



Department of Family Medicine

Resident Project Day Abstract Collection

Huron College, 8:00 a.m.
Wednesday, June 13, 2012



Department of Family Medicine

Schulich School of Medicine & Dentistry

Committed to
developing
exemplary family
physicians and
future leaders
in health care



Agenda

8:00 a.m.	Registration, Poster Displays, Coffee and Light Refreshments – Kingsmill Room, Huron University College
8:45 a.m.	Dr. Eric Wong, Opening Remarks – Kingsmill Room, Huron University College
9:00 a.m. - 10:00 a.m.	Concurrent Sessions – Oral Presentations (breakout rooms)
10:00 a.m.	Poster Displays, Coffee and Light Refreshments – Kingsmill Room, Huron University College
11:00 a.m. - 12:00 p.m.	Concurrent Sessions – Oral Presentations (breakout rooms)
12:00 p.m.	Dr. Eric Wong, Closing Remarks – Kingsmill Room, Huron University College
12:15 - 12:30 p.m.	Evaluations – Kingsmill Room, Huron University College

Section A: Oral Presentations, Kingsmill Room, Huron University College (Byron Family Medical Centre & Chatham)

Time	Presenter	Presentation
8:00 a.m.	Registration, Poster Displays, Coffee, Refreshments, Light Breakfast – Kingsmill Room, Huron University College	
8:45 a.m.	Dr. Eric Wong	Opening Remarks, Kingsmill Room
9:00 a.m.	Dr. Mumtaz Alam	Pediatric Nocturnal Enuresis and Importance of Management
9:15 a.m.	Dr. David Charland	The Experience of a Family Through the Pathway to Diagnosis of Frontotemporal Dementia: The Role of the Family Physician
9:30 a.m.	Dr. David LaPierre	Components of an Effective Competency-Based Learning Tracker for use in Canadian Family Medicine Education
9:45 a.m.	Dr. Ted Macher	An Open-Access Training Resource for Reading Emergency C-Spine X-Rays
10:00 a.m.	Poster Displays, Coffee, Refreshments – Kingsmill Room, Huron University College	
11:00 a.m.	Dr. Mario Elia	Cerumen Impaction and Removal - A Primer
11:15 a.m.	Dr. Elsie Osagie	Has Electronic Medical Record (EMR) Led to Physician and Nurses' Satisfaction Compared with Paper Based Chart?
11:30 a.m.	Dr. Keith Wong	Case Report: Abuse in the Elderly
11:45 a.m.	Section C (Room W116): Dr. Tristan Walker: Medicine and Management Section D (Room W112): Dr. Stephanie Cairns: Advanced Maternal Age and Fertility	
12:00 p.m.	Dr. Eric Wong	Closing Remarks, Kingsmill Room
12:15 p.m.	Evaluations	

Dr. M. Mumtaz Alam

Pediatric Nocturnal Enuresis and Importance of Management

A six-year-old girl was seen with the problem of nocturnal bed wetting, during my family medicine rotation. She was brought by her mother because the child had started feeling quite embarrassed due to the problem. It was reported that the child did not face any enuresis problem during the day time but did not have reliably dry nights. There was no family history of nocturnal enuresis and the child otherwise was healthy. The child was diagnosed with primary (monosymptomatic) nocturnal enuresis. On further exploration it was found that there were some social stressors involved too, which possibly contributed further to her enuresis problem. Motivational therapy and efforts to improve her social environment brought positive outcome in our patient. Timely and appropriate management is a key to proper management of patients suffering from the problem of nocturnal enuresis and family doctors can play a central role in the treatment. If not dealt with early, it can lead to low self esteem, lack of confidence and psychosocial damage in a patient.

Dr. David Charland

The Experience of a Family Through the Pathway to Diagnosis of Frontotemporal Dementia: The Role of the Family Physician

This essay examines the role of the family physician in the diagnosis and treatment of patients with symptoms of frontotemporal dementia and other dementias. The inspiration is from a case, where the family physician did not play an integral role, and the family had a poorer illness experience as a result. The goal of the report is to look at how family physicians can play a role in the pre diagnostic period. By using a case, and reviewing it with the family, in conjunction with a literature review, I have concluded that by using the patient-centered method, family physicians can play an important role. Furthermore, there is a disconnect between the perception of physicians and families with the physician's involvement. This project relates to family medicine, because although the case is of an unusual disease, the lessons and values can be extrapolated to many encounters.

Dr. David LaPierre

Components of an Effective Competency-Based Learning Tracker for use in Canadian Family Medicine Education

As Western University (Western), and other universities across Canada, a move towards competency based education in family medicine, new processes and tools will be required to guide and track competency development in learners. This project included qualitative interviews with 14 medical students, family medicine residents, and faculty, examining sentiments and suggestions regarding processes and tools. A prototype competency-based tool was also developed in order to facilitate personal exploration. Results revealed widespread interest in a tool to track competency. There was general consensus that this tool needed to be primarily implemented by the learner, but with ongoing involvement, through observation and feedback, from preceptors. There was significant variety in what the relevant 'competencies' were, how these might be organized, and how this tool could be used to enhance learning and inform evaluation. All interviewees supported the use of a computer-based tool. These results provide much information to guide next steps at Western.

Dr. Ted Macher

An Open-Access Training Resource for Reading Emergency C-Spine X-rays

There is a shortage of primary healthcare providers in many resource-poor settings throughout the world. One reason for the shortage is insufficient training capacity. About 40% of family physicians work in emergency departments and will be responsible for managing possible C-spine injury. C-spine X-rays will be part of the diagnostic work-up of these injuries. Some of the most common causes of trauma are motor vehicle collisions, falls, and sports-related injuries. Many of the deaths and disabilities occurring from these traumas are the result of cervical spine injuries. About one quarter of injury resulting from C-spine trauma occurs after the injury event; half of missed C-spine injuries will result in spinal cord injury. This learning module is computer-based and open-access. It was designed to teach medical students, medical residents, and other healthcare providers an overview of when to order and how to read a C-spine X-ray to rule-out the most common C-spine diagnoses seen in the emergency setting. The module reviews the Canadian C-spine Rules for ordering C-spine X-rays, gives a structured method for interpreting C-spine X-rays, and has a couple case examples to help the learner consolidate learning. The module is intended to reduce the number of spinal cord injuries as a result of missed diagnosis by training physicians how to accurately read C-spine X-rays.

Dr. Mario Elia

Cerumen Impaction and Removal – A Primer for Physicians

Cerumen (colloquially, ear wax) impaction and removal in primary care is often viewed by busy physicians as a simple, innocuous problem, and consequently is treated through a combination of delegation and out-dated medicine. Cerumen impaction is defined as accumulation of cerumen that requires treatment either due to bothersome symptoms or for diagnostic purposes so that the tympanic membrane can be visualized. This paper, along with the attached handouts, describes evidence for cerumen removal informing patients of the risks and benefits. A literature review was conducted using a PubMed search through January 10, 2012 using the keywords “ear wax”, “earwax” and “cerumen”. Issues of proper history-taking and risk discussion have important medico-legal implications, as much of primary care in cerumen removal is delegated to other health professionals including nurses and students. The three main approaches considered for cerumen removal are cerumenolytics, irrigation and manual removal. There are no head to head trials comparing the different approaches, and systematic reviews have found no technique to be superior. Guidelines suggest that manual removal should be considered 1st line for otolaryngologists in most situations, while primary care physicians should opt for cerumenolytics followed by irrigation if the cerumenolytics fail. A Cochrane review confirmed that ear drops are better than no treatment, but that there is no difference in efficacy between products. Other topics addressed in this paper include precautions for certain techniques including irrigation and manual removal, considerations for special populations, diagnosis of acute otitis media, hearing aid care, commercially available products, home treatments and prevention.

Dr. Elsie Osagie

Has Electronic Medical Record (EMR) Led To Physician and Nurses' Satisfaction Compared With Paper Based Chart?

Purpose: A cross sectional study was completed to determine if family physicians, residents and nurses/nurse practitioners are satisfied with their electronic medical records, particularly as it pertains to work efficiency and patient care, and how their user characteristics and demographics affect their experience.

Method: Out of 107 eligible participants, 25 residents and 24 members of staff (family physicians and nurse/nurse practitioners) responded to an online survey through Fluidsurveys.com, administered via a modified Dillman's method. The Mann-Whitney test, Kruskal-Wallis test and chi-square analyses were performed to compare user characteristics with their experience.

Results: Most questions pertaining to work efficiency and patient care reflected satisfaction with the Nightingale electronic medical record. The majority of respondents (67.3%) felt that the electronic medical record had improved overall documentation efficiency. Twenty three (46.9%) of forty-nine respondents loved the electronic medical record, with five of the nine nurses/nurse practitioners, eight of the fifteen staff family physicians and ten of the twenty-five residents responding accordingly. Findings show that the duration of use of the electronic medical record and the designation of respondents was unrelated to their level of satisfaction with their electronic medical record. Their computer abilities also did not affect their preferred method of documentation.

Conclusion: Although health care providers in this study seemed satisfied with their electronic medical record compared with paper charts as it pertains to work efficiency and patient care, more improvement is needed to increase the speed and ease of use of the electronic medical record.

Dr. Keith Wong

Case Report: Abuse in the Elderly

Elder Abuse is a growing social concern that has received increasing attention by the medical community. It is associated with morbidity that is difficult to treat and a higher risk of mortality for victims. The following report discusses encounters with Mrs. S, a 76-year-old woman with suspected psychological and physical abuse. Through a discussion of this case, the principle roles of family physicians are highlighted in the context of elder abuse with the presentation of available research and latest recommendations in the literature.

Section B: Oral Presentations, Rm W12, Huron University College (South West Medical Health Centre & Tavistock)

Time	Presenter	Presentation
8:00 a.m.	Registration, Poster Displays, Coffee, Refreshments, Light Breakfast – Kingsmill Room, Huron University College	
8:45 a.m.	Dr. Eric Wong	Opening Remarks, Kingsmill Room
9:00 a.m.	Dr. Kashif Ahmed	Current Practice in Opioid Use in a Rural Family Clinic: A comparison with the 2010 Canadian Opioid Use Guidelines
9:15 a.m.	Dr. Kimberly Baker	A Resident's Guide to Pharmacotherapy for ADHD in Adolescents
9:30 a.m.	Dr. Nicholas Lees	Dysplastic Nevi in Family Medicine
9:45 a.m.	Dr. Sylvia Pillon	Mentoring in a Digital Age: A Pilot Study
10:00 a.m.	Poster Displays, Coffee, Refreshments – Kingsmill Room, Huron University College	
11:00 a.m.	Dr. Candice Rivest	Hepatic Toxicity After Ingestion of the Mushroom <i>Lepiota subincarnata</i> : A Case Report
11:15 a.m.	Dr. Diane Park	Bilateral Pneumonia Leads to the Diagnosis of HIV/AIDS in a Middle-Aged Man: The Importance of Considering the Diagnosis
11:30 a.m.	Dr. Rena Wang	Difficult Case of Polypharmacy with Comorbidities in an Elderly Patient
11:45 a.m.	Section C (Room W116): Dr. Tristan Walker: Medicine and Management Section D (Room W112): Dr. Stephanie Cairns: Advanced Maternal Age and Fertility	
12:00 p.m.	Dr. Eric Wong	Closing Remarks, Kingsmill Room
12:15 p.m.	Evaluations	

Dr. Kashif Ahmed

Current Practice in Opioid Use in a Rural Family Clinic: A Comparison with the 2010 Canadian Opioid Use Guidelines

Chronic non-cancer pain is frequently treated with opioid medications by both family physicians and pain specialists. With increasing concerns of inadequate and inappropriate prescribing a national working group (National Opioid Guideline Group) has developed an opioid use guideline for its safe and effective use in chronic non-cancer pain. This sets a national standard reviewing and applying all current evidence on the topic. Twenty-four recommendations were made in order to advise physicians on best practices.

Ten recommendations were used to evaluate current practice and determine compliance with the 2010 guidelines via a retrospective chart review in a large rural family practice in southwestern Ontario. From a total of 5,000 patients, 50 were randomly selected from a total of 139 who were aged 18 to 65 and were chronic opioid users with chronic non-cancer pain.

Results showed a common patient profile of a middle aged male or female on Percocets for chronic low back pain with a history of a serious injury. Compliance with the recommendations varied widely from 2% to 100%. Techniques to reduce prescription fraud (100%), collaborative care (82%), and contract agreements (76%) showed the highest compliance, while urine drug screening (2%), driving safety assessment (6%), and comprehensive assessment at initiation (22%) showed the lowest. The proportion of patients exhibiting unacceptable or aberrant patient behaviour was 32%.

Implementing the latest guidelines first requires evaluating current practice. Improving opioid prescribing improves patient care, reduces morbidity and mortality, and prevents the spread of addiction in communities. This was the goal of the study.

Dr. Kimberly Baker

A Resident's Guide to Pharmacotherapy for ADHD in Adolescents

At least 10% of behaviour problems presenting to family practice are Attention Deficit Hyperactivity Disorder. In most cases these problems do not resolve once children enter puberty. Available resources do not provide a concise comprehensive approach to the treatment of adolescents that complies with current Canadian guidelines.

A Medline search was performed to locate guidelines on pharmacotherapy for Attention Deficit Hyperactivity Disorder in adolescents to compare to three resident resources (UpToDate, Rx Files and Tarascon Pharmacopeia). None of the treatment guides contained an extensive list of all medication doses and side effects as recommended by the Canadian guidelines.

A brochure was created as a guide for residents in family medicine when prescribing medication for Attention Deficit Hyperactivity Disorder in adolescents. Indications for medication were presented first, as taken from the guidelines and the three resident resources. The Canadian guidelines were deferred to in cases of disagreement. Tables for first, second and third line treatments (including dosing, side effects, contraindications and notes on use) compiled from the guidelines and resident resources were presented on one page to provide one location to consult for decisions on medication initiation. A separate section on titration, management of side effects, and multifocal approach was presented on the back.

This brochure is expected to provide a comprehensive overview of pharmacotherapy for Attention Deficit Hyperactivity Disorder in adolescents, which should reduce complications from prescribing these medications. Future research is needed to provide such guidelines for all age groups and for modalities of treatment other than pharmacotherapy.

Dr. Nicholas Lees

Dysplastic Nevus in Family Medicine

Dysplastic nevi are common skin lesions that are associated with an increased risk of melanoma. They provide family physicians with difficult management decisions because while they signify an increased risk of malignancy, each individual nevus is at low risk of transforming into melanoma, making decisions on which lesions to excise difficult. The purpose of this descriptive literature review was to analyze the current literature for the best evidence-based approach to dealing with dysplastic nevi in family practice. Search for scholarly articles was conducted using the PubMed database, using the keywords 'dysplastic nevus', 'primary care' and 'management', with restrictions being articles available in English and printed within the last 5 years. Results from this search show that current recommendations include determining those individuals at high risk for melanoma, periodic skin examination, use of adjunctive tools to assist with examination in those trained to do so, timely excision of any suspicious or changing lesion, and patient education on characteristics of moles concerning for melanoma and sun protection. Adherence to these recommendations will help the family physician properly monitor the patient with dysplastic nevi, and lead to early diagnosis of melanomas.

Dr. Sylvia Pillon

Mentoring in a Digital Age: A Pilot Study

Objective: Given the difficulty of arranging in-person meetings between residents and supervisors due either to geography or to scheduling conflicts, this study was undertaken to assess the feasibility of online video conferencing as a replacement for in-person mentoring during family medicine residency.

Methods: A year-long pilot study between one resident-mentor pair was undertaken to investigate the use of Skype, an online video conferencing program, to replace in-person meetings. Detailed notes about the effectiveness of the communication and the convenience of the technology for the online meetings were made and compared to in-person meetings.

Results: Although mentoring via online video conferencing did not completely replicate in-person meetings, it was a significant improvement over e-mail and telephone communication. The program was easy to use and there was little cost in setting it up. The program worked especially well during a period when the pair was separated by a significant geographical distance. Some of the drawbacks included difficulties with the internet connection and the fact that there was an artificial feeling to the video conferencing meetings.

Conclusion: Despite being a small pilot study, results of this trial suggest that online video conferencing can work well for mentoring sessions during residency.

Dr. Candice Rivest

Hepatic Toxicity After Ingestion of the Mushroom *Lepiota subincarnata*: A Case Report

Reports on toxicity after ingestion of wild mushrooms of the *Lepiota subincarnata* species are extremely rare. To date in the literature there are only three cases, two in humans with one resulting in death, and one fatal case in a dog. *L. subincarnata* is native to North America and Europe, and with its sweet smell, makes it desirable to mushroom pickers. However, these innocent looking mushrooms contain amatoxins, making them one of the most toxic and potentially fatal mushrooms belonging to the *Lepiota* genus. Delayed symptoms of severe vomiting and diarrhea can progress to liver and kidney failure and death if treatment is not initiated promptly. This report will discuss a case seen in the Emergency Department during my rural family medicine rotation of a couple who collected and ingested confirmed *L. subincarnata*, and will review their symptoms, laboratory markers and eventual outcome. A discussion will also be presented on the pathophysiology and treatment of amatoxin poisonings. Due to the preferred wooded habitat of these mushrooms, rural physicians are more likely to encounter and be treating these poisonings. However,

these cases are rare and knowledge surrounding this scenario may be limited. It is thus important to be able to recognize an amatoxin mushroom poisoning promptly and allow for sufficient observation in order to improve patient mortality and morbidity.

Dr. Diane Park

Bilateral Pneumonia Leads to the Diagnosis of HIV/AIDS in a Middle-Aged Man: The Importance of Considering the Diagnosis

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) infection is a worldwide global epidemic. Despite improvements in diagnosis, treatment, and survival, thousands of Canadians continue to be infected each year and millions worldwide continue to die of AIDS and its related complications. It has been estimated that approximately thirty percent of infected Canadians are not aware they are carrying the virus. The early recognition and diagnosis of HIV infection is prudent to prevent the inadvertent spread of the disease and to initiate anti-retroviral treatment early in the course of the disease to delay progression and prevent opportunistic infections. This paper outlines a case in which the diagnosis was not considered until the patient unfortunately had late-stage HIV infection and an opportunistic infection. Family physicians must consider HIV/AIDS infection as a possibility in all of their patients and have an essential role in screening and testing those who may be at increased risk of HIV infection.

Dr. Rena Wang

Case Report: Difficult Case of Polypharmacy with Comorbidities in an Elderly Patient

Polypharmacy is the inappropriate use of multiple medications. Its effects are serious and sometimes difficult to diagnose and or treat, especially in an elderly patient who has multiple medical comorbidities. A particular challenging case of polypharmacy involving a seventy-seven year-old woman with a gradual decline in her cognition and her functional status is presented here. Several strategies were employed by the family physician and a multidisciplinary approach involving a voluntary hospital admission is the most successful at reducing her number of inappropriate medications. Clinicians therefore should consider this approach for difficult cases of polypharmacy.

Section C: Oral Presentations, Rm W116, Huron University College (St. Joseph's Family Medical Centre & Victoria Family Medical Centre)

Time	Presenter	Presentation
8:00 a.m.	Registration, Poster Displays, Coffee, Refreshments, Light Breakfast – Kingsmill Room, Huron University College	
8:45 a.m.	Dr. Eric Wong	Opening Remarks, Kingsmill Room
9:00 a.m.	Dr. Shvan Korsheed	Diagnosis and Management of Patients with Chronic Kidney Diseases in a Primary Care Setting
9:15 a.m.	Dr. Puja Malik	Preventing Childhood Obesity: A Review of the Current School Nutrition Policies in Ontario and their Potential Impact
9:30 a.m.	Dr. Eugenie Waters	Western University Family Medicine Residents' Perceptions of the Health-Related Impact of Nuclear Power Plants, Ionizing Radiation, and their Understanding of Physician Advocacy
9:45 a.m.	Dr. Shahzia Khan	A Case of Recurrent Erythema Nodosum
10:00 a.m.	Poster Displays, Coffee, Refreshments – Kingsmill Room, Huron University College	
11:00 a.m.	Dr. Bikash Chowdhury	Management of Psychosocial Issues at the End of Life
11:15 a.m.	Dr. Daria Pylypiak	Memory Impairment in a Middle-Aged Woman: A Case Study
11:30 a.m.	Dr. Shabana Rana	Smoking Cessation Management in Primary Practice
11:45 a.m.	Dr. Tristan Walker	Medicine and Management
12:00 p.m.	Dr. Eric Wong	Closing Remarks, Kingsmill Room
12:15 p.m.	Evaluations	

Dr. Shvan Korsheed

Diagnosis and Management of Patients with Chronic Kidney Diseases in a Primary Care Setting

Introduction: The incidence of chronic kidney diseases (CKD) is increasing. CKD patients have a high cardiovascular mortality. Early referral is associated with better outcomes. Guidelines have been published to help family physicians to achieve adequate management. This study looked at how CKD patients were managed in the community and to which degree the nephrology referrals conformed to the published recommendations. Furthermore, presenting the findings may serve the purpose of improving awareness about CKD management among family medicine residents.

Methods: Electronic medical records were used to identify patients diagnosed with CKD stage 3-4 from 1st January 2007 until 1st December 2011 registered with one family physician. Medical charts were reviewed to acquire information about demographics, risk factors and nephrology referral.

Results: CKD was identified in 55 patients. The mean age was 75.8+/-10.6 with 29 females and 26 males. Overall, 76% had hypertension, 47% had diabetes, 31% had anemia and 22% had coronary artery diseases. In this cohort, 47 patients were found to have stable CKD and 8 patients had unstable CKD. Overall, 14/22 patients who fulfilled the criteria to see a nephrologist were referred.

Conclusions: Majority of patients with CKD in this practice were referred to see a nephrologist according to the established guidelines. The guidelines about CKD should reach larger audiences in a systematic way to ensure proper monitoring and management of patients.

Dr. Puja Malik

Preventing Childhood Obesity: A Review of the Current School Nutrition Policies in Ontario and their Potential Impact

Background: Childhood obesity is a growing public health concern in Canada with the implications of both increasing prevalence of obesity-associated chronic disease and increasing costs to the health care system. To address this issue, Ontario's Ministry of Education implemented a new School Food and Beverage Policy. **Objective:** To provide the reader with a descriptive review of the past and current public policy on school nutrition in Ontario, and summarize research of interest on school-based nutrition interventions and their effects on childhood obesity prevention.

Methods: The website of Ontario's Ministry of Education was reviewed to gather information about past and current school nutrition policies. PubMed was searched for studies that examined the effect of school-based nutrition interventions on preventing childhood obesity. The search generated 15 studies and out of these two systematic reviews were chosen for discussion.

Findings: The current school nutrition policy was implemented in 2011 and sets out comprehensive, specific, and healthy nutrition standards for all foods sold in publicly-funded elementary and secondary schools. Review of the literature showed that research is lacking on the effect of school-based nutrition interventions on childhood obesity rates, however there is some evidence that nutrition-based interventions can improve dietary behaviour in school-aged children.

Discussion: Ontario's new school nutrition policy is a step in the right direction for childhood obesity prevention, but there are other determinants of health that need to be addressed in order to further control the obesity epidemic.

Dr. Eugenie Waters

Western University Family Medicine Residents' Perceptions of the Health-Related Impact of Nuclear Power Plants, Ionizing Radiation, and Their Understanding of Physician Advocacy

Objective: To explore Western University Family Medicine residents' perceptions of nuclear power plants and ionizing radiation, and their understanding of physician advocacy with respect to these concepts.

Design: A qualitative design using semi-structured interviews.

Setting: Post-graduate Family Medicine residency program in The Department of Family Medicine at Western University, London, Ontario.

Methods: Eight Family Medicine residents participated in semi-structured interviews, which were audio-taped and transcribed verbatim. Simultaneous collection and analysis of data was used, resulting in a dynamic form of content analysis, characteristic of qualitative methods.

Main Findings and Conclusions: Family Medicine residents do not hold strong opinions about the ongoing use of nuclear energy nor do they have a significant depth of knowledge or understanding of the possible health-related impacts of nuclear power plants or ionizing radiation. They demonstrate a variety of levels of understanding of physician advocacy with respect to the issues, including some inaccurate definitions of this role. Some of them anticipate becoming advocates in the future, but cannot clearly identify to what degree or in which domain they will strive as physician advocates.

Dr. Shahzia Khan

A Case of Recurrent Erythema Nodosum

Background: Erythema nodosum is an inflammatory reaction of skin characterized by tender erythematous patches or nodules, usually located on lower extremities. Several case reports have presented its association with various infectious agents, connective tissue diseases, malignancies and drugs.

Case report: This case review pertains to an adolescent female who presented with erythema nodosum on her shins. The case was unique as she had previously developed erythema nodosum as a child associated with scarlet fever. This case highlights the importance of how a family physician can play a role in managing the disease as well as helping the adolescent deal with this unique illness experience.

Method: After obtaining consent, the patient's chart was reviewed. A literature search was done by topic searches in PubMed, uptodate and eMedicine databases. The case was discussed with relevance to current literature.

Conclusion: Recurrent erythema nodosum is a rare presentation in a family practice. It has unique clinical findings which alone are required for diagnosis. As the initial contact for a patient, a family physician should be familiar with its unique clinical findings and be able to identify the lesions accordingly. Besides treating the underlying cause, analgesia and reassurance are the mainstay treatment options. Other disease related psychosocial issues should be explored especially in adolescents.

Dr. Bikash Chowdhury

Management of Psychosocial Issues at the End of Life

This case report provides an opportunity to review the details of disease progression of a person who has been diagnosed with Glioblastoma Multiformis while also highlighting the importance of the physician-patient relationship in Patient-Centered Medicine to address all the psychosocial issues during end of life care.

The case presented as a new onset headache in a middle aged person, and got progressively worse with vomiting which gave clinical suspicion of brain tumor and obliged the clinician to order imaging to rule out that possibility.

The patient received surgical treatment, radiation, chemotherapy and all other supportive treatment modality for his disease condition. Despite all available treatment and support, the gravity of his disease process progressively declined his condition. The patient and his whole family experienced a lot of physical, social, psychological and spiritual stresses throughout his illness which are common in any person prior to their death.

The objective of this case report was to discuss issues at the end of life, to highlight the importance of interdisciplinary teamwork and effective collaboration with other health care professionals during end of life care. From a patient care perspective, this case highlights the health care provider roles for their dying patients as envisioned by a common Philosophy of Palliative care: acceptance of death; whole person care; compassion; communication and teamwork.

Dr. Daria Pylypiak

Memory Impairment in a Middle-Aged Woman: A Case Study.

Memory impairment is a distressing symptom that is commonly investigated and managed by the family physician. Although the literature focuses on the geriatric population, memory problems can be devastating to younger patients with numerous family and professional responsibilities. A 41-year-old woman presented to her family physician concerned about short-term memory impairment affecting all aspects of her life.

Her baseline memory tests showed mild cognitive impairment, but she had an otherwise normal physical exam and investigations to rule out metabolic or structural causes. After numerous encounters, it became clear that the causes of her symptoms were multi-factorial. She had a remote history of Attention Deficit Hyperactivity Disorder and schizotypal personality traits. She also had poor sleeping habits and significant psychosocial stress. A review of the literature showed that all of these conditions are clearly associated with memory impairment and treating them can improve cognitive function. Treatment may be enhanced by frequent follow-up and the aid of allied health professionals to address the broad scope of issues. This is a very relevant case to family medicine since it addresses a complicated yet common diagnostic issue in primary care that was greatly impacted by developing a good doctor-patient relationship. Thorough consideration of the biological, psychological, and social influences on a patient's symptoms is crucial and can greatly improve the quality of care in family medicine.

Dr. Shabana Rana

Smoking Cessation Management in Primary Practice

Smoking is a chronic condition that is causing a huge human and financial loss to our society. Nearly half of the long term smokers eventually die as a result of developing various smoking-induced diseases. Treating these patients also drains a significant amount of money from the already constrained Canadian healthcare system. Family practitioners can play a pivotal role in avoiding this loss by proactively treating their smoker patients by employing clinical practice guidelines which stipulate a combination of counseling and pharmacotherapy for managing smoking cessation. Smokers can increase their life expectancy and reduce the risks of further developing smoking attributable diseases by quitting. Medical professionals should embark upon research based initiatives to add more to the emerging body of knowledge of smoking cessation management. With this intention in mind, a clinical case of intervention and successful management of smoking cessation of a middle aged male patient has been presented in this report.

Dr. Tristan Walker

Medicine and Management

Presently there is little to no Canadian dialogue regarding managerial skills being taught at the undergraduate or postgraduate levels of medical education, and a dearth of publications on the issue. I argue in this essay that this represents a significant failing of the Canadian Medical Training system and in particular a failing of the Family Medicine residency programs. The gap has a larger impact on the graduates from Family Practice because the majority of these doctors will work independent of the hospital and will require these skills for their day to day business. This essay explores the problem with the lack of managerial skills training, how these skills are congruent with the defined CanMEDs competencies and why it is important to correct this discrepancy within the education system. Taking the CanMEDs roles seriously means that Family Medicine needs to address the gap in teaching managerial skills at either the undergraduate or residency levels for their graduates to be fully proficient and capable of succeeding outside of the institutional training system.

Section D: Oral Presentations, W112, Huron University College (PGY3 Enhanced Skills Program Presentations)

Time	Presenter	Presentation
8:00 a.m.	Registration, Poster Displays, Coffee, Refreshments, Light Breakfast – Kingsmill Room, Huron University College	
8:45 a.m.	Dr. Eric Wong	Opening Remarks, Kingsmill Room
9:00 a.m.	Dr. Ravjit Ahluwalia	Confidence of Family Medicine Residents in the Diagnosis & Management of Concussion
9:15 a.m.	Dr. Leah Mawhinney	International Women's Health Elective: Howard Hospital, Zimbabwe
9:30 a.m.	Dr. Melissa Brockerville	Case Report: Bronchospasm During Procedural Sedation for Chest Tube Insertion
9:45 a.m.	Dr. Mervat Bakeer	Lymphatic Filariasis
10:00 a.m.	Poster Displays, Coffee, Refreshments – Kingsmill Room, Huron University College	
11:00 a.m.	Dr. Divya Garg	Triple C Curriculum: Competency based assessment
11:15 a.m.	Dr. Vishal Bhella	Resident Duty Hours: Some Considerations
11:30 a.m.	Dr. Roderick Cheung	Malignant Hyperthermia
11:45 a.m.	Dr. Stephanie Cairns	Advanced Maternal Age and Fertility
12:00 p.m.	Dr. Eric Wong	Closing Remarks, Kingsmill Room
12:15 p.m.	Evaluations	

Dr. Ravjit Ahluwalia

Confidence of Family Medicine Residents in the Diagnosis & Management of Concussion

The objective of this study was to determine the confidence of Western University primary care residents in all aspects of concussion diagnosis and management.

An online survey, consisting of 12 statements related to concussion, was completed by both PGY1 and PGY2 Family Medicine residents at Schulich Medical School at Western University. For each statement, participants rated on a scale from 0-4 their personal confidence in regards to their knowledge of issues surrounding the statement (0 = very low confidence, 4 = Highly confident)

Overall, data was gathered from 55 residents who had filled out the online survey. The majority of residents had not completed a rotation in sports medicine (70%) at this point in their training, but felt somewhat to highly confident in definitively diagnosing a concussion clinically (67%). The vast majority of the group (56%) had very low to somewhat low confidence in using a clinical assessment tool such as the SCAT2 (Sport Concussion Assessment Tool) to evaluate a patient. Close to half (44%) felt somewhat to less confident in making a “return to play” decision for sport participants with simple concussions.

In conclusion, high profile sporting events have brought the issue of concussions to the mainstream media. Future research should be conducted to help implement educational needs for family medicine residents on the use of clinical tools, such as the SCAT2, to help build confidence in diagnosing and managing such problems in the near future.

Dr. Leah Mawhinney

International Women’s Health Elective: Howard Hospital, Zimbabwe

Motivation for International Training: International training provides unique learning experiences and cultural enrichment that can be applied to practice in both global and Canadian healthcare settings. My motivation to train internationally was to gain practical experience in a resource poor setting, to expand my understanding of healthcare resource inequities, to advance my obstetrical experience, and to broaden my cultural sensitivity and awareness. I also sought the opportunity as a step toward becoming an advocate for the health of women and children internationally.

Objectives of the Presentation: In this presentation I would like to share my experiences providing healthcare in rural Zimbabwe, and to show what life is like in their local village and healthcare environment.

International Clinical Experience: I spent two months at Howard Hospital, a rural mission hospital in the Mashonaland Central province of Zimbabwe. Some of the procedures I performed include vaginal breech deliveries, vacuum assisted deliveries, obstetrical ultrasound, neonatal resuscitation, pre-term infant care, cervical cancer screening, and general family medicine procedures.

Conclusions: Through this international training opportunity, I learned unique procedural skills and have gained a deeper understanding of health inequity, in a setting where I was challenged daily by ethical and cultural differences. This experience will enhance my practice of medicine in Canada and my pursuit of global health involvement. I hope my participation in this international elective translates into future opportunities for medical trainees at Western University, as a way to promote the development of globally responsible Canadian healthcare professionals.

Dr. Melissa Brockerville

Case Report: Bronchospasm During Procedural Sedation for Chest Tube Insertion

A case of severe bronchospasm in a 58-year-old male during procedural sedation for chest tube insertion will be reviewed. The patient’s history was significant for a ruptured bulla causing a pneumothorax. A chest tube was placed in the ER; however the patient’s pneumothorax re-developed and was complicated by severe subcutaneous emphysema. An attempt to re-position the chest tube was unsuccessful and the

patient required procedural sedation for re-insertion of a new chest tube. The patient had not been diagnosed with COPD; however emphysematous disease on the CT scan and a prolonged smoking history would support the diagnosis. He was concurrently being treated for a presumed COPD exacerbation with Prednisone, Ventolin and Atrovent. During procedural sedation, the patient was sedated with Midazolam and Ketamine. Immediately, after insertion of the chest tube, the patient developed bronchospasm and hypoxia with saturations dropping to 60%. He was treated with nebulized Ventolin, Atrovent and Epinephrine. He subsequently developed hypertension, tachycardia and ST depression on an ECG requiring treatment with Nitroglycerin. The patient stabilized and was eventually re-admitted to the ICU. A literature review was conducted in PubMed to determine if similar cases had been documented. The following search terms in PubMed were used - chest tube and bronchospasm, chest tube complications and bronchospasm, chest tube complications and COPD/chronic obstructive pulmonary disease, bronchospasm and procedural sedation/neurolept/neuroleptic/neuroleptic anesthesia/monitored anesthesia care. Current evidence based management strategies for bronchospasm during anesthesia will also be reviewed.

Dr. Mervat Bakeer

Lymphatic Filariasis: Multidisciplinary approach

Background: Filariasis is the most common cause of lymphedema worldwide. It is caused by roundworms that inhabit the lymphatics and subcutaneous tissues of those affected. It is endemic in certain parts of Asia, Africa and Latin America with two thirds of the cases found in Asia. Filariasis is a major cause of disfigurement and disability in endemic areas which leads to significant economic and psychosocial impact. Lymphedema is a common late sequel of filarial infection.

Clinical case: Mr. K. was a 45-year-old new immigrant to Canada and had been diagnosed with filariasis in his 30s after repeated episodes of fever, chills and transient left leg swelling. He presented to our clinic with massive left leg swelling, huge abdominal pannus, recurrent cellulitis and severe functional impairment which lead to depression and isolation. Our team alongside other services were involved to manage Mr. K's condition including wound care, infectious disease, plastic surgery, physical medicine and rehabilitation, lymphedema therapist and pedorthist services. Goals of treatment included complete decongestive therapy, prevention of cellulites and skin breakdown, surgical removal of abdominal pannus, recovery of the ability to use the affected limb and psychological support.

Conclusion: With collaborative multidisciplinary team work, Mr. K was successfully managed. Left leg swelling decreased to less than half, he was able to walk again without aid and carry out his activity of daily living independently which positively impacted his mental health and quality of life.

Dr. Divya Garg

Triple C Curriculum: Competency Based Assessment

Triple C Curriculum is a competency based curriculum with three central tenets – comprehensive, focussed on continuity in education and patient care and centred in Family Medicine. The goal is to ensure that residents are developing competencies and being assessed on competencies important for the practice of Family Medicine. The implementation of this curriculum has raised multiple questions around assessment. The focus on assessment in this curriculum would be formative feedback leading to summative feedback and guided self assessment. This session will provide an overview of the Triple C Curriculum and its implementation.

Dr. Vishal Bhella

Resident Duty Hours: Some Considerations

Resident duty hours has returned to the forefront of attention following a ruling in Quebec indicating that the traditional model of 24 hours of consecutive on call duty is a violation of the Canadian Charter of Rights and Freedoms. This has led to the implementation of a 16 hour duty maximum for all residents in Quebec. The purpose of this session will be to briefly review some of the evidence surrounding work hours, including concerns of safety, well-being and to briefly discuss implications of hours and sleep deprivation on the learning process.

Dr. Roderick Cheung

Malignant Hyperthermia

The incidence of acute malignant hyperthermia in the general population is estimated to be around 1 in 30,000 administered anesthetics. This occurs in all ethnic groups over every part of the world. The incidence is likely underestimated as a result of unrecognized, mild, or atypical reactions. Therefore, anyone who administers anesthetics needs to know the triggering agents, clinical features, differential diagnosis, and management of malignant hyperthermia. This project systematically went through all key research papers concerning the different important aspects of malignant hyperthermia. Medline is used to retrieve the relevant articles. The findings were then presented in a way that will be clinically useful to anaesthetists.

Dr. Stephanie Cairns

Advanced Maternal Age and Fertility

An increase in the number of women delaying pregnancy is an ongoing trend noted in the past few decades. The reason for this delay is complex and includes a desire for advanced education as well as financial and relationship stability.

The goal for this project was to examine the consequences of delaying childbearing on the ability to conceive and in addition, to understand artificial reproductive technologies as an aid, the risks of pregnancy in the older gravida, and finally, the increased risks for poor outcomes to both mother and child.

A literature search was completed online using PubMed, The Cochrane Library and the SOGC website using the following key words: advanced maternal age, ovarian aging, delayed childbearing, advanced age and fertility. Results were restricted to English. Resources used include literature reviews, clinical practice guidelines, randomized control/clinical trials, and observational studies.

With advancing maternal age there is a decrease in fertility and increased risks to both mother and child.

Such risks include maternal co-morbidities, spontaneous miscarriage, ectopic pregnancies, gestational diabetes, preeclampsia, and intrapartum surgical interventions. Risks to child include stillbirth, prematurity, chromosomal abnormalities, being small for gestational age and neonatal death.

Results of findings may be of benefit to both primary care givers and specialists in helping educate women at an earlier age of the potential risks involved in delaying childbearing and help guide decision making on when to conceive. Hopefully we may also help lay to rest the erroneous belief that artificial reproductive technologies fully compensate for the loss of fertility in the aging female.

Section E: Poster Presentations, Kingsmill Room, Huron University College

Presenter	Poster Display
Dr. Amardeep Bali	Spinal Epidural Metastasis
Dr. Sheri Bergeron	Efficacy and Safety of the Use of Ketamine for Management of Cancer Related Pain
Dr. Ngoc Binh Van	Roles of exercise in managing a patient with depression
Dr. Anthony Chen	A Practical Guide to the Management of Eczema/Atopic Dermatitis
Dr. Emily Fraser	Cervical Cancer and HPV: A Patient Handout
Dr. Steven Lipari	Clinical Audit of Patient Attainment of Key Chronic Disease Management Metrics
Dr. Dawid Martyniak	Probiotics and Prebiotics for Children: A Guide for Parents and Caregivers
Dr. Laura Musat	Improving a Patient's Quality of Life with Shoulder Joint Injections
Dr. Bart Mysliwec	The Periodic Health Examination: What Does the Evidence Tell Us?
Dr. Sukhjeen Nandra	Informed consent for insertion of labour epidurals
Dr. Kehinde Olorunsola	Social Determinants of Health and its Impact on the Management of Type-1 Diabetes Mellitus
Dr. Fatemeh Sargolzaei	Bone Mineral Density Screening for Osteoporosis in Male Patients Sixty-Six Years and Older
Dr. Rita Shamoon	Are Probiotics Effective for Alleviating the Symptoms of Irritable Bowel Syndrome?
Dr. Maria Tambakis	Palliative Care Management of Recurrent Glioblastoma in a Young Patient: A Case Study and Literature Review

Dr. Amardeep Bali

Spinal Epidural Metastasis

The objective of this project was to see if a patient's chronic medical condition prevented the timely diagnosis of a critical new illness and its prognosis. The case being studied is that of a patient with a chronic pain disorder resulting from chronic back pain and fibromyalgia, who was diagnosed with spinal epidural metastasis only after presenting with neurological symptoms, despite worsening pain. The methods included a chart review and literature search. The key message is that as family physicians we see patients for their chronic conditions on a regular basis and it is important to make sure these chronic conditions do not mask new and serious diagnoses.

Dr. Sheri Bergeron

Efficacy and Safety of the Use of Ketamine for Management of Cancer Related Pain

Family physicians are guided in the management of cancer related pain through the use of the World Health Organization's pain ladder. It is estimated that 12 percent of those with cancer related pain will continue to have significant pain despite maximal treatment according to the pain ladder. The purpose of this descriptive review is to evaluate the efficacy and safety of the use of ketamine, in addition to opioids, in the treatment of cancer pain. A literature search was completed using PubMed, Embase, Medline and Cinahl to obtain articles regarding use of oral, subcutaneous, and intravenous ketamine in the treatment of cancer related pain in adults using the following search terms: "ketamine", "burst ketamine", "daily ketamine", "palliative", "cancer", and "pain". Eighteen articles fulfilled the inclusion criteria of being either a case series, prospective, retrospective or randomized control trial study type; studied in adults with neuropathic or somatic cancer pain; had a detailed protocol of continuous or burst ketamine use administered via oral, intravenous or subcutaneous routes and the primary outcome of the study was pain reduction as measured by either a visual or verbal scale. Of these 18 articles found, 14 evaluated continuous ketamine use and four evaluated "burst" ketamine use. Twelve of the 14 articles examining continuous ketamine use supported its use for those with significant pain despite escalating doses of opioids as per WHO step 3 guidelines and all four articles supported the use of ketamine for burst methods. The side effects of ketamine included hallucinations, dissociative feelings, drowsiness, nausea, and excessive salivation. Overall, for family physicians managing cancer related pain that is resistant to treatment options as per the WHO pain ladder, a trial of subanesthetic doses of ketamine should be considered in the management of their pain.

Dr. Ngoc Binh Van

Role of Exercise in Managing a Patient with Depression

Objective: The goal of this project was to educate patients, especially those with depression, about the health benefits of exercising. Depressed people can lack motivation to be physically active, which can result in lowering their mood further. A presentation aimed at promoting an active life style that would help alleviate depressed mood as well as obesity and many other health issues was created.

Method: A power point presentation, providing information related to depression and exercise, was developed and will be displayed using a 32" television monitor placed in a visible location of the waiting room in a family medical center. A background literature search with keywords: "exercise" and "depression" was performed using PubMed, Cochrane, CINAHL and PsycINFO to develop the presentation. Results pertaining to the role of exercise in relieving depression were included. Information was also obtained from other reputable resources including: Canadian Society for Exercise Physiology, American College of Sports Medicine and its initiative program, Exercise is Medicine. Exercise is Medicine is a program aiming to make exercise a standard part of global disease prevention and treatment. Guidelines and tips on how to start exercising were included in the presentation.

Conclusion: Depression has an enormous public health burden. It is strongly associated with a low level of activity. It is hoped that this presentation promotes an active life style and provides alleviation of depression. Evidence supports that exercise is as effective as medication therapy in relieving depression symptoms.

Dr. Anthony Chen

A Practical Guide to the Management of Eczema/Atopic Dermatitis

Eczema/atopic dermatitis is a chronic and relapsing inflammatory condition of the skin commonly encountered in Family Medicine. There is significant physical and psychological morbidity associated with the disease, affecting not only the patient, but also their family as a whole. At a particular family medical centre located in London, Ontario, there is currently a lack of resources on eczema for patients. The goal of this project is to create a comprehensive brochure that promotes understanding of the disease and provides practical management guidance for patients and their caregivers. Specifically, the brochure will: 1) present some background information about eczema, including pathophysiology, epidemiology, signs, and symptoms in an easy-to-understand format with diagrams/illustrations; 2) outline general principles of management, including lifestyle modifications, and maintenance versus flare-up treatments; and 3) provide practical management guidance for the patient to incorporate into their daily routine. Key references for the project included the eczema education series published by the Eczema Society of Canada, eczema information brochure by the Canadian Dermatology Association, articles from Skin Therapy Letter published by the Skin Care Guide Network, and practical advice and counselling dictums that I learned from various dermatology electives. My eczema education brochure will serve as a useful tool to increase public awareness, facilitate office counselling, and empower patient self-care, thereby improving delivery and quality of care in Family Medicine.

Dr. Emily Fraser

Cervical Cancer and HPV: A Patient Handout

The importance of preventative screening for cervical cancer has been well documented in various studies. The prevalence of Pap smear screening among Canadian women is affected by a variety of factors. Barriers to screening include: lower education levels, low compliance and a lack of regular physician contact. For all of these reasons, educating the individual patient on the importance of regular Pap smears may improve the screening rates. The goal of this educational handout is to provide female patients with a take-home resource on preventative gynecological health. Through providing a summary on Pap smears and HPV infections, the hope is that more women will feel comfortable going for cervical cancer screening. The method for creating this project included a PubMed literature search to collect various articles. The brochure was designed for patients to provide a comprehensive and clear summary, which is simple to navigate through. The time available in the family doctor's office to discuss the details of screening modalities such as Pap smears, or vaccinations such as HPV is often limited. As well, many women are not seeing their physician on a regular basis or may not have a family doctor. Regardless of the barrier preventing many women from having Pap smears, increasing awareness and understanding would likely improve compliance and acceptance of this screening modality. It is my hope, that this pamphlet can educate, remind and inspire women to see a health care professional to discuss their gynecological health.

Dr. Steven Lipari

Clinical Audit of Patient Attainment of Key Chronic Disease Management Metrics

Prevention and management of chronic diseases seen often in family practice rely on regular measurement and attainment of optimal values of specific metrics, including blood pressure, hemoglobin a1c (Ha1c), and low-density lipoprotein cholesterol (LDL-C). This study sought to quantify the proportion of high to medium cardiovascular risk patients in a family medicine practice whose values for key metrics for heart disease and diabetes mellitus fall within the desired range.

A random sample of 100 patients at a family medicine clinic in the District of Timiskaming, Ontario, Canada was evaluated. The risk for cardiovascular events for each of the patients was calculated using the Framingham risk algorithm. Forty eight patients fell within the intermediate or high risk categories.

Seventy five percent (n=36) of these at-risk patients had achieved target blood pressure values at least 50% of the measured interval. Thirty one percent (n=15) attained LDL-C values within desired range at least half of the measured time period. Eighty percent (n=12) of patients with diabetes recorded Ha1c values within target at least 50% of the measured interval.

The high attainment rate for blood pressure and serum glucose is probably the result of regular, frequent follow up, patient compliance with blood work and adherence to therapeutic interventions. The lower rate achievement for LDL-C may be due to the application of the stringent 2.0 mmol/L target to both intermediate and high-risk patients as well as to poor compliance with anti-lipid treatment. Overall, this audit showed excellent management of cardiovascular risk factor.

Dr. Dawid Martyniak

Probiotics and Prebiotics for Children: A Guide for Parents and Caregivers

A brochure titled: "Probiotics & Prebiotics for Children: A Guide for Parents and Caregivers" was developed as an evidence based patient education tool for family practice.

Objective: To create an easily readable pamphlet about probiotics and prebiotics for parents and caregivers to be distributed in a family physician's office. The pamphlet must be evidence based and unbiased from commercial interests. It should define what probiotics and prebiotics are, where they are found, explain how they work in our gut, summarize the clinical conditions for which their use has been studied and discuss safety.

Methods: PubMed MESH searches were made using the terms "Probiotics/therapeutic use", "Infant", "Child, preschool", and "Children". As well, the Cochrane library was searched using the term "Probiotics".

The probiotic studies that were chosen were the best randomized control trials or Cochrane reviews for pediatric conditions. Guidelines regarding use of probiotics were also sought from World Health Organization, American Academy of Pediatrics and Canadian Pediatric Society.

Results: A colour 8.5 x 14 inch, double-sided, foldable brochure titled "Probiotics & Prebiotics for Children: A Guide for Parents and Caregivers" was created. It summarizes the most relevant medical information about probiotic use in pediatric patients that is legible at a grade level of 9.8.

Conclusions: A brochure was created for parents or caregivers of children regarding probiotics that is evidence based, unbiased, and easily readable. It is a simple and cost-effective patient education tool for family practice.

Dr. Laura Musat

Improving a Patient's Quality of Life with Shoulder Joint Injections

Shoulder pain is a common complaint encountered in the family practice setting. The rationale for this report was to describe the important role of corticosteroid injections in alleviating a patient's pain and improving his/her quality of life early in the course of presentation.

This case report describes a patient who presented with shoulder pain due to work-related repetitive overhead and lifting activities which gradually worsened over time. His pain was not responsive to conservative measures such as anti-inflammatories, heat or stretching exercises. Corticosteroid injection to his shoulder improved the pain, allowing him to return to his work and complete physiotherapy.

Corticosteroid injections are procedures that are easy to perform in the primary care office to help improve the functional level of patients suffering from chronic shoulder pain. Even though there is contradictory data from clinical studies and steroid injections might have only short-term effect, some studies show that patients benefit from these injections in many different ways including: improved chronic shoulder pain, reduced inflammation and increased range of motion enabling them to either continue their daily activities or to participate in rehabilitation programs that will help their condition and overall their life in the long-term. It is important for family practitioners to be comfortable and skilled in performing these procedures to reduce waiting time for treatment and improve the overall well-being of patients.

Dr. Kehinde Olorunsola

Social Determinants of Health and its Impact on the Management of Type-1 Diabetes Mellitus

Type-1 Diabetes Mellitus is the most common endocrine disorder in children, with the incidence now twice as high among children as it was in the 1980s. Yearly, an average of 13,000 new cases are diagnosed. Poorly controlled diabetes results in early complications and poor outcomes for the individuals involved.

Multiple factors influence its management. In this case report we look at identifying some of the economic and social conditions that influence the health and wellbeing of these individuals to be able to locate areas of deficiency in the management of the illness; this may in the long-term reduce complications from the disease.

Reported is the case of a recently diagnosed 1-year-old child with a 1-week history of nausea and vomiting, weight loss, polyuria and fatigue. He was diagnosed with Type-1 Diabetes and admitted to hospital with Diabetic Ketoacidosis. He was discharged and sent home after a few days and continued on insulin via a syringe. He continued to follow up mainly with the endocrine clinic and his family doctor.

Diabetes brings about significant changes in the lives of individuals and families. Environmental and physical factors impact on achieving optimal control in the management of this illness. A multidisciplinary approach is required for management of Diabetes type 1. Family doctors should work in close collaboration with the endocrinology team in identifying areas of need for good outcomes of this chronic illness.

Dr. Bart Mysliwicz

The Periodic Health Examination: What Does the Evidence Tell Us?

Background: The periodic health exam (PHE) is an established part of primary care practice in North America. In this evaluative review the evidence behind the commonly performed elements of the PHE such as the history, the physical exam, laboratory tests, and other diagnostic tests will be described. In addition, the arguments for and against providing the preventative services in a discrete visit will be highlighted.

Methods: A search of PubMed was conducted. In addition articles were drawn from other evidence-based sources such as uptodate.com and the website of the Canadian College of Family Physicians.

Results: Evidence exists for routine screening of patients for tobacco use, alcohol abuse, and depression via history taking. There is currently insufficient evidence to recommend for routine screening for domestic

abuse and to recommend counseling about safe motor vehicle use. Three physical exam components are routinely recommended: blood pressure measurement every 2 years, weight measurement, and pap smear for sexually active women up to age 65. All other physical exam components including the DRE and the clinical breast exam are not recommended. Routine ordering of blood tests such as the CBC, the electrolytes, and TSH is not recommended. Serum cholesterol screening is highly recommended. Routine measurement of serum glucose is recommended in specific populations. Screening for chlamydia is recommended for sexually active women aged 24 years and younger. Routine HIV screening is controversial. PSA measurement for prostate cancer is likewise controversial and should be discussed with patients. Screening for colon cancer using various diagnostic tests, and mammography for breast cancer screening is highly recommended. One time screening of male smokers aged 65-75 via abdominal ultrasound for abdominal aortic aneurysm is recommended. It is currently unknown whether it is optimal to deliver these preventative services in a single, recurring dedicated visit or whether these services should be incorporated into other visits. Conclusion: Research shows that often what takes place in the daily practice of physicians is not supported by evidence. Physician and patient education is needed to put an end to practices that do not improve outcomes.

Dr. Sukhjeen Nandra

Informed consent for insertion of labour epidurals

Women in active labour commonly request epidurals for analgesia, but it is reasonable to question whether patients experiencing significant amounts of pain are capable of consenting to a procedure with serious potential harms. Selected literature was reviewed to propose that it is possible for these women to provide informed consent. Furthermore, the literature suggests about which risks labouring women want to know. This is helpful to family physicians in addressing questions and concerns about labour analgesia during antenatal visits, as well as to those practicing obstetrics or anesthesia.

Dr. Fatemeh Sargolzaei

Bone Mineral Density Screening for Osteoporosis in Male Patients Sixty-Six Years and Older

Objective: To determine rate of screening with bone mineral density for Osteoporosis among men older than 66 years old.

Design: Chart Audit.

Setting: The rural family practice in Southwest Middlesex Heath Center (Mount Brydges, ON).

Participants: 100 male patients at a family practice associated with 4 physicians.

Main Outcome Measures: Rate of screening with bone mineral density for Osteoporosis, result of bone mineral density and risk of fracture in 10 years

Result: Of the 100 patients reviewed, 20 had received bone mineral density testing. Rate of screening was 15.8% to 27.3% depending on physician. Within 100 cases a diagnosis of Osteoporosis was not found.

Among 20 patients tested with bone mineral density specific results for 3 were not retrievable. Ten-year fracture risk was evaluated for 17 available cases and, 12 (70.6%) were low risk, 3 (17.6%) were moderate risk and 2 (11.8%) were high risk for having fracture in 10 years. Three patients were on treatment (Bisphosphonate) for moderate to high risk of fracture and documentation regarding Vitamin D and calcium was found in the chart of 2 patients in the moderate risk group.

Conclusion: Considering the relatively high percentage of patients with moderate to high fracture risk found in this study as compared with other values in the literature and known morbidity and mortality associated with Osteoporotic fracture in this population, we recommend a higher rate of Bone Mineral Density screening can allow for earlier identification of older men at risk and improve the treatment of Osteoporosis and prevention of fractures.

Dr. Rita Shamoon

Are Probiotics Effective for Alleviating the Symptoms of Irritable Bowel Syndrome?

The purpose of this evaluative systematic review was to determine the efficacy of oral probiotics for treating the symptoms of irritable bowel syndrome in adults. A search for randomized controlled trials published between January 2000 and December 2011 was conducted. Databases in the search strategy included PubMed and Medline. The search terms were 1) "irritable bowel syndrome" and "probiotics"; 2) "irritable bowel syndrome" and "lactobacillus"; 3) "irritable bowel syndrome" and "bifidobacterium." References of clinical trials were reviewed for further studies to include. A list of 24 articles was compiled and, of these, 12 articles were consistent with the clinical question and met the inclusion criteria. The criteria for inclusion was as follows: randomized placebo-controlled clinical trial, published in English, involving adults at least 18 years of age, diagnosed with IBS via the Manning or Rome criteria, treated by supplementation with a multi-species or multi-strain probiotic containing at least one strain of Lactobacillus or Bifidobacterium. The outcome had to include relief of symptoms of irritable bowel syndrome, such as abdominal distension, flatulence, borborygmi, urgency and abdominal pain or discomfort as either the primary or secondary outcome. Of the 12 studies that assessed the impact of probiotics on irritable bowel syndrome symptoms, 8 were positive, 1 was negative and 3 had mixed results. In conclusion, probiotic supplementation did in general alleviate certain symptoms of irritable bowel syndrome and warrants recommendation as a treatment option for symptom relief.

Dr. Maria Tambakis

Palliative Care Management of Recurrent Glioblastoma in a Young Patient: A Case Study and Literature Review

Objectives: This case report discusses the physical manifestations and psychosocial considerations in the management of a recurrent glioma brain tumor in a young adult female patient while reviewing relevant supportive literature. Although brain tumors are rare, accounting for a small percentage of all cancers, they are oftentimes aggressive cancers and difficult to treat due to the complexities of surgery, radiation, and chemotherapy delivery to the brain. Glioblastoma is the most common type of brain tumor and it often presents at an advanced stage. Since cancer is a disease that typically affects older adults, there are additional end of life planning considerations when dealing with a terminal illness as a young patient.

Methods: A chart review was conducted and reflections from experiences with the patient informed this case report. A broad literature review was performed to address current diagnostic, therapeutic and psychosocial management approaches of glioblastoma.

Key Findings/Conclusions: Quality end of life care for a young patient and their support system involves actively managing debilitating physical symptoms while attempting to relieve psychosocial stress induced by a palliative diagnosis. Rapid changes in health status are typical of glioblastoma and physicians must have a low threshold for emergent management of symptom progression, as well as preparation of family for deterioration. This process is affected by one's previous experience with illness and the health care system; thus, physicians should aim for a holistic, team approach to palliative care to best address the underlying concerns of patients and their families.

Contact Info:

Department of Family Medicine
Schulich School of Medicine & Dentistry
Western University
2nd Floor – Rix Clinical Skills Building
London, Ontario N6A 5C1
519.661.2037
www.schulich.uwo.ca/familymedicine