vaccination rates remained similar between the 2017-2018 and 2018-2019 flu seasons. There was no relationship between self-reported vaccination behaviours and experience of a respiratory infection in the previous year. 62.4% of survey respondents considered the influenza vaccine to be very safe, and 41.4% of survey respondents considered the influenza vaccine to be very effective. The strongest predictor of current vaccination was vaccination in the previous year, as 90.4% of survey respondents who received the flu vaccine in 2017-2018 chose to receive the vaccine again in 2018-2019. Overall, this study did not demonstrate evidence that a "bad flu season" impacted vaccination behaviours. Instead, the results suggest that previous vaccination behaviour is a strong predictor of future vaccination behaviour.

Session G: Oral Presentations – Room 1150

5 minute "lightning oral" presentations followed by 5 minutes of questions

Time	Presenter	Presentation
2:15 p.m.	Dr. Monica Faria Crowder and Dr. Nicole Perrier	Standardizing Mental Health Assessments in Family Practice: A Quality Improvement Initiative
2:25 p.m.	Dr. Cheghaf Madarati, Dr. Zoya Mirza, Dr. Arshia Nabeel, and Dr. Shahnaz Shirin	Increasing the rate of objectively assessing depression and anxiety using PHQ9 and GAD7 in primary health care at the VFMC
2:35 p.m.	Dr. Imad El Sadek, Dr. Faaeza Jawaid, Dr. Ayesha Mohar, Dr. Nura Rohani, Dr. Rupali Sharma	Screening for depression in patients with chronic diseases in primary care setting using PHQ-2 screening tool
2:45 p.m.	Dr. Hager Haggag, Dr. Parker Konschuh, Dr. Garni Tatikian, Dr. Helena Whyte	Implementation of Exercise Prescriptions for Patients With Major Depressive Disorder: A Quality Improvement Project
2:55 p.m.	Dr. Emily Bachmeier, Dr. Brenda Hwang, Dr. Danielle Mintsoulis, Dr. Cassandra Stiller-Moldovan, and Dr. Theresa Tingey	Increasing the Utilization of the Adverse Childhood Experiences (ACE) Questionnaire in an Academic Family Medicine Practice
3:05 p.m.	Dr. Matthew Battiston, Dr. Dema Kadri, and Dr. Tatjana Milovic	Tween Screen

Dr. Monica Faria Crowder and Dr. Nicole Perrier – Southwest Middlesex Health Center, Strathroy Family Health Organization

Standardizing Mental Health Assessments in Family Practice: A Quality Improvement Initiative

Faculty Lead: Dr. Julie Copeland

Project Type: Quality Improvement

Diagnosing and managing depression and anxiety are integral to family practice. Despite this, there is under-utilization of standardized assessments of illness severity. Symptom rating scales, such as the PHQ-9 and GAD-7, are effective for assessing and monitoring symptom severity over time. Furthermore, documentation of a complete mental status exam (MSE) enables screening for other diagnoses, such as mania, psychosis and suicidal ideation. Chart reviews conducted at SFHO and SWMHC revealed under-utilization of these tools at baseline. Average completion rates of a PHQ-9 and GAD-7 were 13.75% and 18.5%, respectively, and 24% of the assessments included a full MSE.

We developed comprehensive templates for initial and follow-up mental health visits, and two PDSA cycles were completed. At SFHO, the templates were used in 28% and 27% of mental health assessments in cycles 1 and 2, respectively. Introduction of the templates increased completion rates of the PHQ-9 and GAD-7 to 33% and 39%, respectively, in cycle 1. Completion rates were 40% and 27%, respectively, in cycle 2. It also resulted in a 100% completion rate of a full MSE. Unfortunately, the templates were poorly utilized at SWMHC, with rates of 5% and 2% in PDSA cycles 1 and 2, respectively. When the templates were used, 100% of the assessments included a full MSE.

The templates improved utilization of symptom rating scales and a full mental status exam, but overall utilization of the templates remained low. While further work is required to understand and address this issue, the templates show promise for standardizing mental health assessments.

Dr. Cheghaf Madarati, Dr. Zoya Mirza, Dr. Arshia Nabeel, and Dr. Shahnaz Shirin – Victoria Family Medical Centre

Increasing the rate of objectively assessing depression and anxiety using PHQ-9 and GAD-7 in primary health care at the VFMC

Faculty Lead: Dr. Stacey Valiquet

Project Type: Quality Improvement

Our Victoria Family Medical Centre is a busy clinic with many new learners that come and many staff from various subspecialties. We noticed a lack of objective measure of major depressive disorder (MDD) and generalized anxiety disorder (GAD). For example, as a new resident when we meet a depressed or anxious person for the first time, we have no sense of what their baseline was and what degree of severity their depression or anxiety was previously. From the literature, we realized that the PHQ-9 and GAD-7 could be used as an in-office tool to first objectively diagnose and measure the baseline and the severity of MDD and GAD and could be used in follow-up visits. Our initial data showed that this tool is being used 21% of the time when analyzing 150 patients. We would aim to improve this percentage by 10% over at least four PDSA cycles in this QI project. After doing 4 PDSA cycles actively we were able to increase the rate of PHQ-9 and GAD-7 use in the first 3 cycles. We were not able to sustain the rate of use of those tools in the 4th cycle when we were not actively reminding staff and residents to engage in our project.

Dr. Imad El Sadek, Dr. Faaeza Jawaid, Dr. Ayesha Mohar, Dr. Nura Rohani, Dr. Rupali Sharma – St. Joseph's Family Medical Clinic

Screening for depression in patients with chronic diseases in primary care setting using PHQ-2 screening tool

Faculty Lead: Dr. Saadia Hameed

Project Type: Quality Improvement

Major depressive disorder (MDD) is a critical public health problem. Depression prevalence ranges from 15-25% in patients with chronic diseases. CMHA reports 49% of individuals with mood disorders never seek medical attention. As per MHCC, Canadians above 65 are less likely to report their mental health as very good or excellent, compared to general population (68.9% and 72.2% respectively). Improving depression detection can increase favorable outcomes. PHQ-2 is a reliable and ultra-brief screening tool for initial identification of MDD. This QI project aims to enhance depression screening in patients with chronic diseases utilizing PHQ-2 screening tool. The strategies employed were using reminder cards, incorporating PHQ-2 template in EMR and providing screening handouts to patients while waiting to be seen by a physician. Our results show increased screening rates in eligible patient population from baseline of 10% to 43%. Our data reflects each strategy being effective in its own extent. EMR template strategy provided lower screening rates, the potential cause being delayed opening of clinical encounter (after patient left the room), as initial focus was completion of patient interview and assessment. Handout strategy was least effective with many non-completed handouts due to patient preference, patient unawareness regarding utility and non-presentation to physician. Also, this affected balance measures, where front desk staff felt over-burdened with this additional responsibility. We conclude that simple processes like attaching visual reminder at work station increased depression screening in our project, without increasing burden on care providers and administrative staff.

Dr. Hager Haggag, Dr. Parker Konschuh, Dr. Garni Tatikian, Dr. Helena Whyte – Byron Family Medical Centre

Implementation of Exercise Prescriptions for Patients With Major Depressive Disorder: A Quality Improvement Project

Faculty Lead: Dr. Scott McKay

Project Type: Quality Improvement

Mood disorders including Major Depressive Disorder (MDD) are one of the most common presentations in family medicine. Exercise is a simple, effective, and low cost intervention to treat depression that is often insufficiently addressed in the context of a medical appointment. The aim of our project was to increase the distribution of prescriptions for exercise (ExRx) to all adults with a current or previously diagnosed MDD. We included office visits at an academic family medicine clinic where the patient's mood was discussed. Our goal was to distribute the ExRx to 25% of eligible patients, with percentage of eligible patients seen per week who received the ExRx being our outcome measure. We used the free online ExRx template supplied by Exercise is Medicine Canada, which was uploaded onto the clinic EMR as a change idea. We were able to increase distribution of the ExRx from a baseline of approximately 5% prior to the intervention to an average of 42% of eligible patients per week, surpassing our goal of 25% in 6 of 7 PDSA cycles. Barriers to administration included remembering to give out the ExRx, integrating the ExRx into the context of the appointment, and the addition of, on average, 2.5 minutes to each patient encounter. This project is important because a standardized written prescription for exercise provides specific directions for physical activity which may increase provider uptake and patient adherence. This, in turn, could translate into improved outcomes for MDD treatment. The exercise prescription is a simple, low cost intervention that could be successfully integrated into a family medicine clinical practice as we have demonstrated.

Dr. Emily Bachmeier, Dr. Brenda Hwang, Dr. Danielle Mintsoulis, Dr. Cassandra Stiller-Moldovan, and Dr. Theresa Tingey – St. Joseph's Family Medical Clinic

Increasing the Utilization of the Adverse Childhood Experiences (ACE) Questionnaire in an Academic Family Medicine Practice

Faculty Lead: Dr. Saadia Hameed
Project Type: Quality Improvement

The Adverse Childhood Experiences Questionnaire (ACEQ) is a tool developed by the CDC-Kaiser Permanente group to study the effect of early life experiences on adult health. Despite this questionnaire being readily available, it is rarely used in clinical practice. We set out to try and increase the use of the ACEQ in an academic family practice for mental health patients from a baseline of 0% to 30%. Eligible patients were adults presenting with a mental health complaint who were not in crisis. Three Plan-Do-Study-Act (PDSA) cycles were implemented. In the first cycle, the ACE questionnaire was available in resident offices for senior residents to use. For the second cycle, these were moved into patient examination rooms to increase use and we attempted to improve communication regarding the start and end date of cycles by starting a Google document outlining the plan. For PDSA 3, junior residents were educated on the project and encouraged to participate. For PDSA 1, we achieved a completion rate of 87.5%, followed by 52% for PDSA 2 and 64% for PDSA 3. Thus, each cycle exceeded our initial goal of a 30% increase in use. Despite this success, many challenges were identified in implementing quality improvement, including barriers in communication and biases regarding which patients were appropriate to participate in the study.
Based on our results, it is feasible to implement this questionnaire on a busy academic family practice. Further research could assess long-term feasibility of this project and applicability to treatment decisions and health outcomes.

Dr. Matthew Battiston, Dr. Dema Kadri, and Dr. Tatjana Milovic – Windsor

Tween Screen

Faculty Lead: Dr. John Day
Project Type: Quality Improvement

Periodic Health Examinations (PHE) are known to bestow significant benefits to patients including screening for high-risk behaviours, preventing cardiovascular disease, and promoting a healthy lifestyle. When compared to adults, screening of children and adolescents is not as robust leaving them at increased risk of potential harmful behaviours and habits.
We have developed an evidence-based Tween Screen checklist that will help health practitioners guide periodic health examinations in an efficient and effective manner. Our aim was to have a 25% improvement in the rate of PHE in patients ages 6-17 through the use of our screening checklist.
We measured the current percentage of patients ages 6-17 presenting for PHE to our clinics during each study cycle while tracking utilization of the newly implemented checklist. We then compared the rate of uptake to the percentage of patients presenting to our clinics 6 months prior to the initiation of study. Through our quality improvement project, we were able to meet and surpass our goal of 25%. Our baseline screening rate was 21.5% with a projected outcome goal of 26.9%. Our actual outcome measured surpassed our goal with a screening rate of 36.5%, which results in an overall 69.4% increase from our baseline rate. We have demonstrated that our screening checklist is efficient and allows children and adolescents to be screened more effectively.

Thank you for attending the 2019 Resident Project Day.

We look forward to seeing you next year.

SAVE THE DATE

Wednesday, June 10, 2020

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