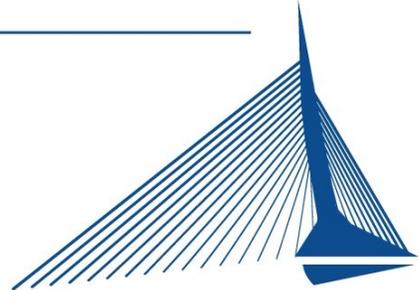




Preliminary Program – Subject to change

# 63<sup>rd</sup> ANNUAL SCIENTIFIC ASSEMBLY



MANITOBA COLLEGE OF FAMILY PHYSICIANS

**LIVE STREAMING WEBINAR**

**APRIL 22–23, 2021**

**THEMES PRESENTED:**

- Cardiac
- Men’s Health
- Women’s Health
- Pediatrics
- Mental Health
- Dermatology
- General Medicine
- Best Practices

**REGISTRATION OPENS FEBRUARY 1<sup>ST</sup>, 2021**

[www.mcfp.mb.ca/asa/](http://www.mcfp.mb.ca/asa/)

Register





## Welcome to the 63<sup>rd</sup> Annual Scientific Assembly Live Streamed Webinar.

On behalf of the organizing committee, I am excited to welcome you to ASA 2021. I never expected that we would be meeting once again amid an ongoing global pandemic. We live in challenging times and are faced with extraordinary demands to meet the needs of our patients, communities, and families. Whilst these may not be relatable to all, each of us must contend with struggles that challenge us every day: COVID fatigue, functioning under prolonged restrictions, an ever-expanding schedule of virtual meetings, prolonged periods behind masks, and perhaps unfortunate enough to suffer from or lose friends, family, and colleagues from COVID.

As we grapple to find a balance in this new way of life, it is commendable that you have found the time and emotional energy to join us in an endeavour to enhance your skills and knowledge. We too have had our share of problems.

Nonetheless, the ASA Committee has worked hard to bring you another fantastic virtual CME event. It is our hope that that you will find the program thought provoking and inspiring. Thank you and welcome to ASA 2021.

**Dr. Ganesan Abbu**  
**Chair, Education & Research Committee**

### 2020/2021 Continuing Education & Research Committee

#### Committee Chair

**Ganesan Abbu, MD Chb CCFP FCFP**  
C.W. Wiebe Medical Centre, Winkler

#### Committee Members

**Tamara Buchel, MD CCFP,**  
Kingsbury Family Medical Centre, Winnipeg

**Lisa Goss**  
Executive Director, MCFP

**Robert Kruk, MD CCFP**  
Carman Medical Clinic, Carman

**Julie Lamb, MD CCFP FCFP**  
Autumnwood Medical Centre, Winnipeg

**Richard Rusk, DVM MD CCFP MPH**  
Manitoba Public Health, Winnipeg



Want to join your colleagues  
and help plan a top notch  
medical conference?

Join the Education & Research Committee!  
Email Lisa Goss, Executive Director at [lgoss@mcfp.mb.ca](mailto:lgoss@mcfp.mb.ca)



ANNUAL SCIENTIFIC ASSEMBLY

# PHILOSOPHY & LEARNING OBJECTIVES

The Family Physician will:

- gain knowledge about new concepts in the delivery of medicine,
- gain knowledge and skills to apply to his or her everyday practice,
- be given an opportunity to discuss concepts that are controversial and innovative,
- be challenged by new innovations in medicine and continually apply these to his or her practice,
- leave the program with confidence in new skills and gain tools to explore new ways of obtaining information and expanding his or her knowledge.

**MCFP’s Annual Scientific Assembly:** *You miss a year; you miss a lot!*

**The 63<sup>rd</sup> Annual Scientific Assembly has been certified for 1 Mainpro+ credit per hour, for a maximum of 13.5 Mainpro+ credits. Thursday 7.25 Friday 6.25**

## WEBINAR ACCESS FEES

### PROMO CODES:

- **Earlybird2021** - 20% discount on 2-day registration. Early bird deadline is April 1, 2021 at 4:00 p.m.
- **Thursdayonly** - to register for Thursday only.
- **Fridayonly** - to register for Friday only.

| FEE DOES NOT INCLUDE GST                                      | TWO DAYS<br>EARLY BIRD RATE<br>Registrations received.<br>BEFORE APRIL 1, 2021 | TWO DAYS<br>LATE BIRD RATE<br>Registrations received.<br>AFTER APRIL 1, 2021 | ONE DAY<br>Half Price |
|---|--|--|-----------------------|
| <input type="checkbox"/> CFPC Member Physician                | 20% savings  | \$500  | \$250                 |
| <input type="checkbox"/> Non-Member Mainpro Participant       | 20% savings  | \$700  | \$350                 |
| <input type="checkbox"/> First 5 Years in Practice Physicians | 20% savings  | \$400  | \$200                 |
| <input type="checkbox"/> Allied Health Care Professional      | 20% savings  | \$500  | \$250                 |
| <input type="checkbox"/> Resident                             | 20% savings  | \$100  | \$50                  |
| <input type="checkbox"/> Medical Student                      | Free   | Free   | Free                  |

Cancellation Policy: Please be aware that there is a \$40 cancellation fee on all refunds.



## ANNUAL SCIENTIFIC ASSEMBLY PROGRAM SUMMARY

general medicine • men's health • women's health • pediatric • dermatology • physician wellness • best practices • hot topics

Since its inception, the MCFP has recognized the importance of providing members with CPD opportunities and a forum where primary care physicians can learn and network with their peers and colleagues.

### Plenary Sessions via Webinar

In 2020, the College developed a virtual ASA with the exceptional cooperation of our presenters and partners. It was a first time for us and for you, our members. When the evaluations came in, we discovered that most attendees really enjoyed the virtual program and the ability to watch and participate in the comfort of their home or office. It was decided that, going forward, we would offer at least some part of the ASA via live streamed webinar.

In 2021, the threat of COVID-19 still looms and so the MCFP decided early on that we would once again deliver the entire educational component of the Annual Scientific Assembly via live-streamed webinar. One of the main benefits is that our members who live and work in the northern and rural Manitoba can attend, where they may not have been able to do so with an in-person conference.

While we hope to bring us together for an in-person component in the future, it will not be happening this year. That said, a live-streaming webinar offers some undeniable conveniences. For instance:

- Log-in and watch wherever you are most comfortable. (Attendees are not on camera, so feel free to attend in your jammies – no one will ever know!)
- You will be able to participate and ask questions to the speakers via the chat function. Your questions will be sent to the session moderator, who will vet and ask the questions on your behalf. The presentation is streamed LIVE.
- You can opt to attend one or both days.
- Presentations will be recorded and uploaded for one month after the ASA, so you can go in and re-watch your favourite sessions.

### Annual Members Meeting via Webinar

The Annual General Meeting is held over lunch on Friday, April 23, 2021 from 12:15 – 1:15 pm.

The MCFP Annual Members Meeting provides members with an opportunity to review and learn about College activities in the last year. Presided by Dr. Ian Alexander, MCFP President, the AMM delivers a summary of the financial health of the College, announces award recipients, and introduces the Executive Committee and Board to the membership.

**All members of the College are welcome to attend the Annual Members Meeting, even if you are not registered for the education sessions.**

Registration links and webinar information for the AMM will be issued to all members of the College before the meeting. This is your College – make time to log in!

### Mainpro+ Credits

Mainpro+ credits for attending the Live Stream ASA Webinar are 1 credit per hour of education attended, for a maximum of 13.5 credits for Thursday and Friday.

Credits for attending the Live Stream ASA Webinar will be submitted to the College of Family Physicians of Canada and added to your Mainpro+ account.

If you choose to watch all or some of the recorded sessions after the ASA, those credits will be considered Online Learning Programs, and you will be responsible for recording your Mainpro+ credits.



## THURSDAY, APRIL 22, 2021

# SCHEDULE AT-A-GLANCE

|  |  |
|--|--|
| <b>8:15</b>                            | <b>Welcome, Instructions, and Announcements</b>  |
| 8:30 – 9:30<br>45 min + Q & A          | <b>CARDIAC</b><br>1. HOW LONG SHOULD BETA-BLOCKERS BE CONTINUED POST-MI? Dr. Grace Frankel<br>2. SHOULD ALL PATIENTS WITH HF BE ON AN SGLT2 INHIBITOR? Dr. Shelly Zieroth<br>3. HOW DO I TITRATE DIURETICS IN CHF? Dr. Shelly Zieroth  |
| 9:30 – 10:30<br>45 min<br>+ Q & A      | <b>GENERAL MEDICINE</b><br>4. CELIAC DISEASE, A PRACTICAL APPROACH Dr. Jennifer Griffin<br>5. WHAT PRE-OPERATIVE TESTS DOES MY PATIENT REQUIRE? Dr. Tom Mutter<br>6. ARE MANITOBANS WITH TYPE 2 DIABETES RECEIVING CARE THAT MEETS CANADIAN GUIDELINES?<br>Dr. Chelsea Ruth  |
| <b>10:30 – 10:45</b>                   | <b>BREAK (15 min)</b>  |
| <b>10:50 – 12:00</b><br>50 min + Q & A | <b>WOMEN'S HEALTH</b><br>7. WHAT SHOULD I DO 45 YEARS OLD MARIE IS HAVING MENSTRAL HEAVY BLEEDING FOR 10 DAYS? Dr. Chaitasi Intwala<br>8. WHAT'S THE PLACE FOR HRT IN TREATING MENOPAUSAL WOMEN? Dr. Debra Evaniuk<br>9. WHAT'S HPV TESTING GOT TO DO WITH IT? Dr. Sara Kean   |
| <b>12:00 – 12:45</b><br>30 min + Q&A   | <b>SEX, DRUGS, AND WEED – WHAT YOU NEED TO KNOW FOR YOUR PRACTICE</b><br>10. PRESCRIBING BENZODIAZEPINES AND Z-DRUGS, Dr. Marina Reinecke<br>11. AUTHORIZING MEDICAL CANNABIS, Dr. Brent Kvern<br>12. MAINTAINING BOUNDARIES – SEXUAL INVOLVEMENT WITH A PATIENT, Dr. Karen Bullock Pries  |
| <b>12:45 – 1:15</b>                    | <b>LUNCH (30 min)</b>  |
| <b>1:15 – 2:15</b><br>45 min + Q & A   | <b>PHYSICIAN WELLNESS</b><br>13. PATIENT & PROVIDER LIVES MATTER – MEDICAL ERROR, BURNOUT AND NEUROSCIENCE, Dr. Rizwan Manji<br>14. PHYSICIAN HEALTH & WELLNESS, Dr. Stephane Lenoski<br>15. PHYSICIAN HEALTH & WELLNESS, Dr. Ainslie Mihalchuk  |
| <b>2:15 – 3:30</b><br>50 min + Q & A   | <b>MENTAL HEALTH</b><br>16. WHEN DOES A MENTAL HEALTH RELATED WORK INJURY PRECLUDE WORK? Dr. Prabhath Avadhanula<br>17. WHAT ARE THE SPECIFIC CHALLENGES OF MANAGING PATIENTS WITH PSYCHIATRIC AND INFLAMMATORY COMORBIDITY? Dr. Alex Singer<br>18. HOW CAN I HELP MY PATIENTS WITH INSOMNIA AND OTHER SLEEP RELATED DISORDERS? Dr. Magdy Younes |
| <b>3:30 – 3:45</b>                     | <b>BREAK (15 min)</b>  |
| <b>3:45 – 4:45</b><br>50 min<br>+ Q&A  | <b>MENS HEALTH</b><br>19. HOW DO I EVALUATE AND MANAGE SYMPTOMS OF BENIGN PROSTATIC HYPERPLASIA? Dr. Premal Patel<br>20. WHAT ARE TREATMENT OPTIONS FOR MEN WITH PENILE CURVATURES? Dr. Premal Patel<br>21. WHAT ARE THE APPROPRIATE THYROID AND ANDROGEN TESTING ALGORITHMS IN PRIMARY CARE?<br>Dr. Abdi Sokoro                                 |



THURSDAY, APRIL 22, 2021

MORNING SESSIONS

8:30 – 9:30 CARDIAC

### HOW LONG SHOULD BETA-BLOCKERS BE CONTINUED POST-MI?

Dr. Grace Frankel, Clinical Pharmacist (Family Practice/Hospital)

Emerging evidence suggests that beta-blockers may have limited benefit for patients with uncomplicated myocardial infarction, especially in a post-perfusion era. The purpose of this presentation is to explore the scientific literature regarding absolute benefits for beta-blockers pre- and post-introduction of PCI/revascularization in uncomplicated MI to determine whether beta-blockers are still worth the adverse effect risks in comparison to their benefits. Finally, this talk will postulate a patient population that may be appropriate to consider beta-blocker discontinuation post-MI and to identify which higher-risk patients should continue their beta-blocker therapy.

Learning Objectives:

1. Discuss the different classes of beta-blockers and differences between them in terms of clinical use and adverse effects
2. Identify and discuss scientific literature justifying the possibility of beta-blocker discontinuation post-MI
3. Evaluate and select patients that may be candidates for safe discontinuation of their beta-blocker therapy post-MI

### SHOULD ALL PATIENTS WITH HEART FAILURE BE ON AN SGLT2 INHIBITOR?

Dr. Shelley Zieroth, Past-President Canadian Heart Failure Society

Guideline directed medical therapy has evolved significantly over the past 5 years. Quadruple therapy implements RAS inhibitors including ARNi and now has evolved to include SGLT2i's after publication of DAPA-HF and EMPEROR-reduced clinical trials. International guidelines have been modified in the management of HFrEF as a result. Clinical trials of SGLT2i's in HFpEF are forthcoming and may further impact this patient population. A pragmatic approach to prescribing and timing of therapies will be presented.

Learning Objectives:

1. To identify which HF patients are eligible for SGLT2i therapy
2. To understand the changes in Guideline directed medical therapy for HFrEF
3. To recognize the clinical considerations when prescribing SGLT2i's
4. To provide appropriate counselling to patients who are started on an SGLT2i for HF

### HOW DO I TITRATE DIURETICS IN CHF?

Dr. Shelley Zieroth, Past-President Canadian Heart Failure Society



THURSDAY, APRIL 22, 2021

MORNING SESSIONS

## 9:30 – 10:30 GENERAL MEDICINE

### **CELIAC DISEASE, A PRACTICAL APPROACH**

Dr. Jennifer Griffin, Pediatric Gastroenterologist

I will review the current non-invasive celiac screening test, invasive testing option through endoscopy and review the current guidelines for diagnosing and managing patients with celiac disease. Review limitations in testing for celiac disease. Outline approach for investigating and treating celiac disease.

Learning Objectives:

1. Define celiac disease
2. Describe clinical features of celiac disease
3. Review diagnostic tests available and limitations of testing
4. Understand complications of untreated celiac disease
5. Develop an approach to manage suspected celiac disease

### **WHAT PRE-OPERATIVE TESTS DOES MY PATIENT REQUIRE?**

Dr. Tom Mutter, Assistant Professor and Associate Head Research and Academic Affairs Department of Anesthesia, Perioperative and Pain Medicine

In 2016, a multidisciplinary team was formed to implement a new Preoperative Diagnostic Testing Guideline in Manitoba. Existing guidelines were revised to incorporate Choosing Wisely Canada recommendations. Despite their potential to improve quality of care, the uptake of new clinical guidelines is inconsistent at best. Following implementation, retrospective observational chart reviews revealed a significant absolute reduction in the average number of all preoperative tests from 5 to 3 and a significant reduction in unnecessary tests from 3 to 2 tests per person (relative reduction of 34%). This presentation will review the Preoperative Diagnostic Testing Guidelines in Manitoba, the tools in place to support the uptake of these guidelines for family physicians, and the results of our most recent audits.

Learning Objectives:

1. Review the current provincial pre-operative testing guidelines and how to apply them to your patients
2. Summarize the tools and resources available to support family physicians in using the guideline
3. Identify the number of unnecessary pre-operative tests that continue to be ordered in Manitoba, discuss how they harm patients and how much they cost the health care system

### **ARE MANITOBANS WITH TYPE 2 DIABETES RECEIVING CARE THAT MEETS CANADIAN GUIDELINES?**

Dr. Chelsea Ruth, Researcher, Manitoba Centre for Health Policy/Assistant Professor, University of Manitoba

MCHP recently released a comprehensive report, in partnership with FHNSSM looking at T2DM in Manitoba. It examined incidence and prevalence of diabetes and specifically type 2 diabetes in First Nation and all other Manitobans. A complete picture of the health care use, care received, and complications experienced by people with T2DM was assembled. This presentation will review the results which looked at how guidelines from Diabetes Canada were met across different age groups and areas of Manitoba as well as provide some strategies from the literature and our advisory group in improving care received.

Learning Objectives:

1. Understand the state of T2DM in Manitoba
2. Understand how First Nation Manitobans are uniquely affected by T2DM
3. Learn whether care received by people with T2DM meets guidelines



## THURSDAY, APRIL 22, 2021

MORNING SESSIONS

### 10:45 – 12:00 WOMEN’S HEALTH

#### **WHAT SHOULD I DO 45 YEARS OLD MARIE IS HAVING MENSTRAL HEAVY BLEEDING FOR 10 DAYS**

Dr. Chaitasi Intwala M.D. C.C.F.P. Lecturer, University of Manitoba

Will do presentation in interactive way as per multiple choice questions for key points in in assessment of patient, order appropriate investigation and provide medical management in office setting.

Learning Objectives:

1. Abnormal uterine bleeding -Anovulatory , management in clinical setting
2. How to investigate abnormal uterine bleeding
3. When to refer for endometrial biopsy

#### **WHAT’S THE PLACE FOR HRT IN TREATING MENOPAUSAL WOMEN?**

Dr. Debra Evaniuk, Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, University of Manitoba

#### **WHAT’S HPV TESTING GOT TO DO WITH IT?**

Dr. Sara Kean, Medical Lead, CervixCheck

This learning session will explain the role and benefits of, as well as eligibility and rationale for HPV reflex testing as part of cervical cancer screening in Manitoba.

Learning Objectives:

1. Describe HPV triage
2. Identify the eligible population for HPV reflex testing
3. Appropriately manage cervical cancer screening test results with HPV reflex testing

Communicate key HPV messages to patients

### CME REBATES

Manitoba Health provides reimbursement for CME costs for fee-for- service doctors. The Annual Scientific Assembly would qualify for reimbursement of registration fees.

The CME rebate program is negotiated and administered through Doctors Manitoba. Click [here](#) for more details



THURSDAY, APRIL 22, 2021

MORNING SESSIONS

## 12:00 – 12:45 SEX, DRUGS, AND WEED – WHAT YOU NEED TO KNOW FOR YOUR PRACTICE

*The College of Physicians and Surgeons of Manitoba has recently published three new or enhanced standards of practice that will influence the care of your patients; Prescribing Benzodiazepines and Z-drugs, Authorizing Medical Cannabis and Maintaining Boundaries – Sexual Involvement with a Patient. Three topic experts will walk you through highlights of the standards and discuss ways to implement the changes into your practice. It will also be an opportunity to ask questions and seek clarification about the new standards of practice.*

*By the end of this session, participants will be able to interpret and apply the new CPSM standards in their practice: Prescribing Benzodiazepines and Z-drugs, Authorizing Medical Cannabis, and Maintaining Boundaries – Sexual Involvement with a Patient*

### **PRESCRIBING BENZODIAZEPINES AND Z-DRUGS**

Dr. Marina Reinecke

In the past two decades clinical guidelines have recommended against long-term use of benzodiazepines and Z-Drugs. The conditions where benzodiazepines are most prescribed (anxiety and insomnia) remain sources of debate in medical circles. Physicians must consider multiple factors when prescribing benzodiazepines. Good clinical judgment and an evidence-based approach remain key to safe and appropriate prescribing. The Standard tries to strike the best balance between the benefits benzodiazepines and Z-drugs provide for many patients with the risk posed to some patients.

### **AUTHORIZING MEDICAL CANNABIS**

Dr. Brent Kvern

This revised standard offers clear direction on the expectations of a physician who authorizes medical cannabis as part of their practice, including in hospital and long-term care settings.

### **MAINTAINING BOUNDARIES – SEXUAL INVOLVEMENT WITH A PATIENT**

Dr. Karen Bullock Pries

Maintaining boundaries and sexual involvement with a patient strikes at the ethical core of public protection and patient safety. The unique nature of the relationship between patients and physicians is the foundation for prohibiting sexual contact and sexualized interactions between physicians and their patients, and strictly limiting sexual contact and sexualized interactions with former patients and persons who are interdependent with a member's patient. Sexual impropriety is treated as a very serious failure to maintain boundaries and the severity of the misconduct is assessed along a continuum. This standard will attempt to clearly outline the importance and requirement of boundaries in any physician-patient relationship and an understanding of the approach to the consequences for failing to maintain these boundaries.



THURSDAY, APRIL 22, 2021

AFTERNOON SESSIONS

1:15 – 2:15 PHYSICIAN WELLNESS

**PATIENT & PROVIDER LIVES MATTER – MEDICAL ERROR, BURNOUT AND NEUROSCIENCE**

Dr. Rizwan Manji

**PHYSICIAN HEALTH & WELLNESS**

Dr. Stephane Lenoski, Chair, Physician Wellness Committee, Doctors Manitoba

Dr. Lenoski will give a brief background of the services and resources available through Doctors Manitoba that support physician wellness and discuss recent physician wellness initiatives and projects underway in Manitoba with the support of the CMA.

Learning Objectives:

- 1. Outline Doctors Manitoba’s strategic goals when it comes to physician wellness
- 2. Discuss in detail resources available to physicians and 2 exciting new programs supported by the CMA

**PHYSICIAN HEALTH & WELLNESS**

Dr. Ainslie Mihalchuk, Assistant Registrar, CPSM

Dr. Mihalchuk will discuss physician wellness through a CPSM lens and demystify common beliefs physicians might have about the college when it comes to physician wellness.

Learning Objectives:

- 1. Outline CPSM’s role in supporting physicians
- 2. Demystifying common beliefs physicians might have about the college when it comes to supporting physician wellness



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THURSDAY, APRIL 23, 2020

AFTERNOON SESSIONS

## 2:15 – 3:30 MENTAL HEALTH

### WHEN DOES A MENTAL HEALTH RELATED WORK INJURY PRECLUDE WORK?

Dr. Prabhath Avadhanula, Psychiatric Consultant to the Workers Compensation Board of Manitoba

Assessment of the abilities of an injured worker to continue job duties is complex. This is especially true when the work injury is related to mental health. In this presentation I will discuss the role of the Workers Compensation Board in these cases, common work-related mental health injuries, and approach to challenges in these areas. The risks and benefits of working and not working in these cases will also be discussed.

Learning Objectives:

1. Appreciate the role of Workers Compensation Board for your patient with a mental health condition arising from a workplace injury.
2. Communicate risks and benefits of work vs not working for those with a work-related mental health condition.
3. Consider timely psychiatric consultation and current standards/guidelines in the treatment of mental health conditions.
4. Encourage work-focused healthcare.

### WHAT ARE THE SPECIFIC CHALLENGES OF MANAGING PATIENTS WITH PSYCHIATRIC AND INFLAMMATORY COMORBIDITY?

Dr. Alex Singer, Associate Professor, University of Manitoba

Over the past 5 years Manitoba based team has been conducting world class research to improve our understanding of the impact and disease burden of Immune Mediated Inflammatory Conditions (IMID) specifically, Multiple Sclerosis, Inflammatory Bowel Disease and Rheumatoid Arthritis in combination with psychiatric illness. This presentation will describe the specific ways in which having IMID puts patients at risk for psychiatric illness and how having both put patients at greater risk of having negative health outcomes and increased health care utilization beyond the strictly additive effect.

Learning Objectives:

1. To describe how patients suffering from inflammatory mediated immune diseases and psychiatric can be screened for and managed effectively
2. To explore the multiplier effect of these particular comorbidities and how this impacts primary care
3. To consider interventions and approaches of care that mitigate the challenges of patients living with inflammatory mediated immune diseases and psychiatric illness.

### HOW CAN I HELP MY PATIENTS WITH INSOMNIA AND OTHER SLEEP RELATED DISORDERS?

Dr. Magdy Younes, Distinguished Professor Emeritus, University of Manitoba

I will describe recent advances in the analysis of sleep studies and how they can help individualize management of patients with insomnia, excessive sleepiness, non-restorative sleep and other sleep-related complaints. As well, I'll briefly introduce the audience to a newly developed (in Manitoba) system for performing sleep studies that provides fast, comprehensive (including EEG) investigation of a wide spectrum of sleep disorders (not just sleep apnea) in the comfort and natural environment of the patient's home.

Learning Objectives:

1. Learn that insomnia has different underlying mechanisms that can now be distinguished by advanced EEG analysis
2. Learn how new methods of EEG analysis can identify insufficient sleep



3. Become aware of a new approach for fast, accurate, comprehensive sleep evaluation in the patient's home

**THURSDAY, APRIL 23, 2020**

AFTERNOON SESSIONS

**3:45 – 4:45 MEN'S HEALTH**

### **HOW DO I EVALUATE AND MANAGE SYMPTOMS OF BENIGN PROSTATIC HYPERPLASIA?**

Dr. Premal Patel, Assistant Professor, Section of Urology

Benign Prostatic Hyperplasia (BPH) is a common condition which presents with a myriad of lower urinary tract symptoms. Management can range from conservative measures, medical therapies, hospital based surgical interventions and minimally invasive ambulatory procedures. This presentation seeks to provide a framework for the evaluation of the typical male with BPH, provide a summary of treatment options available, when to seek urological consultation and to identify potential red flags.

Learning Objectives:

1. Review epidemiology and natural history of BPH
2. Overview of conservative and pharmacological therapies
3. Discuss hospital based surgical interventions for BPH
4. Present novel minimally invasive outpatient procedures for BPH

### **WHAT ARE TREATMENT OPTIONS FOR MEN WITH PENILE CURVATURES?**

Dr. Premal Patel, Premal Patel MD, Assistant Professor, Section of Urology

Peyronie's Disease is a common condition which presents with a myriad of clinical manifestations that can lead to significant psychological distress. Management options can range from conservative measures, intralesional injections and surgery. This presentation seeks to provide a framework for the evaluation of the typical male with penile curvature, review natural history of Peyronie's Disease and discuss treatment options.

Learning Objectives:

1. Review epidemiology and natural history of Peyronie's Disease
2. When to seek urological consultation for Peyronie's Disease
3. Review conservative and non-surgical treatment options for Peyronie's Disease
4. Review surgical treatment options for Peyronie's Disease

### **WHAT ARE THE APPROPRIATE THYROID AND ANDROGEN TESTING ALGORITHMS IN PRIMARY CARE?**

Dr. Abdi Sokoro, Lead Clinical Scientist & Clinical Biochemist, Diagnostic Services, Shared Health, Associate Professor Departments of Internal Medicine and Pathology

Overview and discussion of the new Provincial Manitoba Endocrine Guidelines: Thyroid and Hypogonadism chapters. The presentation will discuss appropriate testing and investigations of thyroid disorders and hypogonadism.

Learning Objectives:

1. Describe appropriate diagnostic pathway of thyroid dysfunction in primary care
2. Describe appropriate diagnostic pathway of hypogonadism in primary care
3. Recognize and practice appropriate testing (Choosing Wisely) for thyroid dysfunction and hypogonadism investigations.

FRIDAY, APRIL 23, 2021

## SCHEDULE AT-A-GLANCE

|  |  |
|--|--|
| 8:15                                     | Welcome and Announcements  |
| <b>8:30 – 10:00</b><br>65 min<br>+ Q & A | <b>DERMATOLOGY</b><br>1. ECZEMA Dr. Victoria Taraska<br>2. NAME THAT RASH TBD<br>3. HOW TO USE DERMOSCOPY TO DIFFERENTIATE SKIN LESIONS? Dr. Dan Hunt  |
| <b>10:00 – 10:20</b>                     | <b>BREAK (20 min)</b>  |
| <b>10:20 – 11:45</b><br>60 min + Q&A     | <b>BEST PRACTICES</b><br>4. CHOOSING WISELY: WHEN IS IT APPROPRIATE TO ORDER AN MRI OF THE HIP, KNEE OR LUMBAR SPINE?<br>Dr. Lisa McPhee & Dr. Eric Bohm<br>5. WHAT IS THE BEST EVIDENCE-BASED PREVENTIVE SCREENING STRATEGIES FOR ESOPHAGEAL ADENOCARCINOMA (AMONG PATIENTS WITH GERD), THYROID DYSFUNCTION, AND DEPRESSION IN PREGNANCY AND POSTPARTUM?<br>Dr. Ahmed Abou-Setta,<br>6. VIRTUAL CARE IN 2021; WHAT WE LEARNT FROM THE PANDEMIC AND HOW TO CONTINUE TO USE VIRTUAL CARE BEYOND? Dr. Alex Singer<br>7. QUALITY IMPROVEMENT: EVALUATING AND IMPROVING EMR DATA TO SUPPORT SHARING OF PRIMARY CARE INFORMATION TO ECHART? Dr. Ian Kasloff |
| <b>11:45 – 12:15</b>                     | <b>LUNCH (30 min)</b>  |
| <b>12:15 – 1:15</b>                      | <b>ANNUAL MEMBERS MEETING</b>  |
| <b>1:15 – 2:30</b><br>50 min + Q&A       | <b>PEDIATRICS</b><br>8. HOW TO DEAL WITH THE ASTHMATIC TEENAGER? Dr. Alan Kaplan<br>9. TONGUE-TIE: TO CUT OR NOT TO CUT, Dr. Katherine Kearns, Dr. Christina Raimondi, Dr. Melanie Morris<br>10. INFANT REFLUX AND THE DIFFERENCE BETWEEN PHYSIOLOGY AND DISEASE: WHAT'S THE ROLE OF POSITIONING, FEEDING AND MEDICATIONS? Dr. Geert 'tJong  |
| <b>2:30 – 3:30</b><br>60 min             | <b>HOT TOPICS</b><br>11. MANAGEMENT OF COVID-19 PATIENTS IN AN OUTPATIENT COMMUNITY-BASED CLINIC Dr. Amanda Condon, Dr. Grant Goldberg, Dr. Krystal Montgomery, Dr. Kerrie Wyant, Dr. Kadirah Lupitasari   |
| <b>3:30 – 3:45</b>                       | <b>BREAK (15 min)</b>  |
| <b>3:45 – 4:45</b><br>40 min + Q&A       | <b>GENERAL MEDICINE</b><br>12. WHEN IS VERTIGO...NOT BENIGN? Dr. Mark Kristjanson<br>13. HOW DO I ASSESS FEVER IN A SYSTEMICALLY ILL TRAVELLER RETURNING FROM TROPICAL TRAVEL? Dr. Pierre Plourde  |



FRIDAY, APRIL 23, 2021

MORNING SESSIONS

## 8:30 – 10:00 DERMATOLOGY

### ECZEMA

Dr. Victoria Taraska, Dermatologist, Winnipeg

### NAME THAT RASH

Information coming soon!

### HOW TO USE DERMOSCOPY TO DIFFERENTIATE SKIN LESIONS?

Dr. Dan Hunt, Rural Family Physician

A photo-based presentation to introduce the audience to dermoscopy and the features that can distinguish basal cell carcinoma, seborrheic keratosis, melanoma, benign nevus.

Learning Objectives:

1. Identify basal cell carcinoma on dermoscopy
2. Identify seborrheic keratosis on dermoscopy
3. Identify melanoma on dermoscopy
4. Identify benign nevus on dermoscopy

## 10:20 – 11:45 BEST PRACTICES

### CHOOSING WISELY: WHEN IS IT APPROPRIATE TO ORDER AN MRI OF THE HIP, KNEE OR LUMBAR SPINE?

Dr. Lisa McPhee, Lecturer, University of Manitoba & Diagnostic Radiologist, FRCPC

Dr. Eric Bohm, Professor of Surgery, University of Manitoba, co-lead Choosing Wisely Manitoba

Lower back, hip and knee pain is a common reason for visits to primary care. Diagnosis and treatment can often be based on history and physical examination alone. MRI rarely adds useful information when plain x-rays demonstrate degenerative hip or knee arthritis, or when there is an absence of “red flags” for low back pain. The presenters will give an overview of the evidence and guidelines around hip, knee, and low back imaging, and will review the Shared Health Diagnostic Services companion form that aims to improve the appropriateness of lumbar spine MRI exams.

Learning Objectives:

1. Learn when it is appropriate to order a lumbar spine MRI.
2. Understand appropriate imaging options for assessing hip and knee arthritis.
3. Hear about other Choosing Wisely recommendations related to imaging to improve access within our system.
4. Provide Choosing Wisely resources for physicians to use with their patients.



FRIDAY, APRIL 23, 2021

MORNING SESSIONS

## 10:20 – 11:45 BEST PRACTICES

### **WHAT IS THE BEST EVIDENCE-BASED PREVENTIVE SCREENING STRATEGIES FOR ESOPHAGEAL ADENOCARCINOMA (AMONG PATIENTS WITH GERD), THYROID DYSFUNCTION, AND DEPRESSION IN PREGNANCY AND POSTPARTUM?**

Dr. Ahmed Abou-Setta, Director, Knowledge Synthesis, George and Fay Yee Centre for Healthcare Innovation, University of Manitoba

The Canadian Task Force on Preventive Health Care was established by the Public Health Agency of Canada (PHAC) to develop clinical practice guidelines that support primary care providers in delivering preventive health care. Task Force guidelines are based on rigorous systematic review of the best possible evidence. The Task Force works with members of the College of Family Physicians of Canada to inform topic selection, review guidelines, and facilitate dissemination of guidance with associated clinician tools that support implementation of recommendations.

Learning Objectives:

1. A review of recent evidence-based preventive screening strategies for esophageal adenocarcinoma (among patients with GERD), thyroid dysfunction, and depression in pregnancy and postpartum
2. An opportunity to engage in questions and comments regarding recommendations
3. An overview of practical tools to support screening discussions with patients (for these topics)

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### **VIRTUAL CARE IN 2021; WHAT WE LEARNT FROM THE PANDEMIC AND HOW TO CONTINUE TO USE VIRTUAL CARE BEYOND?**

Dr. Alex Singer, Associate Professor, University of Manitoba

Our team is conducting a grant funded study that will be analyzing data from the Manitoba Primary Care Research Network (MaPCReN), a practice-based network within the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) that contains de-identified EMR data from 265 primary care clinicians providing primary care to 288,000 patients in Manitoba. We will briefly present the results of our study which will describe the rapid adoption and subsequent use of VC in Manitoba. Patient and provider factors significantly associated with VC use will be explored. The outcomes reported will inform strategies for VC in family medicine settings. This will be considered in the context of what is known in terms of best practices for delivering high quality virtual care. This session aims to be at the cutting edge in terms of rapid reporting of relevant family medicine-based research findings combined with real world context to support learning in this rapidly evolving recently implemented domain of our specialty.

Learning Objectives:

1. To describe and characterize virtual visits following the first confirmed case of COVID-19 in Manitoba, Canada
2. To consider some of the best practices in delivery virtual care in family medicine settings
3. To explore some of the benefits and challenges with the rapid adoption of virtual care



FRIDAY, APRIL 23, 2021

MORNING SESSIONS

10:20 – 11:45 BEST PRACTICES

**QUALITY IMPROVEMENT: EVALUATING AND IMPROVING EMR DATA TO SUPPORT SHARING OF PRIMARY CARE INFORMATION TO ECHART?**

Dr. Ian Kasloff, Family Physician, Peer Supporter in Manitoba Peer-to-Peer Network at Digital Health, Shared Health

A Home Clinic Client Summary is a document that contains an enrolled patient’s key health information provided from the Home Clinic’s Certified EMR. Client Summaries, now available in eChart Manitoba from participating Home Clinics, provide eChart users with access to clinical information to support continuity of care. As Client Summaries are dependent on information available in the EMR, data quality plays a critical role in providing comprehensive summaries. This session will introduce the Home Clinic Client Summary and educate family physicians on evidence-based characteristics from the EMR Data Quality Evaluation Guide (Bowen, 2012), which provide a framework to evaluate EMR data in support of quality Client Summaries. From these evaluation results, we will share how improvement activities such as SMART goals and PDSA cycles can be implemented. Dr. Ian Kasloff will share activities and results from his participation in a Digital Health, Shared Health evaluation and improvement exercise, and demonstrate how most family physicians can successfully utilize a practical and realistic approach to support comprehensive information sharing.

Learning Objectives:

1. Introduce Home Clinic Client Summaries in Manitoba as a method for family physicians in Home Clinics to share primary care patient information to eChart Manitoba for use by other health care providers
2. Orient family physicians to evidence-based data quality characteristics that can be used to evaluate EMR data quality
3. Review a case study demonstrating how improvement strategies such as SMART goals and PDSA cycles were used to optimize use of the EMR and improve EMR data quality



**Don’t forget to tune into the Annual Members Meeting at 12:15.  
A separate Zoom meeting link will be used for the Annual Members Meeting (AMM)  
watch your inbox for details to register for the free event.**



FRIDAY, APRIL 23, 2021

AFTERNOON SESSIONS

## 1:15 – 2:30 PEDIATRICS

### HOW TO DEAL WITH THE ASTHMATIC TEENAGER?

Dr. Alan Kaplan, Chair Family Physician Airways Group of Canada

Asthma guidelines have specific recommendations for both pediatric and adult management. The Adolescent/teenager comes with a 'mixed bag' of both comorbidities and differentials from both groups.

All of us were teenagers once, and can remember the social, peer and developmental pressures that come with this age group. We will review how to diagnose, assess and manage asthma in this age group, taking particular care in emphasizing how they are a special group. We will look at how to harness those behavioral issues that we all recognize to ensure optimal outcomes.

Learning Objectives:

1. To understand the differences between managing asthma in teenagers vs other age groups
2. To review the barriers and potential solutions to managing asthma in teenagers
3. To apply strategies for best management of an asthma in teenagers

### TONGUE-TIE: TO CUT OR NOT TO CUT?

Dr. Katherine Kearns, Family MD, Consultant in Breastfeeding Medicine, the Winnipeg Breastfeeding Centre, Low Risk Obstetrics, St. Boniface Hospital

Dr. Christina Raimondi, Family MD, Consultant in Breastfeeding Medicine, the Winnipeg Breastfeeding Centre

Dr. Melanie Morris, Pediatric Surgeon

Tongue tie has been emerging as a significant barrier to breastfeeding for many dyads. One might ask why the increase in dx and releases? What you will learn is that tongue tie is not a new problem. Specialized tongue lifting and clipping tools have been found in archeological digs, and tongue tie is noted in early Japanese writings and other historical documents, even the Bible! It is referred to in medical literature from the early 1600's. In fact, releasing the tongue appears to be one of the oldest surgical procedures still being done today. As society's norms are shifting from bottle feeding back to breastfeeding, tongue tie is re-emerging as an important barrier affecting the mom and baby dyad's success at the breast. Our lack of research, inconsistent language and poor breastfeeding education in medical schools has resulted in confusion amongst families and providers about how to diagnose and manage this issue.

Learning Objectives:

1. Describe the mechanics of sucking at the breast, and how that can be affected by tongue tie.
2. Evaluate the lingual frenulum in appearance and function.
3. Manage and counsel a breastfeeding dyad with tongue tie: risks, benefits, methods and follow -up

### INFANT REFLUX AND THE DIFFERENCE BETWEEN PHYSIOLOGY AND DISEASE: WHAT'S THE ROLE OF POSITIONING, FEEDING AND MEDICATIONS?

Dr. Geert 'tJong, Assistant Professor, Department of Pediatrics & Child Health; Assistant Professor, Department of Pharmacology & Therapeutics, University of Manitoba



FRIDAY, APRIL 23, 2021

AFTERNOON SESSIONS

## 2:30 – 3:30 HOT TOPICS

### MANAGEMENT OF COVID-19 PATIENTS IN AN OUTPATIENT COMMUNITY-BASED CLINIC

Dr. Amanda Condon, Site Medical Lead, ACCESS Winnipeg West, Dr. Grant Goldberg, Site Medical Lead, ACCESS Fort Garry, Dr. Krystal Montgomery, Site Medical Lead, ACCESS Transcon, Dr. Kerrie Wyant, Site Medical Lead, 601 Aikins, Dr. Kadirah Lupitasari, Site Medical Lead, ACCESS Nor'west

A case-based approach to address common questions about the management of previously COVID-19 positive patients in an outpatient community-based clinic.

Learning Objectives:

1. Determine PPE and screening requirements of patients after a COVID-19 infection.
2. Describe when to consider reinfection with COVID-19, repeat testing, and planning COVID-19 vaccination for those with a previous COVID-19 infection.
3. Discuss the epidemiology of COVID-19 in Manitoba thus far and the implications in primary care.
4. Identify an approach to the management of Long COVID and when to refer in primary care.

## 3:30 – 4:45 GENERAL MEDICINE

### WHEN IS VERTIGO...NOT BENIGN?

Dr. Mark Kristjanson, Clinician, Urgent CancerCare clinic (CancerCare Manitoba); Medical Lead, Primary Care, Community Oncology Program

A case-based approach will illustrate scenarios which might easily be mistaken for vertigo of benign etiology, but which include clues in the history or physical examination that should prompt the clinician to include cancer and stroke on the differential diagnosis, and to consider urgent imaging or specialist consultation.

Learning Objectives:

1. The learner will be able to: describe "textbook" history and physical exam findings of benign paroxysmal positional vertigo
2. List features of the patient's symptoms or past medical history that warrant consideration of central causes of vertigo
3. Explain how to choose and arrange timely and appropriate imaging of suspected central causes of vertigo

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### HOW DO I ASSESS FEVER IN A SYSTEMICALLY ILL TRAVELLER RETURNING FROM TROPICAL TRAVEL?

Dr. Pierre Plourde, Medical Officer of Health

Fever in the returned traveller is a potential medical emergency, requiring assessment in a setting where reliable malaria laboratory diagnostic facilities are available. Nearly 50% of systemically ill febrile travellers who have recently visited tropical destinations require hospitalization, most for malaria and typhoid fever. This concise presentation will outline the essential workup required of all febrile travellers, including important clinical and initial laboratory



investigation clues to look for to efficiently establish a timely diagnosis. An algorithm will also be presented to direct initiation of timely management and/or consultation with Infectious Diseases for severe malaria.

Learning Objectives:

1. Describe and prioritize the most common causes of fever in an individual returning from tropical travel, according to incubation periods
2. Initiate timely diagnostic testing of fever in an individual returning from tropical travel
3. Recognize the criteria for severe malaria, prompting urgent referral to infectious diseases

