
Inaugural Faculty Research Day

DEPARTMENT OF ACADEMIC FAMILY MEDICINE

Friday, April 5, 2019
High Up Above Rooms A and B
Holiday Inn Express and Suites
1838 College Drive
Saskatoon, SK

Parking Information

Parking Passes (50) are available at the Front Desk. Just let the agent know that you are with the Research Conference in the High Up Above Room and they will issue a Parking Pass that will allow access to the Self-Park Lot. Then you can enter the lot and park wherever you would like.

At the end of the day and before leaving the building, simply drop the Parking Pass off at the Desk on your way out as it is not needed to exit the Self-Parking Lot.

Overview of the Day

0830 - 0900 Breakfast/Coffee

Opening Remarks & Introductions
Kathy Lawrence, Provincial Head of the Department
Vivian R Ramsden, Research Director
Ginger Ruddy, Emcee

0900 - 0945 Skill Development - Tips on Writing

Greg Malin, MD, PhD

Information on this Workshop was circulated on Tuesday, April 2, 2019

A brief workshop on Writing for Publication. Dr. Malin will present some tips that he learned when he attended a writing workshop master class. In preparation for this session, please bring an abstract and/or the introduction to any paper that you may be currently working on. If you do not have a paper that you are currently working on, if you have research project or a quality improvement project that has been completed or is near completion - if you could attempt to write the first two opening paragraphs for this paper, and bring it to the session. We will use whatever you have as the baseline and foundation in the workshop.

0945 - 1000 Break

- 1000 - 1015 Reducing the Chaos: Accountable Care Units for Quality Hospital Care
Ron Taylor, *Hannah Buhariwalla*, Scott Bishop, Ali Bell, Taryn Lorencz, Thomas Martin, Ashley Pederson
- 1015 - 1030 Creating Cost-effective, Low-tech Models to Improve Procedural Skill Competencies among Family Medicine Residents
Clara Rocha Michaels, Andrea Vasquez Camargo, Michelle C. E. McCarron
- 1030 - 1045 Implementation of a New Procedural Skills Curriculum in a Canadian Family Medicine Residency Training Program: Is It Effective in Improving Residents' Confidence during and after Their Training?
Andrea Vasquez Camargo, Clara Rocha Michaels, Michelle C. E. McCarron
- 1045 - 1100 Family Medicine: Development of a Practice Improvement Curriculum for Residents
Jason Hosain, Olivia Reis, Tanya Verrall, Nicole Jacobson, Shona den Brok, Brian Geller, Cathy MacLean, Tom Smith-Windsor, Shari Furniss, Laura Schwartz, Michelle McCarron, Vivian R Ramsden
- 1100 - 1200 A Journey: From a Rural Family Physician to a Clinical Investigator
Alan Katz, MBChB, MSc, CCFP
Director of the Manitoba Centre for Health Policy
Professor in the Departments of Community Health Sciences and Family Medicine
MHRC Chair in Primary Prevention Research (University of Manitoba)
- 1200 - 1230 Lunch/Networking
- 1230 - 1245 Breastfeeding Beyond the Basics: What Every Physician Needs to Know?
What Does Success Look Like?
Krista Baerg, *Jill Blaser Farrukh*, Amanda Loewy, Victoria Swan, Julie Smith-Fehr, Tonia Olson
- 1245 - 1300 Neonatal Opioid Withdrawal Syndrome Management in Saskatoon: Will a Novel Community Based Program Reduce Need for Pharmacotherapy and Keep Mother-Infant Dyads Together?
Emma Maelde, *Kali Gartner*, Mahli Brindamour
- 1300 - 1315 Prevalence of Cigarette Smoking Amongst Adult Emergency Department Patients
James Stempien, Andrew Tolmie, Rebecca Erker, Segun Oyedokun, *Emily Sullivan*, Thomas Graham
- 1315 - 1330 Erectile Dysfunction in Family Medicine Practice
Erin Neville, *Andries Muller*
- 1330 - 1345 Impacts of a New Clinical Practice Improvement Endeavour Related to Customized Electronic Medical Record Visit Templates
Mark Lees
- 1345 - 1400 Healthcare for all: Identifying barriers to care for immigrants in Regina, SK
Rejina Kamrul, Razawa Maroof, Mamata Pandey, Clara Rocha Michaels, Michelle McCarron

1400 - 1415 Health literacy: Engaging the community in co-creating meaningful programs
Jackie Crowe, Vivian R Ramsden, Christine Loignon, Sophie Dupéré, Martin Fortin,
Simone Dahrouge

1415 - 1430 Draw for the Door Prize
Reflections
Closing Remarks

Reducing the Chaos: Accountable Care Units for Quality Hospital Care

Ron Taylor, Hannah Buhariwalla, Scott Bishop, Ali Bell,
Taryn Lorencz, Thomas Martin, Ashley Pederson

Department of Academic Family Medicine, College of Medicine, University of Saskatchewan

ABSTRACT

Background: Hospital wards are clinical microsystems, which can be restructured to ensure optimal delivery of patient care. An Accountable Care Unit (ACU) is a model of in-patient care that focuses on four pillars: (1) Unit-based teams, (2) Unit based routines, (3) Unit-based performance reports, and (4) Unit-level nurse-physician co-leadership.

Research Question(s): What are the impacts of restructuring a hospital ward into an ACU?

Methods/Methodology: The 4A ACU launched in February 2016. We compared 6-month data from before and after ACU implementation, and also compared the ACU with a control unit. Some outcomes measured included length of stay, 30-day readmissions, mortality, patient satisfaction, staff satisfaction, and patient advocacy complaints. Data sources included Health Information Management Services, Patient Advocate Office, a Team STEPPS2.0 survey, and nursing documentation.

Results/Findings: Length of stay decreased by 18.84% ($p < 0.05$) on 4A, and by 3% on the control ward ($p = 0.64$). 30-day-readmission decreased from 15.7% to 13.3% ($p = 0.20$) for 4A and 13% to 11.7% ($p = 0.43$) on the control ward. Mortality changed from 5.1% to 3.7% ($p = 0.27$) on 4A, and 3.7% to 5.0% ($p = 0.31$) on the control ward. Patient surveys showed higher ratings for decision making, safety, pain management, care and treatment, and patient centered care ($p < 0.05$). The number of advocacy complaints fell from 16 to 7 ($p < 0.05$) on 4A vs 16 to 14 on the control unit ($p = 0.80$). Staff surveys showed improvement in staff-supervisor relations (+22%), and perceptions of care provided (+17%) ($p < 0.05$).

Discussion: Statistically significant improvements were observed in length of stay and staff/patient satisfaction. There was a downward trend in all-cause mortality and 30-day readmissions. Clinical performance outcomes were also addressed.

Conclusions: ACUs contribute to quality patient care and, once implemented, provide a clinical microsystem that can be used to guide future quality improvement research in a controlled inpatient setting. Current and future projects include report cards issued for quality care, and the integration of patient family advisors into the clinical microsystem. We have also developed a clinical maturation framework to help guide our progress on other units, and assist other groups interested in Accountable Care Units.

Creating Cost-effective, Low-tech Models to Improve Procedural Skill Competencies among Family Medicine Residents

Clara Rocha Michaels, Andrea Vasquez Camargo, Michelle C. E. McCarron

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ABSTRACT

Background: Simulation-based education provides medical students and residents with opportunities to develop skills via hands-on learning in a low-stress environment. High-fidelity simulation models can be cost-prohibitive; nevertheless, lower-tech models have also been shown to be effective for improving procedural skills. Faculty members from a Family Medicine Residency Training Program developed cost-effective, low-tech simulation models to enhance training opportunities for Family Medicine residents.

Research Question(s): Are low-tech models effective in improving procedural skills among residents in a Family Medicine Residency Training Program?

Methods/Methodology: Construction and acquisition costs for simulation models used in four different sessions were calculated; a per-resident cost was established. A low-fidelity simulation model created by the authors along with porcine and bovine tissues provided cost-effective, realistic-feeling simulation models for residents for performing digital rectal examinations, second-degree perineal repair, suturing and foreign object removal. Trainees will complete a survey to evaluate the models' effectiveness, realism, and ease of use.

Results/Findings: Materials for four digital rectal examination (DRE) models totaled \$130; at the end of the session each model was used by three residents, for a cost of less than \$11 CDN per resident. One pig skin sample (\$2 CDN), one cow eye (\$6 CDN), and one cow tongue (\$15 CDN) were required per resident. The total cost of practice for the four models was \$34 per resident. The DRE models can be use in future sessions. Residents were very satisfied and agreed that the models resembled real life situations.

Discussion: With minimal cost and a modest investment of time and skill upfront, programs can create valuable simulation training tools to facilitate hands-on learning for their residents.

Conclusions: Low-tech simulation is a cost-effective solution for enhancing procedural skills training amongst Family Medicine residents.

Recommendations: Given that the low cost models resembled real life and where an effective method to train residents in performing procedural skills, those can be replicated in different teaching settings.

Undergraduate students could benefit from the use of these low-cost training models as part of their training process.

Implementation of a New Procedural Skills Curriculum in a Canadian Family Medicine Residency Training Program: Is It Effective in Improving Residents' Confidence during and after Their Training?

Andrea Vasquez Camargo, Clara Rocha Michaels, Michelle McCarron

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ABSTRACT

Background: The College of Family Physicians of Canada (CFPC) has developed a list of core and enhanced clinical procedures—with accompanying competency standards—necessary for family physicians to practice in diverse settings. In response to a desire for more hands-on training, faculty members in an academic Family Medicine residency program developed a curriculum to provide residents with additional procedural skills training in order to increase self-confidence in their abilities.

Research Question(s): Will Family Medicine Residents improve their skills performing clinical procedures after the implementation of a new surgical skills curriculum compared to their previous experiences?

Methods/Methodology: A survey was administered to first and second year Family Medicine residents prior to commencement of the curriculum. Residents were asked to rate their confidence in a broad range of procedural skills, such as local anesthesia; treatment of skin lesions; and musculoskeletal, obstetrical/gynecological, and miscellaneous procedures. A second survey will be administered following the conclusion of the course in June 2018; pre- and post-course results will be compared. Ratings were made on a three-point scale of “not at all confident,” “somewhat confident,” and “extremely confident.”

Results/Findings: Fifteen out of 24 residents (62.5%) completed the pre-course survey. Confidence across procedural domains differed widely; e.g., all were somewhat or extremely comfortable with local anesthetic and instrument surgical knot tying; however, 12 (80%) were not at all confident with incision and drainage of an external thrombosed hemorrhoid. Most (n=11/13) were confident that they have enough support from faculty to develop these skills, however.

Discussion: Second-year residents feel more confident than first-year residents completing procedures most commonly performed in clinical practice.

Conclusions: Despite being a small sample, the results showed that the implementation of the new procedural skills curriculum impacted the residents' training by improving their skills and enhancing their confidence after completion of the curriculum.

Recommendations: Preliminary results will guide training to ensure residents have adequate clinical procedure exposure required to become skilled physicians.

Family Medicine: Development of a Practice Improvement Curriculum for Residents

Jason Hosain, Olivia Reis, Tanya Verrall, Nicole Jacobson, Shona den Brok,
Brian Geller, Cathy MacLean, Tom Smith-Windsor, Shari Furniss,
Laura Schwartz, Michelle McCarron, Vivian R Ramsden

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ABSTRACT

Background: Recent changes to the CanMEDs-FM Framework and the CFPC Standards of Accreditation have placed a greater emphasis on practice improvement (research, quality improvement, quality assurance). The CFPC recently launched the Practice Improvement Initiative (Pii), which promotes the use of QI by Family medicine physicians and residents to improve patient care. In order to satisfy these revised competencies and to support Pii's mission, a practice improvement curriculum is being developed for the University of Saskatchewan's Family Medicine Residency program.

Purpose: The purpose of this curriculum is to provide residents with knowledge and skills to carry out practice improvement activities within residency that will continue into professional practice. Our intent is to bring about a change in thinking that encourages residents to apply inquiry to daily practice. The expectation is that this new curriculum will address all of the practice improvement competencies outlined in the CanMEDs-FM and Red Book.

Methods/Methodology: Members of the team began meeting following the National Pii Symposium to identify existing curricula and resources that could be adapted for use in Saskatchewan. A Design Lab was held at and facilitated by the Saskatchewan Health Quality Council (HQC). Design lab attendees included representation from the Department of Family Medicine – Site Directors and Research Division, the Saskatchewan College of Family Physicians of Saskatchewan, as well as, the HQC.

The design lab broadly utilized the ADDIE (Analysis, Design, Development, Improvement, Evaluation) Instructional Design Model in order to jumpstart the curriculum design process. Focus was given to completing the Analysis component—i.e. Who were the learners? What does the program need to include? Why do learners need to participate in this program?

Results: Outputs or key aspects of the curriculum were identified and described, including the resident population, the knowledge and skills residents will acquire through the curriculum and the importance of having learners acquire this knowledge and skills. Potential curriculum content was also identified and described. Missing stakeholders were identified (current residents)

A Working Group was established. The Working Group is currently in the process of completing a design blueprint, which involves establishing learning objectives and mapping them to the CanMEDS-FM and Red Book competencies.

Feedback on the Design Lab process was positive and emphasized the benefits of the design process facilitating engagement and visualizing progress.

Discussion and Conclusions: Convening these stakeholders and utilizing the ADDIE Model has created an engaging process from which to develop meaningful curriculum. Next steps include the creation of the design blueprint and incorporating the National Pii learning objectives, as well as, elements of successful programs from other Departments of Family Medicine from across Canada.

A communication plan will be developed to ensure key stakeholders stay informed and can provide input on this work. Ultimately, this work will culminate in a Practice Improvement Curriculum for Family Medicine Residents and Learners associated with the UofS. This curriculum will be launched in September of 2019.

Breastfeeding Beyond the Basics: What Every Physician Needs to Know? What Does Success Look Like?

Krista Baerg, Jill Blaser Farrukh, Amanda Loewy, Victoria Swan, Julie Smith-Fehr, Tonia Olson

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Maternal Services, Saskatchewan Health Authority

ABSTRACT

Background: Over the past 20 years, the WHO/UNICEF Baby-Friendly Hospital Initiative (1991), has evolved across Canada. Breastfeeding is becoming the cultural norm for infant and child feeding in more of our communities, but significant challenges remain. With emerging health issues such as childhood obesity, early onset diabetes and rising health care costs, the promotion, protection and support of breastfeeding has become even more critical as research explores relationships between breastfeeding, maternal infant bonding, maternal mental health and the onset of disease in both women and children.

Research Question(s): The Saskatchewan Health Authority has a goal to achieve the BFI designation for the Jim Pattison Children's Hospital of Saskatchewan. This module was designed to help in the standardization of breastfeeding education. We will be looking at both the rate of uptake of this educational module by physicians within Maternal and Children's Services as well as the effect this education has on a) achieving the WHO BFI designation for the JPCH and b) downstream effects of the BFI designation on breastfeeding rates in the province.

Methods/Methodology: *Needs assessment:* in January 2018, the Baby Friendly Initiative (BFI) Physician's Working Group asked Saskatoon physicians within Maternal and Children's services to participate in a survey of learning needs regarding breastfeeding. Demographic data were gathered. Participants rated importance of knowledge in each breastfeeding topic and their confidence in managing these areas.

Results/Findings: *Needs assessment:* There were 97 completed surveys for a response rate of 57%. For all physicians, the most important areas for their learning needs were "informed choice when supporting newborn feeding" (mean=3.63), "analgesics, antidepressants and other medications while breastfeeding" (mean=3.58) and "benefits of breastfeeding in premature, late premature and term infants" (mean=3.57). The areas where all physicians identified the least confidence to manage were "latch assessment" (mean=2.59), "what mom can do during pregnancy to promote milk production" (mean=2.59) and "risk factors for delayed lactogenesis" (mean=2.68).

Topics identified as obstacles to promoting successful breastfeeding in practice were then developed as part of an online learning module. Further results are pending.

Discussion: Knowledge deficits are reported among family physicians, pediatricians and obstetricians in key competencies required to support and promote breastfeeding. For all physicians responding to the needs assessment survey, the BFI topic areas with the highest priority for more learning were what mothers can do to promote milk production, risk factors for delayed lactogenesis, and latch assessment.

These needs and more were addressed through the development of an online continuing education program to provide physicians with the requisite basic training to advance the Baby-Friendly Initiative within the Saskatchewan Health Authority. This free, national one-hour module has been certified by the CFPC for 3 Mainpro+ credits and by the RCPSC MOC for Section 3 self-assessment learning credits.

Conclusions: Through the implementation of the results of a needs assessment, an online module was created to provide education to physicians within the SHA and nationally. Further work is planned to measure the uptake of this module, the impact of the education received on the achievement of the WHO BFI designation for the JPCH and the downstream effects on breastfeeding rates in Saskatchewan.

Recommendation: Future goals will be to measure the effects of improved breastfeeding rates on child health in the province

Neonatal Opioid Withdrawal Syndrome Management in Saskatoon: Will a Novel Community Based Program Reduce Need for Pharmacotherapy and Keep Mother-Infant Dyads Together?

Emma Maelde¹, Dr. Kali Gartner², Dr. Mahli Brindamour³

1. College Medicine, University of Saskatchewan
2. Department of Academic Family Medicine, College of Medicine, University of Saskatchewan
3. Department of Pediatrics, College of Medicine, University of Saskatchewan

ABSTRACT

Background: Medication assisted treatment with methadone or buprenorphine/naloxone is first line therapy for treatment of opioid use disorder during pregnancy to prevent relapse, over-dose, maternal infections (HIV, Hepatitis C, endocarditis) and to increase engagement in prenatal care. An expected side-effect of pharmacotherapy is neonatal opioid withdrawal syndrome (NOWS). The standard of care for initial management of opioid exposed mother-infant dyads is routine rooming-in, skin to skin contact, and feeding support. For some infants non-pharmacotherapy management is sufficient. The rates of pharmacotherapy for NOWS vary by institution. In Saskatoon, newborns with opioid exposure are monitored using Finnegan Neonatal Abstinence Scale to assess for symptoms of withdrawal. If the infant requires pharmacotherapy, they are transferred to the neonatal intensive care unit. This leads to separation of mother and infant and cessation of rooming-in, which may have detrimental long-term outcomes. Sanctum 1.5 is a novel Saskatoon community residence that provides care to prenatal and postpartum women who are HIV positive, at risk of HIV or at risk of having their infant apprehended. Mother-infant dyads cared for at Sanctum 1.5 are discharged from postpartum and have monitoring for NOWS in a community based setting with support for pharmacotherapy initiation and tapering on site when needed.

Research Question(s):

1. What is the rate of pharmacotherapy initiation and length of hospital stay for newborns with neonatal opioid withdrawal syndrome in Saskatoon?
2. Do mother-infants monitored in a community-based setting have lower rates of pharmacotherapy initiation than mother-infants monitored in hospital?
3. Is community-based monitoring for NOWS safe (e.g. any serious adverse events such as seizures, neonatal death, hospital re-admission for NOWS)?

Methods/Methodology: Mother-infant dyads cared for in Saskatoon between 2017 to present will be identified from Royal University Hospital records. A standard data collection tool will be used by two independent researchers to complete retrospective chart review. The variables will include: methadone or buprenorphine dose, need for morphine for the infant, breast feeding initiation (if applicable), need for NICU admission, need for readmission to the hospital within 30 days of discharge, and adverse events. Descriptive and analytical statistics will be utilized.

Results/Findings:

In Progress

Discussion & Conclusions:

In Progress

Recommendations:

In Progress

Prevalence of Cigarette Smoking Amongst Adult Emergency Department Patients

James Stempien; Andrew Tolmie, Rebecca Erker, Segun Oyedokun,
Emily Sullivan, Thomas Graham

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ABSTRACT

Background: Tobacco smoking is a public health priority and the leading cause of death and disability. Its prevalence is even higher among patients visiting emergency departments (ED). This disparity primes the ED as a critical environment to provide smoking cessation counselling and support.

Research Question(s):

Whats is the prevalence of cigarette smokers presenting to Saskatoon EDs?
Would they be receptive to a smoking cessation program in Saskatoon EDs?

Methods/Methodology: A questionnaire was administered to consenting adult patients presenting to Saskatoon EDs. Patients' smoking habits were correlated with Fagerstrom tobacco dependence scores, CTAS scores, and willingness to partake in ED cessation counselling. Data were analyzed using SPSS to determine smoking prevalence and compared to Statistics Canada data using chi-square tests. Chi-square tests were also used to assess for population differences between smoking and non-smoking groups and to compare population differences between active smokers wanting to quit and receive ED therapy, and those opposed to quitting and receiving therapy.

Results/Findings: 1078 questionnaires were completed. Cigarette smoking prevalence in Saskatoon ED patients was 19.6%. There were similar proportions of smokers at all Saskatoon EDs (79.7-82.1%). Comparing smoking and non-smoking cohorts, there were no significant differences in CTAS scores. Out of the smoking cohort, 51.4% indicated they want to quit and would be willing to partake in ED cessation counselling. Of the proposed interventions, ED cessation counselling was most popular among patients (62.4%), followed by receiving a pamphlet (56.2%), and being referred to a smokers' quit line (49.5%).

Discussion: Cigarette smoking is more prevalent in Saskatoon EDs than the general Saskatchewan population. While traditionally smoking cessation counselling is the responsibility of the primary care provider, ED visits for these patients can be a teachable moment as over half of them want to quit smoking and report openness to counselling during their ED visit.

Conclusions: Introducing a smoking cessation program into Saskatoon EDs could prove effective given the large cohort of smoking patients and their receptiveness to our proposed interventions.

Recommendation: We suggest further exploration of possible ED smoking cessation interventions and an examination of the feasibility of widespread implementation.

Erectile Dysfunction in Family Medicine Practice

Erin Neville, Andries Muller

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ABSTRACT

Background:

Erectile dysfunction is a condition that many family physicians discuss with their patients. These discussions are sometimes met with resistance as some clinicians feel that they have inadequate knowledge and skill to address this issue.

Research Question(s):

This study aims to determine the comfort level of physicians in urban and rural Saskatchewan in diagnosing and treating erectile dysfunction, and if they feel that they received adequate training on this topic.

Methods/Methodology:

A mixed-methodology approach, with both qualitative and quantitative methods will be used in this study. Focus groups and interviews will be conducted at three large family physician clinics in Saskatoon and two rural clinics.

Results/Findings:

Not yet determined.

Discussion:

Not yet determined.

Conclusions:

Not yet determined.

Impacts of a New Clinical Practice Improvement Endeavour Related to Customized Electronic Medical Record Visit Templates

Mark Lees

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ABSTRACT

Background:

Our electronic medical record (EMR) (MedAccess) provides an ability to customize how we document patient encounters. The content and complexity of a visit template may vary and may include elements such as symptom checklists, reminders regarding red flags, clinical decision support prompts, links to patient handouts, clinical reference links, as well as quick links to other EMR tasks. There are many possible clinical and educational benefits, as well as, risks to using such templates. This topic is largely unexplored in the clinical and medical education literature.

Research Questions:

What will be the clinical and academic impacts of introducing an ongoing 30 minute per week faculty lead and resident driven practice improvement endeavor related to visit templates into the curriculum of block time family medicine residents?

Methods/Methodology:

This is a practice improvement initiative that utilizes quality improvement, practice level data and research to improve everyday practice. To date this has included: resident and faculty surveys; chart audits and data extraction from the EMR; development of EMR dashboards; as well as, summary data for various quality improvement prompts for provider follow-up.

Outcomes:

Baseline Survey of Provider Knowledge, Attitudes, and Skills

Thirty of 65 invited faculty and residents completed a baseline survey (65% response rate).

Practice Improvement Work Completed

Since beginning in February, 2019 (8 thirty minutes sessions), the focus has been on reviewing and revising two templates: 1) Follow-up of patients with chronic kidney disease (CKD); and, 2) Assessment of patients presenting with new cognitive concerns.

Discussion:

Baseline survey results indicate that specialized visit templates are valued by both faculty and residents. It is too early to assess for any change to the knowledge, skills, or attitudes as a result of work done to date.

Practice improvement work falling out of the weekly sessions has been numerous and significant, resulting in extensive revisions of existing workflows and templates in the EMR as well as the creation of many new task/profile templates and workflows. The work has also resulted in an

expanded scope of practice for the primary care nurse, identified numerous gaps in clinical care related to CKD, and provided a mechanism for active management of this panel of patients.

Conclusions:

This new practice improvement endeavor related to customized electronic medical record visit templates has been the starting point for numerous quality improvement initiatives within the clinic and a variety of changes to EMR resources, clinic workflows, and scope of practice.

Recommendations:

It is recommended that the practice improvement endeavour continue and that future work include assessment that is focused on both clinical outcomes and impact of residency training.

Healthcare for all: Identifying barriers to care for immigrants in Regina, SK

Rejina Kamrul, Razawa Maroof, Mamata Pandey, Clara Rocha Michaels, Michelle McCarron

Department of Academic Family Medicine, College of Medicine, University of Saskatchewan

ABSTRACT

Background: Despite its universal healthcare system, access is not equitable across all demographics within Canada. Specifically, immigrants are often faced with unique challenges when it comes to utilizing existing services.

Research Question(s): The primary research question explored is: “What are the barriers and challenges to accessing and utilizing healthcare services for immigrants in Regina, SK?”

Methods/Methodology: A qualitative study design was used; specifically, a constructivist grounded theory approach was taken to delineating the healthcare challenges faced by immigrants of diverse cultural backgrounds within Regina. Four focus groups were conducted (n=37). These findings were triangulated with an additional 23 one-on-one interviews conducted with healthcare providers.

Results/Findings: Immigrant participants expressed a holistic concept of health, including physical, mental, emotional, spiritual, and social well-being. Stressors in one domain often had cascading effects throughout. Barriers to accessing care came in several forms: systemic issues (e.g., language barriers, lack of translation services, knowledge of available services), logistical challenges (e.g., transportation), cultural differences (e.g., conceptions of mental health, integrating Western and traditional care), and interpersonal concerns (e.g., stigma of seeking mental health services, social isolation).

Discussion: In order to better facilitate access to care for immigrants, obstacles must be addressed wherever possible. Some of these barriers—particularly systemic issues—are within the power of healthcare providers and organizations to address. Language barriers and the related gaps in patients’ knowledge about healthcare services in particular pose potential barriers in accessing available services when needed. This can lead to inaccurate or overlooked diagnoses, delayed treatment, and poor health outcomes. This finding was particularly evident when it came to mental health needs and services.

Conclusions: Knowledge gaps with language barriers posed a problem throughout the continuum of care for both patients and service providers. This was a recurring concern and a predominant finding within the systemic barriers to immigrant healthcare.

Recommendations: Prioritizing the needs of immigrants by delivering educational services in different languages would be a positive step towards timely, equitable care to all members of the community.

Health Literacy: Engaging the Community in Co-Creating Meaningful Programs

Vivian R Ramsden¹; Jackie Crowe-Weisberger¹; Christine Loignon²;
Sophie Dupéré²; Martin Fortin²; Simone Dahrouge³

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2. Department of Family Medicine, Université de Sherbrooke
3. Department of Family Medicine, University of Ottawa

ABSTRACT

Background: Literacy is now recognized as an important determinant of health and has been found to be closely linked to other social determinants of health in Canada. Individuals with low health literacy face significant barriers in self-management of chronic diseases and navigating the health care system. The involvement of people with low literacy in research is crucial because these people are: 1. more likely to live with multiple chronic conditions and at the same time may be excluded from mainstream healthcare services; and, 2. are often under-represented in primary care innovation focused research.

Research Question: What co-created, innovative solution could improve visits with health care providers by individuals/patients with low health literacy?

Methods/Methodology: Methods utilized were transformative action research which is fully participatory. Adherence to TCPS2 – Chapter 9 was espoused which indicates that a relationship with the individual/patient is critical prior to asking questions.

Ten individuals/patients interested in improving visits with their health care provider and were known to JCW were invited to review and reflect upon the questions which evolved from the Patient's Medical Home (College of Family Physicians of Canada).

An Exemption was received from the University of Saskatchewan's Behavioural Research Ethics Board.

Findings and Discussion: The questions that evolved from engaging with individual/patients in exploring what would assist them with improving their visits with a health care provider have been utilized to co-create the development of a wallet card (Wallet Card - #1).

We had planned to build an on-line app; as well as, a wallet card so that individuals/patients can better navigate the health care system and more optimally engage in self-care.

After the questions deemed to be practical had been co-created, individuals/patients were invited to utilize the wallet-card in preparing for their next visit to their health care provider. Following this, individuals identified what worked and what could be improved (Wallet Card - #2).

Conclusions: This bottom-up approach to health literacy which evolved from the Patient's Medical Home has the potential to enhance patient visits and improve physician/nurse practitioner communication while at the same time assisting individuals/patients with navigating the health care system.