# The 2020 University of Toronto Department of Family and Community Medicine Conference

## Workshops AM Session 2 (11:00 a.m. – 12:00 p.m.)

| TITLE | PRESENTER(S) | DESCRIPTION |
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| **WORKSHOP ON MUSCULOSKELETAL EXAMINATION** | Sumeet Gill<br>Neil Dilworth<br>Mark Leun<br>Alex Francella | This hands-on and highly interactive workshop allows for participants to direct their learning of musculoskeletal examination based on their needs. The workshop was designed to be able to adapt to the needs of the learners and can accommodate learning any of principles of examination and special tests of the cervical, thoracic, lumbar spine, shoulder, hip, hand/wrist, knee, ankle/foot. Participants will be divided into small groups with an instructor and the examination techniques are learned through observation, describing, performing, and giving feedback to other participants. The workshop instructors are CCFP certified family physicians and either have their CAC in sports and exercise medicine or are training to acquire it. This workshop acts as a compliment to the musculoskeletal differentials workshop and participants are encouraged to attend both. |
| **THE FUTURE IS NOW: TECHNOLOGICAL INNOVATIONS IN PALLIATIVE CARE** | Amit Arya<br>Martin Chasen<br>Naheed Dosani<br>Bonnie Keating | Access to outpatient palliative care is constrained by limited resources and a requirement to meet with the clinician for assessments. This talk will showcase three exciting new technologies which can help to overcome some of these barriers.<br><br>Patients are often transferred to hospital for drainage of ascites or pleural effusions. Point-of-care ultrasound can guide outpatient drainage and reduce complication rates. It can also be used to diagnose bowel obstruction, DVT, and pneumonia.<br><br>Telemedicine can remove the costs and physical challenges of an in-person appointment. Family can join the visit from separate physical locations. Telemedicine improves access for those living in rural communities and saves clinician time by minimizing travel. |

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| | | E-symptom monitoring allows proactive outpatient assessment of patient symptoms. With earlier intervention, community palliative care resources can be appropriately mobilized, leading to timely recommendations and reduced need for hospitalization. |
| **STAND UP FOR HEALTH! A SIMULATION FOR THE SOCIAL DETERMINANTS OF HEALTH** | Latif Murji | Stand Up for Health is an immersive simulation that gives participants a better understanding and appreciation of the social determinants of health through experiential learning. Participants are placed in the role of Canadians living in poverty and must interact, make choices, and solve challenges within their given set of circumstances. The latter portion of the workshop consists of a facilitated discussion on challenges faced by marginalized Canadians as well as on public policy that leads to a healthy and equitable society. This session will focus on experiential learning as an effective form of teaching the social determinants of health, and highlight the inspiration, methodology, and evidence behind Stand Up for Health. In addition, session delegates will have an opportunity to participate in the simulation together! The session concludes with a group discussion on integrating experiential learning into social determinants of health education on a broader scale. |
| **UTOPIAN: PRACTICE-BASED RESEARCH AT DFCM** | Michelle Greiver<br>Karen Tu<br>Andrew Pinto | The workshop will describe the current state of the University of Toronto Practice-Based Research Network and its two distinct portfolios: primary care data and clinical research. It will provide examples of how the network operates, what resources it offers to sites and physicians, and how the support from UTOPIAN is used in current projects. |
| **CAN A COMPUTER DO A HOUSE CALL? EXPLORING THE ROLE OF TECHNOLOGY AND ARTIFICIAL INTELLIGENCE IN HOME-BASED PRIMARY CARE** | Sabrina Akhtar<br>Chase McMurren<br>Purti Papneja<br>May Loganathan<br>Thuy-Nga Pham | As a growing proportion of elderly Canadians become homebound, primary care must remain at the forefront of technology in order to optimize care provision in the home. The DFCM Home-Based Primary Care (HBPC) Programs are harnessing existing technology, including telehealth systems for specialist consultation in the home. Telehealth is rapidly evolving in tandem with policy around innovative changes to traditional care delivery models, and may be linked to remote patient vital sign monitoring, which demonstrates positive impact on symptom management and decreased exacerbations in patients with COPD and CHF. For caregivers, |

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| | | smartphone apps can offer dementia advice support, and behaviour therapy for burnout. All of these technologies have the potential to learn, reason, and self-correct as they evolve towards true AI; all are fraught with challenges in the traditionally "low-tech, high-touch" model of HBPC. This workshop will review current technology and evolution towards AI in HBPC. |
| **ENHANCING EQUITY, DIVERSITY AND INCLUSION THROUGHOUT DFCM** | Onye Nnorom<br>Suzanne Shoush<br>David White | There is a large body of literature indicating that diversity in medicine results in better care for a diverse and under-served patient population, greater overall cultural dexterity of fellow physicians and greater innovation in problem-solving. Although DFCM is quite diverse, there is now a recognition that certain populations have been historically under-represented; notably, Black, Indigenous and Filipino faculty. These are also groups that are under-represented in medicine in Canada. International literature on diversity in medicine suggests that the efforts to equitable representation in medicine should begin from high school or younger (i.e. the "medical pipeline"). Nonetheless there are several success stories of medical faculties, and departments engaging in a number of initiatives, from pre-medical to focusing on resident engagement, that have resulted in increasing the representation of specific groups. What evidence-informed approaches would work for DFCM? |
| **NATURAL LANGUAGE PROCESSING: WHAT IS IT AND WHY SHOULD I AS A FAMILY DOCTOR CARE?** | Noah Crampton | Artificial intelligence (AI) has attracted a lot of attention for its expectation to be highly transformative to many industries, including healthcare. In this workshop, we will explore AI's application to analyzing unstructured language in family medicine, through a technology called "natural language processing" or NLP. We will review the implications of this technology for the practice of family medicine, and then collectively brainstorm positions the family medicine profession should take vis-à-vis adoption of NLP to ensure optimal consistency with the profession's values. |
| **HOW DO I BECOME AN ASSISTANT PROFESSOR?** | Viola Antao | Are you interested (or even curious) about promotion from Lecturer to Assistant Professor? This workshop will outline the steps, process and criteria for promotion. We will assess your body of work around teaching effectiveness, creative professional activity or research in order to match the criteria for promotion. This workshop will use a combination of methods including interactive lecture, small group discussion, four informational videos and individual assessment. Each |

participant will leave with a junior promotion application package they can immediately apply to preparing their own application.