PROGRAM & ABSTRACTS

PriFor 2010

THE PRIMARY HEALTHCARE PARTNERSHIP FORUM

Working Together For Better Patient Care

NOVEMBER 25TH & 26TH, 2010
SHERATON HOTEL NEWFOUNDLAND
ST. JOHN'S, NL

Presented by
the Primary Healthcare Research Unit, the Atlantic Practice Based Research Network, the Centre for Rural Health Studies, and Memorial University of Newfoundland

As an accredited provider, Professional Development and Conferencing Services, Faculty of Medicine, Memorial University of Newfoundland, designates this continuing medical activity for up to 8.5 credit hours for Mainpro-M1 of the College of Family Physicians of Canada.

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Welcome messages

Dean of Medicine

Welcome to what is now the second Primary HealthCare Partnership Form or PriFor 2010. There continues to be substantial interest in this venture that was initiated by the Primary Healthcare Research Unit last year. I am delighted to hear it is now planned as a biennial event.

This Forum is an opportunity for a diverse group of primary health care providers and researchers to learn more about what is happening in this exciting field. Professionals at the forefront of delivering primary health care can meet with those who are doing research in the field and who make policy and administrative decisions. This sharing of ideas is central to the goal of the PriFor conferences. It is a place to meet and talk about important topics in primary healthcare, such as chronic disease management, care of the elderly, health and technology, the community perspective, the team approach to care, and many other topics. Through this Forum, primary health care will move forward strengthening both research and the delivery of primary health care locally, regionally and nationally.

During my time as Dean of Medicine, I've been delighted to support the development of the Primary Healthcare Research Unit, led by Dr. Marshall Godwin. By partnering with the Atlantic Practice Based Research Network, the Centre for Rural Health Studies and Memorial University, the Primary Healthcare Research Unit is bringing together practitioners and researchers in the many fields of primary health care.

I hope you enjoy the conference and I look forward to seeing you all back again for PriFor 2012.

—Dr. James Rourke

Director of the Primary Healthcare Research Unit

I am delighted to welcome each of you to the 2010 Primary Healthcare Partnership Forum (PriFor). Your presence makes PriFor 2010 a success. Last year, the first PriFor exceeded our humble expectations. This year we again have an exciting line-up with keynote addresses on Lifestyle, Chronic Disease Surveillance, and a special presentation highlighting both the experience of the Canadian Military and the Red Cross in Haiti. Of course, we also have 34 oral presentations, 26 posters, and 2 workshops. PriFor has established itself as a regular event; it will be held every two years after this year. So mark it in your calendars for 2012, 2014 and so on!

I would like to thank those who have helped make PriFor 2010 possible: the Canadian Institutes of Health Research for a Meetings, Planning and Dissemination Grant, the Faculty of Medicine, and our industry sponsors and exhibitors for their financial support. A special note of appreciation for MUN's Professional Development and Conferencing Services staff who have been very helpful in organizing registration and promoting the conference is also in order. Similarly, I would like to thank the staff of the PHRU and CRHS who have worked hard to make PriFor 2010 a success and will be ever present during the next two days to make sure everything runs smoothly. Last but not certainly not least, a sincere thank you to every one of you joining us here at the Sheraton.

And come back in 2012... it's already being planned!!!

—Dr. Marshall Godwin

Director of the Centre for Rural Health Studies

It gives me great pleasure to welcome you all to St. John's and to the second annual Primary Healthcare Partnership Forum. I have witnessed firsthand the extraordinary amount of work that Marshall and his team have put into this venture to ensure its success, and I am very excited to experience the final product.

This conference brings together a broad range of experts from across Atlantic Canada and beyond. Together, we will explore issues as diverse as the education of medical students, residents and health policy researchers, clinical research, the experiences of clinicians in overseas, occupational health and complementary and alternative medicine. Although diverse topics, these are all central to primary care and help to separate it from other clinical practice. This conference will help foster collaborations between these interdisciplinary experts with the goal of improving the strength of primary care.

I have had the good fortune to work alongside Marshall at the Primary Healthcare Research Unit. I can tell you from personal experience that he is passionate about primary care and research and this conference promises no less than a demonstration of that passion. I look forward to meeting you all!

—Dr. Kris Aubrey-Bassler

Plenary Session: Lifestyle

Thursday, November 25th
9:15–10:15 AM

Encouraging Patients to Adopt Healthy Lifestyle Behaviours: New Evidence Suggests Reason for Hope!

Robert Ross PhD, Exercise Physiology

Dr. Robert Ross obtained a Bachelor degree in Physical Education from McGill University, a Master's and Ph.D. in Exercise Physiology from the Université de Montréal in 1992. He is currently a Professor within the School of Kinesiology and Health Studies and the School of Medicine, Department of Endocrinology and Metabolism at Queen's University, Canada. His research program focuses on the characterization of obesity and related co-morbid conditions, and the development of treatment strategies designed to prevent and reduce obesity and related metabolic risk factors. Dr. Ross is recognized internationally as a leader in the area of obesity, physical activity and metabolism and has published extensively in these and related areas. He has received the Young Investigator Award from the Canadian Society for Clinical Nutrition, a Premiere's Research Excellence Award from the province of Ontario, and was recently awarded a Research Chair at Queen's University. He is a Past-President of the Canadian Society for Exercise Physiology, a Fellow of the American College of Sports Medicine, and is currently the Director of the Center for Obesity Research and Education at Queen's University in Canada.

PLENARY SESSION: CHRONIC DISEASE SURVEILLANCE

THURSDAY, NOVEMBER 25TH
1:00–2:00 PM

The Canadian Primary Care Sentinel Surveillance Network: Idea to Reality

Dr. Richard Birtwhistle

Dr. Birtwhistle is a family physician and clinical epidemiologist. He is a professor of Family Medicine and Community Health and Epidemiology and is currently Director of the Centre for Studies in Family Medicine at Queen's University. He continues to practice family medicine 2 days per week. He served as undergraduate dean in the School of Medicine at Queen's from 1996-2004. His primary care research interests have been in the primary care of hypertension, chronic disease management and the evaluation of primary care models. Since 2008, his main research interest is as principal investigator for the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), which is a national project funded by the Public Health Agency of Canada to develop a network of primary care practitioners using electronic medical records to collect data on chronic disease in patients across the country. He was awarded the Researcher of the Year award this year by the College of Family Physicians of Canada to recognize the success of CPCSSN as a force for primary care research.

Plenary Session: Haiti

Friday, November 26th
8:15–8:45 AM

Medical Relief in Haiti: A Canadian Navy Doctor's Perspective

Captain Ron E. Stecum

Captain Ron Stecum enrolled in the Canadian Forces in 1981. He joined the Air Force's Maritime Patrol Aviation community serving as an Air Navigator in capacities such as Lead Acoustic Sensor Operator, Lead Navigator, and Crew Commander on the CP-140 Aurora. He flew on both the West Coast, with 407 "Demon" Squadron, and on the East Coast, with 405 "Pathfinder" Squadron.

He spent a great deal of his early career engaged in Anti-Submarine Warfare (ASW) missions tracking Soviet and Warsaw Pact nuclear and non-nuclear submarines during the Cold War. He participated in large multi-national exercises involving Canadian, US, British, and several other NATO Naval and Air Forces. In 1985, after winning the Canadian National ASW Competition, his crew went to Scotland to compete in and win at the international level, returning home as world ASW champions.

In 1997, Captain Stecum embarked on an eleven-year career-change completing an honours undergraduate degree in biology at Acadia University, a medical degree at McGill, and a family medicine residency at St Mary's Hospital in Montreal.

He returned to the East Coast in 2008 where, in the fall of that year, he began sailing as the Medical Officer in HMCS PRESERVER, the East Coast Fleet Replenishment Ship, and as Task Group Medical Officer when in company with other ships of the fleet.

In February, he sailed in HMCS ATHABASKAN, as part of the Navy's mission to Haiti during Operation Hestia. In September, he sailed from Halifax in HMCS MONTREAL to Newfoundland to take up position as Senior Medical Authority and Deputy Task Force Surgeon to the Joint Task Force (Newfoundland) Head Quarters, which was set up to direct Canadian Forces assistance to the province as a result of damage caused by Hurricane Igor.

Captain Stecum currently remains Medical Officer to HMCS PRESERVER and expects to resume operational deployment with her in the spring of 2011.

FRIDAY, NOVEMBER 26TH
8:45–9:15 AM

Haiti, 6 Months Later: The Red Cross Field Hospital Emergency Response Unit

David Allison

Dr. Allison is the Medical Officer of Health for Eastern Health; he has served Newfoundland and Labrador in that capacity for over ten years. He is also a clinical associate professor in the Division of Community Health of the Faculty of Medicine at Memorial University. He has worked in public health positions across the country in Alberta, Saskatchewan, Ontario and New Brunswick since 1982. A graduate of Queen's University in Kingston, Ontario, he has also worked in New Zealand, Australia, Sierra Leone and Nepal for periods of time and has had the opportunity to work on projects with the Canadian Society for International Health, the World Health Organization, Rotary International and most recently with the Red Cross in Haiti.

Special Guest from the field of Chiropractic

Thursday, November 26th
2:45-3:25 pm

The Newfoundland and Labrador Chiropractic Association (NLCA) is sponsoring a well-known practitioner and teacher from the Canadian Memorial Chiropractic College to speak at PriFor 2010. Dr. Steiman is speaking in Salon A from 2:45–3:25 pm on Thursday, November 25th.

Dr. Igor Steiman graduated from the Canadian Memorial Chiropractic College (CMCC) in 1981, having earned a Master's degree in physiology at the University of Toronto in 1978. He then completed a two-year residency in chiropractic clinical sciences at CMCC, and became a Fellow of the College of Chiropractic Sciences (Can.) (FCCS[C]) in 1986. More recently, he has completed certification in clinical education through the University of Toronto's Centre for Faculty Development, and in Interprofessional Education and Collaborative Care.

Dr. Steiman has been in private practice in multi-disciplinary settings and a CMCC faculty member since 1981. At CMCC, he has instructed in various Divisions, conducted and supervised research, held administrative posts, and served on numerous committees. He has authored several scientific and professional papers, and is a chiropractic consultant for various organizations involved in independent assessments.

Since 2004, Dr. Steiman has been seconded to the chiropractic clinic of St. Michael's Hospital, Toronto. Besides providing patient care there, he is involved in instructing and mentoring students and residents of various healthcare disciplines. He serves as a chiropractic professional liaison and education leader, and is part of the award-winning Interprofessional Education Working Group. He was awarded the Ontario Chiropractic Association Professional Service Award in 2008.

HIGHLIGHTS AND KEY POINTS

- Thank you to our sponsors. Please visit their booths in the exhibit and poster area.
- Conference starts with registration and continental breakfast @ 8:00 am on Thursday.
- All breaks are in the pre-conference area with the posters and exhibitors/sponsors. Thursday lunch and Friday Breakfast are in Salon A.
- Hot breakfast will be served Friday morning starting at 7:30 am in Salon A. Tables will be labelled by topic so people with similar interests can get together over breakfast.
- **Posters**
  There are three half-day poster sessions. Those people presenting their posters in the morning sessions should have their posters up before the plenary session starts and down by 12:30 pm. Poster presenters are asked to stand by their posters during the designated time for their poster (10:15–11:00 am for the Thursday morning session; 2:00–2:45 pm for the Thursday afternoon session; 9:45–10:30 for Friday morning session).
- **Oral Presentations**
  There are three rooms with presentations/workshops running concurrently. The three rooms are Salon A, Garrison Room, and Signal Room. All presenters should have received a letter indicating the room and time of their presentation. Please give your presentation (on USB stick or CD/DVD) to your room monitor or one of the IT people at least an hour before your presentation is scheduled.
- **Three Plenary Sessions** (in Salon A)
  - On Thursday morning, Dr. Robert Ross, a professor and PhD in exercise physiology from Queen's University in Kingston, Ontario, will present on effecting lifestyle change.
  - On Thursday afternoon, Dr. Richard Birtwhistle, a family physician and primary care researcher, will present on the new Canada-wide primary care surveillance project, called CPCSSN (pronounced 'sip-sin'), funded by the Public Health Agency of Canada in conjunction with College of Family Physicians of Canada.
  - On Friday morning, Captain Ron E Stecum MD and Dr. David Allison will each present on their recent experiences in Haiti from a Canadian Military and Red Cross perspective, respectively.
- **Two Concurrent Workshops** will be held on Friday morning in the Garrison and Signal rooms.
- On Thursday at the end of the afternoon session, there will be a Cocktail Reception for all registrants. This runs from 4:45–6:00PM, and will be held in the Courtyard.

Please feel free to approach any of the conference staff if you need help. They will be wearing **RED** nametags.

Program Schedule

Thursday, November 25th, 2010

8:00–9:00	Registration and Continental Breakfast	**Pre-Function Area**
9:00–9:15	Welcome and Opening Remarks ***Dr. James Rourke, Dean of Medicine***	**Salon A**
Plenary Session: Lifestyle		
9:15–10:15	Encouraging Patients to Adopt Healthy Lifestyle Behaviours: New Evidence Suggests Reason for Hope! ***Dr. Robert Ross***	**Salon A**

10:15–11:00	**Poster Viewing/Exhibitors/Refreshments** ***(see poster list on page 13)***	**Pre-Function Area**

Concurrent Sessions (11:00 am–Noon)

Session Theme: Health Promotion		
Location: Salon A	**Session Facilitator: Dr. Gary Tarrant**	**Room Monitor: Lisa Grant**
11:00–11:20	Health, Lifestyle and Aging with Multiple Sclerosis: A Qualitative Study	**Michelle Ploughman** **See abstract on page 16**
11:20–11:40	Factors Associated with Older Adults Receiving the Seasonal Influenza Vaccination in Newfoundland and Labrador	**Mary Bursey** **See abstract on page 17**
11:40–12:00	Strengthening Families for the Future: A Community Collaboration	**Cathy Wheeler-Walsh** **See abstract on page 19**
Session Theme: Looking to the Community		
Location: Garrison Room	**Session Facilitator: Dr. Shabnam Asghari**	**Room Monitor: Mandy Peach**
11:00–11:20	Community Advisory Committees—Bringing the Community Perspective to Primary Health Care	**Priscilla Corcoran Mooney** **See abstract on page 17**
11:20–11:40	Building Community Capacity: Community Advisory Committees Western Health	**Tara Noseworthy** **See abstract on page 18**
11:40-12:00	Promoting Mental Health Awareness and Services Through Community Engagement	**Marguerite Riggs** **See abstract on page 19**
Session Theme: Technology and Healthcare		
Location: Signal Room	**Session Facilitator: Dr. Laurie Goyeche**	**Room Monitor: Richard Cullen**
11:00–11:20	Enhancements to Primary Health Care (PHC) Information to Support Patient Care and Decision-Making Across Canada	**Greg Webster** **See abstract on page 16**
11:20–11:40	Telehealth in the Provision of Emergency Services to an Isolated Rural Community: Learning from LaPoile	**Paul Spencer** **See abstract on page 18**
11:40–12:00	Developing Common Electronic Medical Records (EMR) Content Standards for Primary Health Care (PHC)	**Greg Webster** **See abstract on page 20**

12:00–1:00	**Lunch**	**Salon A**

Plenary Session: Chronic Disease Surveillance		
1:00-2:00	The Canadian Primary Care Sentinel Surveillance Network—Idea to Reality ***Dr. Richard Birtwhistle***	**Salon A**

2:00–2:45	**Poster Viewing/Exhibitors/Refreshments** ***(see poster list on page 14)***	**Pre-Function Area**

CONCURRENT SESSIONS (2:45–4:45 PM)

Session Theme: The Primary Healthcare Team		
Location: Salon A	**Session Facilitator: Dr. Cheri Bethune**	**Room Monitor: Lisa Grant**
2:45–3:25	Teaching an Interprofessional Approach to the Management of Musculoskeletal Problems in Primary Care—A Pilot Study	**Igor Steiman** **See abstract on page 30**
3:25–3:45	Evaluation of the Integration of the Primary Health Care (PHC) Nurse Practitioner (NP) Role in the Deer Lake/White Bay PHC Team	**Heather Taylor** **See abstract on page 23**
3:45–4:05	The Role of the Registered Dietitian in Primary Health Care in Western Newfoundland	**Danielle Shea** **See abstract on page 23**
4:05–4:25	The Scope of Practice for Social Workers on Mental Health and Addictions Teams	**Dennis Kimberley** **See abstract on page 25**
4:25–4:45	Interprofessional Practice: The Social Work Field Placement Experience	**Donna Hardy Cox** **See abstract on page 26**
Session Theme: A Variety Pack		
Location: Garrison Room	**Session Facilitator: Dr. Leslie Rourke**	**Room Monitor: Mandy Peach**
2:45–3:05	Improving Access in Rural Primary Care	**Cathy Scrimshaw** **See abstract on page 20**
3:05–3:25	Using Lean Six Sigma to help better understand primary care practices	**Nolan Schaaf** **See abstract on page 31**
3:25–3:45	Where's Help When We Need It? Developing Effective, Responsive Mental Health Services for Children and their Families	**Heather J. Hair** **See abstract on page 22**
3:45–4:05	Using administrative databases in the surveillance of depressive disorders—Case definitions	**Reza Alaghehbandan** **See abstract on page 24**
4:05–4:25	Looking Beyond Literacy: Analysis of the Role of Health Literacy in "Two Cases of Infants Presenting with Vitamin D Deficiency Rickets in Two African Refugee Families Living in St John's Newfoundland"	**Francoise C. Guigne** **See abstract on page 24**
4:25-4:45	Partnerships beyond the paper: Meaningful collaborations between aboriginal communities and university researchers	**James Valcour** **See abstract on page 27**
Session Theme: Another Variety Pack		
Location: Signal Room	**Session Facilitator: Dr. Kris Aubrey-Bassler**	**Room Monitor: Richard Cullen**
2:45–3:05	Taking Issue with Community Rehabilitation: Results of a Provincial Rehabilitation Needs and Gaps Assessment	**Michelle Ploughman** **See abstract on page 21**
3:05–3:25	Primary Health Care in Action: Completing Community Health Needs and Resources Assessments in the Western region.	**Erica Parsons** **See abstract on page 21**
3:25–3:45	Use of a Patient Database and Nurses Contacting Patients to Monitor Chronic Disease and Preventative Health Screening	**Bev & Tracey Burton** **See abstract on page 22**
3:45–4:05	Palliative and End of Life Care in Newfoundland's Deaf Community	**Victor Maddalena** **See abstract on page 24**
4:05–4:25	Lifestyle of Asian Immigrants in Canada	**Jing Wang** **See abstract on page 25**
4:25-4:45	Deer Lake/White Bay Kids Live Well Marathon	**Danielle Shea** **See abstract on page 26**

4:45–6:30	Cocktail Reception *(for all conference registrants)*	**Courtyard Area**

Friday, November 26th, 2010

7:30–8:45	Hot Breakfast Interest Groups	Salon A

Plenary Session: Focus on Haiti		
8:45–9:15	Medical Relief in Haiti: A Canadian Navy Doctor's Perspective ***Captain Ron E Stecum***	Salon A
9:15-9:45	Haiti, 6 Months Later: The Red Cross Field Hospital Emergency Response Unit ***David Allison***	Salon A

9:45–10:30	Poster Viewing/Exhibitors/Refreshments *(see poster list on page 15)*	Pre-Function Area

Concurrent Sessions (10:30 am–12:30 pm)

Session Theme: Women's Health/Maternity Care		
Location: Salon A	**Session Facilitator: Dr. Pauline Duke**	**Room Monitor: Lisa Grant**
10:30–10:50	Breastfeeding initiation rates in St. John's	**Monica Kidd** **See abstract on page 27**
10:50–11:10	"You're not going at that!" A Qualitative Study to Explore New Mothers' Attitudes, Beliefs, and Values around their Decision not to Breastfeed.	**Laurie Twells** **See abstract on page 28**
11:10–11:30	Women: Motherhood and Ambivalence	**Kristin Newman** **See abstract on page 28**
11:30–11:50	Experiences of Family Physicians in Primary Care Obstetrics Groups	**Sudha Koppula** **See abstract on page 29**
11:50–12:10	Development of an Instrument to Evaluate the Prevalence and Predictors of Breastfeeding Initiation and Duration in Newfoundland and Labrador	**Laurie Twells** **See abstract on page 29**
12:10–12:30	Innovative approaches to engaging high risk populations of rural women in Newfoundland and Labrador to participate in cervical screening.	**Dawn Mercer** **See abstract on page 30**
Workshop A		
Location: Garrison Room	**Session Facilitator: Dr. Michelle Ploughman**	**Room Monitor: Mandy Peach**
10:30–12:30	Innovation in Interprofessional Chronic Disease Management: Lessons Learned from an Eating Disorder Education and Support Program	**Olga Heath** **See abstract on page 47**
Workshop B		
Location: Signal Room	**Session Facilitator: TBA**	**Room Monitor: Richard Cullen**
10:30–12:30	Medical Care of the Community-dwelling Elderly in Rural Newfoundland/Labrador	**Mehrul Hasnain** **See abstract on page 46**

12:30	Conference Adjourns

POSTERS

THURSDAY MORNING, NOVEMBER 25TH, 2010

PRE-FUNCTION AREA

VIEWING TIME: 10:15–11:00 AM

ROOM MONITORS: ANDREA PIKE AND SCOTT LEE

Poster Board #	Title	Presenter	Abstract on page
1	Validating Best Practice Guidelines for Women's Health in Newfoundland & Labrador	W. Emberley Burke	**32**
2	Running the Gauntlet: The Experience of Low Gestational Weight Gain	Cynthia Murray	**32**
3	Were Past Times Good Times in Their Own Way? Interpreting Medicine and Health Care in Pre-1949 Newfoundland as "Ecosystem"	J.T.H. Connor	**33**
4	The effect of vaginal self-sampling on cervical cancer screening rates: preliminary results of a community-based study	Mandy Peach	**33**
5	An Evaluation of a Psychotherapy Skills Training Program	Gary Tarrant	**34**
6	Community based primary care interprofessional model for the early diagnosis and treatment of children with Attention Deficit Disorder	Cheri Bethune	**34**
7	Risk Factor Management for Cardiovascular Disease: A Nurse Practitioner-Led Collaborative Clinic to Improve Health Outcomes	Jill Bruneau	**35**
8	Enhancing Team Effectiveness amongst Primary Health care Providers In Central Health	Lily LeDrew	**35**
9	Survey of Patients' and Physicians' Satisfaction with a Pharmacist Managed Anticoagulation Program in a Family Medicine Clinic	Stephanie Young	**36**
10	Falls among Seniors in Atlantic Canada	Cindy Mosher	**44**

Thursday Afternoon, November 25th, 2010

Pre-function Area

Viewing Time: 2:00–2:45 pm

Room Monitors: Andrea Pike and Scott Lee

Poster Board #	**Title**	**Presenter**	**Abstract on page**
1	Green Bay Falls Prevention Project	P. Pobihushchy-Lawlor	**36**
2	Determination of Genetic Markers for Responsiveness to Alefacept	Wayne Gulliver	**37**
3	The Effects of Adding a Dementia Unit to a Veteran's Pavilion on Polypharmacy and Nursing Job Satisfaction	Roger Butler	**37**
4	Patient Participation in Optimizing a Primary Care Personal Health Record	Gillian Bartlett	**38**
5	Primary Health Care: Chronic Disease Prevention and Management	Shari McKay	**38**
6	The Rourke Baby Record	Leslie Rourke	**39**
7	Family environment factors associated with paediatric obesity	Suja Varghese	**39**
8	Planning the Restructuring of Institutional Long-Term Care: Stability of Assumptions Necessary to Predict Future Growth	Robert Wilson	**40**
9	Strengthening Families for the Future: A Community Collaboration	Tara Walsh	**40**

FRIDAY MORNING, NOVEMBER 26TH, 2010

PRE-FUNCTION AREA

VIEWING TIME: 9:45–10:30

ROOM MONITORS: ANDREA PIKE AND SCOTT LEE

Poster Board #	Title	Presenter	Abstract on page
1	Engaging Individuals/Families in the Development of Programs to Enhance Health and Well-being	Shari McKay	41
2	Nurse Practitioner as Lead Educator for Family Practice Residents in the Community Care of the Frail Elderly: An Interprofessional Education Strategy	Kath Stringer	41
3	Public attitudes towards newborn genetic testing in Newfoundland	Holly Etchegary	42
4	Bridging the Gaps between Family Doctors and Regional Health Authorities	Lydia Hatcher	42
5	Changing the Recommended Cervical Screening Intervals	Cathy Popadiuk	43
6	Comparison of Pharmacist Managed Anticoagulation with Usual Care in a Family Medicine Clinic	Stephanie Young	43
7	A Knowledge Transfer Project for Families with an Adult Member Suffering with Chronic Pain	Shirley Solberg	44
8	Psychosocial needs of women having surgery for breast cancer as an outpatient	Doreen Dawe	44
9	Vaginal self-sampling for HPV screening in rural Newfoundland: A nurse educator's perspective	Ruth Saunders	45

ABSTRACTS

ORAL PRESENTATIONS

Health, Lifestyle and Aging with Multiple Sclerosis: A Qualitative Study

Dr. Michelle Ploughman, Mark Austin, Dr. Anne Kearney, Michelle Murdoch, Dr. Mark Stefanelli, Dr. Marshall Godwin

Background: Multiple Sclerosis (MS) is the most common neurological disease affecting young adults in Canada. MS is characterized by a slow worsening of balance and coordination, paralysis, fatigue, pain, and other neurological symptoms and presently there is no cure. Although it is most often diagnosed between the ages of 15 and 40, people with MS live well into their seventies, most with significant disability.

Research Questions: In MS clinics, one of the most important questions patients ask is, 'What should I expect in the future and how will the disease progress?'. Our specific hypothesis is that there are modifiable health and lifestyle factors that influence quality of life (QoL) outside of the disease itself. We intend to use this qualitative data to design a survey and an evidence-based self-management program.

Description: Methods: We recruited individuals over the age of 60 with MS for more than 20 years from an outpatient MS clinic. Health aging and lifestyle were explored using in-depth semi-structured interviews and data saturation was reached at the eighteenth participant. Interview audiotapes were transcribed verbatim and themes derived using NVIVO8. Three investigators developed initial coding and codes were further validated and adapted in an iterative manner. Thematic analysis described themes and relationships among codes.

Results: Participants' (14 F/4 M) mean age was 66.5 ± 6.7 yrs and time from first symptoms was 33.5 ± 8.22 yrs. The typical participant was female, married, living at home with help for personal care and using a wheelchair for mobility. Thematic analysis suggested that a positive outlook, personal resilience, support of the spouse, financial flexibility and the absence of cognitive deficits as fundamental to healthy aging.

Conclusions: Our participants identified factors, outside of MS-related symptoms, that were important to maintaining quality of life as they aged. These findings suggest that MS health care teams must address the full spectrum of health when suggesting strategies to promote healthy aging.

Enhancements to Primary Health Care (PHC) Information to Support Patient Care and Decision-Making Across Canada

Greg Webster

Background: Several sources of input from major CIHI stakeholders confirmed a high priority need for more and better Primary Health Care (PHC) information to help jurisdictions establish more effective policies and programs by measuring and understanding PHC in Canada.

Today, more than half of Canadians require routine or ongoing care. PHC is the most common health care experienced by Canadians and more information about the sector is needed.

Research Questions: The Primary Health Care Information program collaborates with stakeholders across Canada to address priority information needs. The goal is to establish new pan-Canadian data sources to better understand PHC across Canada, report on agreed upon indicators and inform health policy and decision-making at multiple levels.

Description: The Primary Health Care Information program at the Canadian Institute for Health Information (CIHI) collaborates with key stakeholders across Canada to address priority PHC data and information needs. CIHI has demonstrated feasibility and progress on the following initiatives:

- Pilot and refinement of the PHC Electronic Medical Records (EMR) Content Standards to support complete, comparable PHC data;
- Expansion of the PHC Voluntary Reporting System Prototype to pilot the collection and use of EMR data across several provinces;
- Examined the use of PHC Patient and Provider Surveys in linkage and new analyses;
- Explored improved analysis of fee-for-service and improved collection of non fee-for-service data;
- Increased analysis and reporting on PHC in Canada.

Products developed to improve the understanding of primary health care across Canada:

- Primary Health Care Indicators Chartbook;
- PHC Indicators Electronic Medical Records Content Standards;
- Experiences With Primary Health Care in Canada;
- Diabetes Care Gaps and Disparities in Canada;
- Chronic Disease Prevention and Management in Seniors, Across Canada.

Community Advisory Committees - Bringing the Community Perspective to Primary Health Care

Priscilla Corcoran Mooney

Background: The Rural Avalon area of the Eastern Health region has been working under the auspices of primary health care since 2005. During that time, we have been successful in staying true to Alma Ata's contention that the community must play a key role in primary health care. The Placentia Area-Cape Shore Community Advisory Committee (CAC) illustrates our commitment to utilizing a community development approach to health.

Research Questions: The objective of this presentation will be to provide participants with an overview of the work of the CAC in ensuring community perspectives are heard, validated and utilized as we work towards healthy people and healthy communities.

Description: Rural communities across Newfoundland and Labrador are responding to the call for their valuable input into the health of their communities via the formation of Community Advisory Committees. Primary health care managers are working with CACs using a strengths-based approach to explore resources and challenges that are key to healthy community development. This presentation will focus on the Placentia-Cape Shore Community Advisory Committee, their formation, goals and ultimately, the innovative work they are completing.

Factors Associated with Older Adults Receiving the Seasonal Influenza Vaccination in Newfoundland and Labrador

Mary Bursey, Hui Xiong

Background: Newfoundland and Labrador (NL) has the lowest seasonal vaccination rate for individuals of all ages (22%) in Canada. Despite evidence that shows an increasing aging population, little is known about the individual characteristics of older adults (65 years and older) who consistently have their annual 'flu shot'. Therefore, in an effort to gain more information and subsequent understanding of this issue, factors were examined associated with older adults receiving the seasonal influenza vaccination in this province.

Research Questions: What factors are associated with older adults receiving their annual influenza vaccination? Secondary data analyses were conducted using the Canadian Community Health Survey (3.1)(2005). Factors examined included age, sex, marital status, household income, education, residence status, number of chronic diseases, having a regular doctor and number of contacts, and smoking status.

Telehealth in the Provision of Emergency Services to an Isolated Rural Community: Learning from LaPoile

Paul Spencer

Background: As a result of a community needs assessment undertaken by Western Health in the catchment are of the LeGrow Health Care Centre a project was undertaken to provide a dedicated video link between the community of LaPoile and the Health Centre, and to train community volunteers as Emergency Medical Responders. Funding was allocated on an as needed and go forward basis , appropriate hardware provided and community members trained. Community reaction to the project has been positive.

Research Questions: 1) To use a Primary Health Care (PHC) approach to provide an appropriate and acceptable emergency service to an isolated rural setting; 2) to gauge community reaction to the provision of service via a non-traditional means using non-traditional service providers; and 3) to expand the PHC in the area to include the eventual provision of non-emergency services to the community.

Description: Assessment Process: Data collection methods and sampling in initial needs assessment and project proposal; Findings: challenges indicated by data analysis in isolated areas; Recommendations: directions for action based on indicated challenges in the LaPoile area; Implementation: planning and implementing accepted recommendations with attendant challenges and outcomes; Evaluation: community utilization, response to, and perception of, service by community; Implications: provision on non-emergency services across program areas and service providers, opportunities for future research.

Building Community Capacity: Community Advisory Committees Western Health

Tara Noseworthy

Background: As part of the model of Primary Health Care in Western Health, Community Advisory Committees (CAC) are supported throughout the region. Four committees are established and we aim to have seven in total. There have been success stories, challenges and considerations for the process of recruitment, education and support for these committees.

Research Questions: Objectives:

1) The formation of CAC's: Established and future committees(recruitment, educational resources/training, evaluation)
2) Research on Urban CACs vs Rural CACs 3) Regional support; consistent terms of reference, monetary, education, communication
3) Community Capacity; celebrating CAC activities

Description:

1) The four CACs were established at varying times and each utilized various techniques for recruitment. Educational resources/training has become more consistent throughout the region. Evaluation is utilized both for team development purposes and committee activities.
2) There will be challenges to creating a CAC in an urban setting. This research on evidence based practices and investigation from other areas outside of Western Health will be displayed
3) A description of terms of references, handbooks, lines of communication, support systems will be explained.
4) Each CAC has a work-plan and associated activities. Health Promotion and Wellness Activities will be displayed.

Promoting Mental Health Awareness and Services Through Community Engagement

Marguerite Riggs,Michael Jones, Alexandra Kennedy, Nadine Noble

Background: The Mental Health and Addictions Team located at Brookfield Bonnews Health Centre (B.B.H.C.) in New-Wes-Valley was formed shortly after the designation of the local area as a Primary Health Care Region. With this designation, and a supporting Community Needs Assessment specifically identifying the need for mental health and addictions services, a Mental Health and Addictions (M.H. & A.) Team was formed shortly thereafter to help support the 9000+ residents of the Region.

Research Questions:

1. Create Awareness of Local Mental Health and Addictions Issues in the Kittiwake Coast Primary Health Care Region
2. Create Awareness of Mental Health and Addictions Programs/Services Available to Residents of the Region
3. Promoting Strong Inter-Professional Relationships in Rural Communities (ex. partnerships between Health and Education sectors)

Description: To quote a line from the movie Field of Dreams, "build it and they will come…" but maybe not automatically come! Developing new programs/services, hiring staff and forming teams all take significant time and energy, but those are just the initial challenges, creating awareness around these services and having people utilize them is the ultimate goal. To this end, the Primary Health Care Leadership Team and the M.H. & A. Team at B.B.H.C. created the Mental Health and Addictions Fairs. A partnership with Nova Central School Board, the local fairs were organized around the Healthy Living curriculum at schools in New-Wes-Valley, Hare Bay and Car Manville. Students developed group projects that highlighted local mental health and addictions issues, then applied theory (including the determinants of health and others) to explain their chosen issues. These fairs were attended by stakeholder groups, parents and the public. Over 600 students, education/health staff and public attended the events. A evaluation survey revealed success in creating awareness of local mental health and addictions services, the survey also served as a mechanism to help recruit members for a Regional Mental Health & Addictions Wellness Committee, which is to be established during the Summer of 2010.

Strengthening Families for the Future: A Community Collaboration

Cathy Wheeler-Walsh, Tara Welsh

Background: A Primary Health Care Proposal for the Dunfield Park area in Corner Brook (2007) outlined child/youth development and mental health and addictions as areas where coordination of service delivery could be enhanced. The 'Strengthening Families for the Future' program was identified as a best practice substance use prevention program for children ages 7 - 11 and their families. A blend of health and community partners delivered the program. This program fits within the Principles of Primary Health Care (4/5 principles).

Description: "Recruitment of families and facilitators: In Summer 2009, families were recruited for the program by a school social worker, Mental Health and Addiction Services, and Child, Youth and Family Services (CYFS). Facilitators were recruited based on the potential or current level of involvement with families. The facilitators included a program coordinator from the Dunfield Park Community Centre, a pastor from a local church that youth from Dunfield Park attend, a mental health program coordinator from the Community Mental Health Initiative, a CYFS social worker, an adolescent addictions social worker, and a MSW social work student.
The Program: Fall 2009 - 8 Families registered & 8 families completed the 14 week program. Parents and children met together to share a meal at the beginning of each week. This was followed by separate 1-hour sessions for parents and children. Finally, parents and children came back together for the family session where they practiced skills they learned in their separate sessions. To reduce barriers to accessing the program, Strengthening Families took place in a community setting and provided child care, transportation and meals to families.
Results: Pre-test and post-tests were administered with both qualitative (satisfaction surveys) and quantitative (Parent Stress Indexes scored by a psychologist) data. Data is currently being complied by the Quality Research and Management department of Western Health."

Developing Common Electronic Medical Records (EMR) Content Standards for Primary Health Care (PHC)

Greg Webster

Background: Primary health care (PHC) is the most common health care experienced by Canadians. Across Canada, electronic medical records (EMRs) are being developed to improve PHC. To support these efforts, there is a need to develop a set of EMR content standards for priority data elements to ensure that the necessary standardized information is available to improve access, quality, outcomes and chronic disease prevention and management across Canada.

Research Questions: Together we have embarked upon a broad consultation process, including engaging clinicians, standards experts, researchers and vendors to develop the pan-Canadian EMR content standards for primary health care. This initiative directly supports patient care improvements through both the development of more effective EMRs and health system use of EMR data.

Description: Delegates will hear how all jurisdictions across Canada, as well as Canada Health Infoway and the Canadian Institute for Health Information (CIHI), are working with key stakeholders to develop and release a common set of PHC EMR content standards in late 2010. These pan-Canadian standards can then be used in EMR applications to support PHC and improved health system management.

The outcomes of this collaborative alignment of EMR content standards for primary health care will result in:

- a more efficient process for developing standards;
- greater interoperability of EMR and EHR systems;
- standardized approaches for EMR information flow across points of care along continuum;
- shared requirements across jurisdictions resulting in more efficient enhancements by EMR vendors;
- more consistent messaging across jurisdictions; and
- improved quality at the point of patient care resulting from better data quality.

Improving Access in Rural Primary Care

Cathy Scrimshaw

Background: Access to primary care providers has been an issue in our community for many years. Through the Good Health Initiative and the Chinook Primary Care Network an inter-disciplinary model of care has been introduced to the practice. Access has improved but issues of long wait times for physician appointments is still a problem. A Clinical Microsystems approach (developed at Dartmouth Medical School) has been used with one family practice team to develop processes and systems to improve access in primary care.

Research Questions: How can we use clinical microsystems analysis to improve access to the family medicine team? What tests of change can we develop looking at patterns and processes in our clinical work?

Description: Using the clinical microsystems approach, facilitated by staff from the Chinook Primary Care Network, a team consisting of a nurse, medical office assistant, receptionist, social worker and physician worked at weekly meetings to improve access to primary care providers. Initial analysis looked at the specific physician panel of patients, including demographics, reasons for visits, and chronic conditions, as well as staffing numbers, skill sets of providers, and processes and patterns in the clinic. The team selected specific areas to improve access, and designed PDSA cycles to test change. Three specifically identified areas will be discussed in the presentation, including prescription renewals, management of severe rheumatoid arthritis and management of new and chronic depression. During this study, flow maps were developed, areas to amenable to change were identified and processes were tested. Quantitative and qualitative data was acquired. Over a period of nine months, time to third next appointment dropped from a high of 45 days to a low of 6 days. Some changes identified by the microsystems team were implemented clinic wide. Issues identified by the team, including problems of integration of speciality care, drug coverage, and transportation and the practicality of clinical practice guidelines will also be discussed.

Taking Issue with Community Rehabilitation: Results of a Provincial Rehabilitation Needs and Gaps Assessment

Dr. Michelle Ploughman, Dale Morgan, Larry Kelly

Background: An aging population, emphasis on chronic disease management and move toward community living for people with disabilities requires the re-evaluation of current adult rehabilitation services. Results of this assessment will be of interest to leaders, managers and policy-makers in rehabilitation and primary health disciplines.

Research Questions: The Eastern Health Authority identified the need for evaluation of the rehabilitation services presently being offered in the region (260,000 pop). The evaluation answered the question, “For adults living within the boundaries of Eastern Health, as well as within the Province of Newfoundland and Labrador, how well are rehabilitation needs being met across the continuum of care?”

Description: Methods: Guided by steering and advisory committees, we used multiple methods including evaluation of grey literature and previous satisfaction surveys, health indicators, electronic and postal surveys for rehabilitation providers (n=204) and patients and families (n=266) in Eastern Health, as well as focus groups (n=12), and key informant interviews (n=24) in all regions of the province. Results: Surveys indicated that the primary concern of both providers and patients was the lack of home/community supports and follow-up. They felt that lack of these services impeded discharge from hospital and stimulated unnecessary emergency room visits. Furthermore, respondents identified gaps in rehabilitation services for people with chronic disease and special populations (bariatric, young adults with disability). Focus groups and interviews revealed a strong rural-urban split in accessibility of rehabilitation services close to home.

Conclusions: Although policy makers often emphasize improvements within institutions, our results show that front-line providers, managers, patients and families perceive that rehabilitative care should be improved much closer to home.

Primary Health Care in Action: Completing community health needs and resources assessments in the Western region

Erica Parsons, Danielle Shea

Background: The Primary Health Care (PHC) management team within Western Health has completed needs assessments in five primary health care team areas. The goal of these needs assessments was to identify area strengths and opportunities for improvement as it relates to the five principles of PHC (access to services, interdisciplinary teams and community partnerships, client/community participation, utilization of technology and health promotion). PHC renewal has been identified as a priority within Western Health.

Research Questions:

1. To gain an understanding of the current health care practices and health-seeking behaviours of residents of western NL;
2. To integrate the concepts of PHC into the way Western Health does business;
3. To establish a network of primary health care teams and community partnerships that will enhance PHC and health promotion/illness prevention initiatives in the western region.

Description: Methods: Data collection was completed by demographic & epidemiological profiles, community/service provider focus groups & key informant interviews. Data analysis involved statistical & thematic analysis and comparison to standard health indicators.

Results: Identification of strengths and opportunities for improvement within the context of PHC and the 5 principles for each PHC team area. Information obtained from the needs assessments are used in the broader organizational and local team area strategic planning processes.

Conclusions: A standard process has been developed to guide the Community Health Needs and Resources Assessments in collaboration with the Quality Management and Research Branch with Western Health. This process was developed based on a three year cycle aligned with the strategic planning process of Western Health and will also guide primary health care area planning.

Use of a patient database and nurses contacting patients to monitor chronic disease and preventative health screening

Bev and Tracy Burton

Background: As a clinic group, we wanted to ensure that all patients were offered screening for preventative health and that patients with chronic diseases were monitored appropriately, especially those patients that are hard to reach. We created a database of all patients in these categories and used our LPNs in the clinic to help manage these patients.

Research Questions: We wanted to know if identifying patients that were overdue for screening or for chronic disease monitoring and then calling the patient to have this done would improve the rates that these tests are done. This should allow for better control of chronic diseases and earlier detection from screening.

Description: A database of patients eligible for screening (mammograms, Pap smears, colorectal screening, bone density screening, pneumococcal vaccination) was created. For patients with chronic disease, a database was also created, including what parameters needed to be measured. A list was generated of those patients who were overdue for either screening or monitoring. The nurses in the clinic would then call these patients or talk to them when they came for an appointment. As well, reminder cards were left for the physicians. Through this method, there has been a considerable increase in patients getting their screening and monitoring tests done. As well, this had increased awareness of preventative health screening for patients as many were not aware of what is available and what the testing is being used for. With regards to the monitoring of chronic diseases, we are hoping that by better monitoring, especially of those patients that are hard to reach, we will be able to better control their disease(s).

Where's Help When We Need It? Developing Effective, Responsive Mental Health Services for Children and their Families

Heather J. Hair, Rhonda Shortall, Jim Olford

Background: Rural and urban family physicians have repeatedly identified that the length of waiting times for children's mental health services are clinically inappropriate. In February 2010, a pilot project called the Change Clinic was launched through the Janeway Family Centre of Eastern Health as an alternative program of care for children and their families. The Change Clinic is a time-sensitive, client-responsive counselling service and the first of its kind in Newfoundland and Labrador.

Description: For many helping professionals, providing services through urban and rural based settings can often mean that each contact could be the only one. The thought that the first meeting with an individual, couple, or family may well be the last is particularly daunting when the mental health and relational concerns of people are woven together with life circumstances such as poverty, family violence, social marginalization, and isolation. This presentation will introduce participants to the conceptualization and delivery of timely, cost-sensitive counselling services that can reduce waiting lists and respond effectively when windows of opportunity for change are open. A description of the service as well as the research design and results from the pilot study of the Janeway Family Centre Change Clinic will be presented.

Evaluation of the Integration of the Primary Health Care (PHC) Nurse Practitioner (NP) Role into the Deer Lake/White Bay PHC Team

Heather Taylor, Carla Wells, Anna Marie Alteen, Madonna ManualGlenda Cunning

Background: In 2007, a Nurse Practitioner (NP) position was introduced into the Deer lake/White Bay PHC team/area. The successful integration of the NP role into the health care team is a relevant evaluation theme as the NP position is new to this area. The research team felt it was important to review and evaluate the integration process of this particular role into the team as well as the area.

Research Questions: The research objectives of this study were to:

1. Evaluate the integration of the Primary Health Care (PHC) Nurse Practitioner (NP) role into the Deer Lake/White Bay PHC team.
2. Identify components of successful integration of the NP role as well as opportunities for improvement.

Description: A mixed methods design was used for this study which utilized two different surveys delivered to two populations: (1) community clients and (2) PHC team members. The surveys solicited both quantitative and qualitative responses. Both surveys had a 36% return rate. (Community Survey n=182 and the Health Care Team Survey n=13). Research studies have identified many factors that support the development and successful integration of the NP role into a variety of health care settings. A literature review indicated that lack of planning for implementation has been considered a barrier for successful integration of this advanced practice role (CNA, 2006). Therefore our team decided to evaluate the actual process of the implementation phase of integration. Future role integration is pivotal to the continued success of NP integration into the Newfoundland and Labrador health care system because the end result is that we are all "working together for better patient care". This oral paper will present the results of our study with recommendations for future role integration. It will hopefully inform decision makers of local research being done in PHC and possibly the dissemination of these research findings will influence primary health care policy in the future.

The Role of the Registered Dietitian in Primary Health Care in Western Newfoundland

Danielle Shea, Tara Noseworthy, Laeora Ryba

Background: Dietitians of Canada released a paper in July 2009 titled “Role of the Registered Dietitian in Primary Health Care. A National perspective". It is the goal of the researchers to further identify the role of the Registered Dietitian as it relates to primary health care within Western Health in a collaborative workshop setting, enhance understanding of primary health care, and identify future directions.

Research Questions:

1. To explore the current primary health care activities of registered dietitians in the Western Region.
2. To identify areas where to integrate a primary health care approach to dietetic care and develop indicators for evaluation
3. To enhance intersctoral collaboration.

Description: The researchers will be hosting a full day event that starts with facilitating the BBTI Understanding Primary Health Care module to all the Registered Dietitians in the Western Region (approximately 25 participants). The second part of the workshop will have focus groups work through some questions around what is currently being done, what could/should be done as a profession and brainstorm some ways to show that their work is worthwhile/valuable as well as identify indicators to evaluate practice.

Using administrative databases in the surveillance of depressive disorders—Case definitions

Reza Alaghehbandan, D. MacDonald, B. Barrett, K. Collins, Y. Chen

Background: The objective of this study was to assess the usefulness of provincial administrative databases in carrying out surveillance on depressive disorders. Electronic Medical Records (EMR) at three family practice clinics in St. John’s, NL, Canada, were audited based on a sample of patients classified as being diagnosed or not diagnosed with a depressive disorder.

Description: The EMR served as the “gold standard”, which was then compared to these same patients investigated through the use of various case definitions applied against the provincial hospital and physician administrative databases. Variables used in the development of the case definitions were depressive disorders diagnoses (either in hospital or physician claims data), date of diagnosis, and service providers type (general practitioners [GP] vs. psychiatrists). All patients who had a hospitalization due to a depressive disorder were identified in the depressed cohort (22 of 253), whereas none of the non-depressed cohort patients were found to have a hospitalization as a result of a depressive disorder. Of the 120 case definitions investigated, 26 were found to have a kappa statistic greater than 0.6, of which 5 case definitions were considered the most appropriate for surveillance of depressive disorders. Of the five definitions, the following case definition with a 77.5% sensitivity and 93% specificity was found to be the most valid ([= 1 hospitalizations OR = 1 psychiatrist visit due to depressive disorders any time] OR = 2 GP visits due to depressive disorders within the first 2 years of diagnosis). This study found that provincial administrative databases are useful for carrying out surveillance on depressive disorders among the adult population. The approach used in this study was simple and practical and resulted in high sensitivity and specificity; the comparison between the chart review and the administrative databases indicated strong agreement.

Palliative and End of Life Care in Newfoundland's Deaf Community

Victor Maddalena, Myles Murphy

Background: There is a limited body of research that examines the experiences of Deaf people and their interactions with the health system. There is a dearth of research that examines the experiences of Deaf people at end of life (EOL) and the challenges they face in accessing culturally competent palliative care.

Research Questions: What are the experiences of Deaf people living in Newfoundland and Labrador regarding end of life and palliative care services?

Description: This qualitative participatory action research explores the EOL experiences of Deaf people living in St. John’s Newfoundland through in-depth interviews with primary caregivers (family, friends) who have cared for a Deaf person who has died. We document their experiences and perceptions pertaining to accessing and utilizing health services, in particular palliative care services, perceived barriers to accessing culturally appropriate health services, and examine what would constitute culturally competent health care at end of life for the Deaf.

Looking Beyond Literacy: Analysis of the Role of Health Literacy in "Two Cases of Infants Presenting with Vitamin D Deficiency Rickets in Two African Refugee Families Living in St John’s Newfoundland"

Francoise C. Guigne, Dr. Pauline Duke, Dr. Leslie Rourke

Background: Health literacy literature predominantly describes the strong correlation between low levels of literacy and negative health outcome. Recent definitions of health literacy in Canada focus on the role cultural, economic, social and educational factors play in mediating health literacy. We report on two unique cases of Vitamin- D deficiency rickets that surfaced in the refugee population in the family medicine office setting to explore the broader definition and role of health literacy in family practice prevention.

Description: Rickets remains a persistent problem in Canada, despite public health guidelines on appropriate supplementation and the availability of fortified dairy products. Newfoundland and Labrador typically has a very low incidence of Rickets compared with other provinces and territories in Canada. However, between 2004 and 2010, two cases of rickets in patients born to refugees from African countries presented in the same family medicine clinic. In both cases Vitamin D supplementation was ordered for the newborns at birth but despite active patient education, it was not purchased or it was not continually used. An analysis of health literacy suggests that there are a number of explanations for why the families failed to use Vitamin D supplementation. Socioeconomic barriers related to working poor status, language barriers, misunderstanding medical advice, lack of culturally appropriate education material, apprehension around asking for clarification, and varying cultural constructions of "risk" and "prevention" are amongst the explanations that this analysis highlights. The results of this analysis support the utility of a broader definition of health literacy. This case study points to the utility of a health literacy analysis in the family medicine setting, when trying to contextualize cases of non-compliance in diverse cultural groups.

The Scope of Practice for Social Workers on Mental Health and Addictions Teams

Dennis Kimberley

Background: The author is working on a research project proposal based on an analysis of some international policies and practices which expand the scope of practice for social workers in primary care in addictions and mental health.

Research Questions: What is the range of scopes of practices for social workers on primary care teams in mental health and addictions in Canada, U.S.A. and U.K?

Description: In developing a research proposal to explore the scope of practice of mental health and addiction social workers in three countries, the literature and research to date suggests that the role of Canadian social workers could be greatly expanded, as in other countries. Such an expansion could increase availability and depth of services.

Lifestyle of Asian Immigrants in Canada

Jing Wang

Background: Asian immigrants in Canada increased very quickly, but little is known about their lifestyle and how it changes as they adapt to a Canadian life.

Research Questions: This study aimed to describe lifestyle, including smoking status, drinking status, and physical activities status, among Asian immigrants in Canada, and to provide estimates of the impact of socio-demographic factors on lifestyle, compared with non-immigrants and other immigrants.

Description: Methods: Using data from the 2005 Canadian Community Health Survey 3.1, a descriptive analysis was performed to estimate the frequency of lifestyle among non-immigrants, other immigrants, and Asian immigrants as a whole and subgroups as recent and long-term immigrants. Logistic Regression was used to determine the association between immigrants status and lifestyle.

Results: Unadjusted Logistic regression results showed that other immigrants have a higher risk as current smokers, current drinkers, and being physically inactive; recent Asian immigrants are more likely to be physically active, and long-term Asian immigrants have a lower risk as current smokers and have higher risk as current drinkers. When adjusted by age, gender, marital status, education level and household income, Asian immigrants have higher risk of being current drinkers, recent Asian immigrants are still more physically active, and long-term Asian immigrants are still less likely to be current smokers. The comparison of different genders are also detected.

Conclusion: Recent Asian immigrants are more likely to keep a healthy lifestyle, but will deteriorate as they adapt to a Canadian life. Strategies to decrease smoking and drinking prevalence and promote physical activity should consider immigrants status and time since immigration.

Deer Lake/White Bay Kids Live Well Marathon

Danielle Shea

Background: A 42 day event with kids registering on Canada Day, pledging that they will eat as recommended from Canada's Food Guide and participate in the equivalent of 1 km of activity each day for 42 days. On the final day of the event, the Grand Finale included a 1 km walk/run through their community, with kids and parents wearing their marathon t-shirt and running bib. This was followed by games and prize draws. Approximately 150 children participated in the event.

Research Questions:

1. To increase awareness of recommendations of Canada's Food Guide and intake of fruits and vegetables.
2. To increase awareness of and participation in daily physical activity by families in the Deer Lake/White Bay area
3. To engage the community in a region-wide event that was fun and educational

Description: The event was based on the statistics of the area related to the incidence of chronic disease, low activity levels and fruit and vegetable intake, and the lack of awareness of the specific recommendations of Canada's Food Guide and physical activity recommendations. Children participated in a 42 day event with registration at local Canada Day festivities in most communities. On registration day, children and their parent/guardian signed a pledge sheet indicating that they would do their best to participate in daily healthy eating and physical activity. They received a tracking sheet on which they colored in a running shoe each day that they participated in the equivalent of 1 km of activity and an apple for each day that they ate as recommended from Canada's Food Guide. On the back of the tracking sheet was a breakdown by age of Canada's Food Guide and the recommendations of how to achieve the equivalent of 1 km of activity. As well, the public health nurses visited each community to educate children and families about the recommendations and options of how to achieve this in their daily eating plan. As well, our pediatrician also visited communities to talk about physical activity/inactivity and the implications of this. The summer sports students assisted by incorporating daily activity into their programs and completing weekly sign-in and prize draws. The event was coordinated by the Community Advisory Committee and was supported many partners (community councils, local businesses).

Interprofessional Practice: The Social Work Field Placement Experience

Dr. Donna Hardy Cox, Michelle Sullivan, Dr. Olga Heath, Sue Murray, Ellen Oliver, Anne Harvey

Background: This presentation will focus on interdisciplinary professional education a topic of high relevance to current models of primary health care delivery. The presentation will include a brief orientation to the model used to promote interdisciplinary learning among undergraduate social work, nursing, medicine and pharmacy students. More specifically the content will focus on empirical research examining the response of social work students to interdisciplinary practice education during their first 350 hour field placement.

Research Questions:

1) What are social work students and field instructors attitudes towards interprofessional teamwork & team skills?
2) Is there a difference in attitudes towards interprofessional teamwork & team skills when social workers & students have been exposed to Interprofessional Practice Placement Learning workshops?

Description: The research team developed and delivered a comprehensive workshop intervention emphasizing the techniques, benefits and challenges of interprofessional practice. This workshop was delivered to 4th year social work students and their field instructors during the fall of 2009/2010. A comparative analysis of data gathered from a control group of 45, 4th year students during the academic year 2008/2009 and post intervention data collected from the intervention students will be reported. The analysis will focus on differences between the two groups respecting ratings by field instructors on the student's acquisition of interdisciplinary practice competencies. These competencies are directly linked to the accreditation standards of the Canadian Association of Social Work Education and the Health Canada principles and practices for integration of interprofessional education. The data to be reported includes but is not limited to: change in student attitudes towards health care teams, and student perception of changes in their team performance in a variety of primary health care practice environments.

Partnerships beyond the paper: Meaningful collaborations between aboriginal communities and university researchers

James Valcour

Background: To date, there has been no systematic data that documents the health status of people who live in NunatuKavut communities along the south-east coast of Labrador. People who live in many, if not all, of these communities experience difficulties accessing basic health and social services which are readily available in other parts of Canada. The collection and analysis of systematic health data can identify prevalent health issues, establish priorities and better allocate resources of people who live in Inuit-Metis communities.

Research Questions: A comprehensive community health needs assessment was conducted in NunatuKavut communities on the south coast of Labrador to assess prevalent health and social issues; health care needs and community perceptions of health care services in the area.

Description: The NunatuKavut Community Health Needs Assessment conducted in NunatuKavut communities of Labrador demonstrates a comprehensive community-based participatory research approach to health research. Western and Indigenous ways of acquiring knowledge were used to address complexities and challenges that exist when conducting research with Aboriginal communities. These approaches offer practical ways to meaningful engage communities in the research process. Best practices and methods from research were used in conjunction with aboriginal knowledge to challenge the status quo and provide a new method of addressing this research paradigm. The benefits and challenges of this approach will be discussed in relation to conducting research with Aboriginal communities. This shift to holistic methodologies informed by indigenous and non-indigenous ways of knowing can be utilized in various contexts in Canada and Internationally.

Breastfeeding initiation rates in St. John's

Monica Kidd

Background: Current estimates of breast-feeding initiation rates in Newfoundland are imperfect, as mode of infant feeding on discharge is recorded simply as "breast" or "bottle," without any qualification: a baby put to the breast a few times, but who is also supplemented with formula, might be recorded as breastfed. Thus, while NL already has the unfortunate distinction of having the lowest rates of initiation in the country (63%, compared with the national average of 81%), our rates might actually be inflated.

Research Questions:

(1) To determine, on discharge from hospital, the number of mother/infant pairs who were breastfeeding exclusively, the number formula-feeding exclusively, and the number with a mixed feeding regime.
(2) To determine the demographic parameters associated with each category of feeding.

Description: All charts of women who delivered infants at the Janeway Hospital in St. John's between June 1, 2007 and May 30, 2008 were requested from Eastern Health (n=2550), and a random subset of 250 women's charts and those of their matching infant(s) were pulled for analysis. The following data were collected: mother's length of admission, baby's length of admission, maternal age at delivery, number of pregnancies and previous deliveries, smoking status during pregnancy, medical and psychiatric co-morbidities of the mother and drugs used in pregnancy, pregnancy complications, educational achievement of the mother, mode of delivery and any complications, prenatal care provider (GP or Obs/Gyne), gestational age, birth weight, NICU admissions, and sequence of recorded infant feedings (breast and/or bottle). Rates of exclusive breast- and bottle- and mixed-feeding regimes were calculated, and the demographic parameters of the mothers in each category were compared.

"You're not going at that!" A qualitative study to explore new mothers' attitudes, beliefs, and values around their decision not to breasfeed

Dr. Laurie Twells, Dr. Leigh Newhook

Background: Breastfeeding is recommended globally as the optimum means of infant and young child feeding. Despite the substantial evidence on the health benefits of breastfeeding, the initiation rate for breastfeeding in Newfoundland and Labrador (NL) is the lowest in Canada. Few studies ask mothers why they choose to formula feed their babies. A better understanding of the factors that shape infant feeding decisions will help to develop quality interventions in order to improve new mothers' breastfeeding initiation rate.

Research Questions: To explore new mothers' attitudes, beliefs, and values around their decision not to breasfeed their children in three geographical regions in NL; one area with a moderate initiation rate and the other two with the lowest initiation rates of breastfeeding in the province.

Description: This study is part III of a larger research study on infant feeding practices in NL. Part III is a qualitative study exploring the values, attitudes, and beliefs of non-breastfeeding mothers on their decision to not breastfeed, and is not dependent on the findings from the other parts of the study. First-time mothers who have given birth to full-term healthy babies will be recruited through Family Resource centres to take part in focus groups; to be held in St. John's, Carbonear and Burin. The sample will be mothers who did not consider breastfeeding as a realistic option for infant feeding. The purpose of each focus group is to understand the experiences of non-breastfeeding mothers who choose to not breastfeed. A semi-structured interview guide will be developed and used to direct the 90 minute open discussions. Findings from this study will increase the understanding of non-breastfeeding mothers' decision to formula feed. A better awareness and understanding of these decisions will help identify an intervention(s) to target this particular group of women with the goal of increasing breastfeeding initiation rates in this population and therefore increasing health outcomes in both mothers and children. Results from this study are not yet available, but are expected to be available for presentation prior to The Primary Healthcare Partnership Forum.

Women: Motherhood and Ambivalence

Dr. Kristin Newman

Background: Women's relationship with motherhood has been evolving as they focus more on careers, have children later in life, and embrace diverse ways of mothering (e.g., single mothering, adoption). However, although the possibilities for women's lives are expanding, the "institution of motherhood" (Rich, 1995) that is oppressive to women continues to exist. In addition to these socio-cultural tensions, women must contend with their biology, which further complicates things by determining when women are able to have biological children.

Research Questions: The study's objectives are:

1. to provide a voice and context to the multi-fold and complex issues that women face when considering motherhood,
2. to explore how health-care professionals could better support women who are navigating these issues.

Description: Women's ambivalence toward motherhood is becoming increasingly evident (Walker, 2007). With the advent of birth control and greater opportunities for education and employment, women's choices regarding motherhood have increased . Indeed, many women choose not to have children or choose alternative forms of mothering (e.g., lesbian mothering, fostering). However, despite these expanding possibilities, the ideology of "good mothering" (e.g., all good mothers breast-feed) continues to oppress women and their ability to make these different choices. In addition to these conflicting messages, women must face the biological limitations of their fertility. In sum, women encounter complex issues when considering motherhood. This study aims to give voice to the continuous negotiations that contemporary women must make around motherhood. The methodology is auto-ethnographic (Ellis & Bochner, 2000): It utilizes the researcher's experiences as the main source of data. From a post-modern perspective, auto-ethnography is a valid means of acquiring partial knowledge by locating personal experience within a cultural milieu. The researcher's reflections on her experience of motherhood in both personal and professional spheres is documented. The data is interpreted using a socio-cultural lens, meaning that the researcher's experiences are couched in the lived experiences of women as documented in the literature. Finally, how health-care professionals can assist women in making empowering decisions around motherhood is explored.

Experiences of Family Physicians in Primary Care Obstetrics Groups

Dr Sudha Koppula

Background: Family physicians' role in obstetrical care is enjoyable, important and unique. However barriers to providing this care frequently overshadow the rewarding features. As such, family physicians in Canada and worldwide are rapidly withdrawing their participation in full obstetrical care. Canadian family physicians, including those in Edmonton, have developed innovative obstetrical care groups to enhance the benefits of practicing obstetrics while minimizing the negatives.

Research Questions: The objective of this study was to explore the experiences of family physicians practicing in primary care obstetrics groups.

Description: A qualitative study using one-on-one in-depth interviews was conducted among twelve Edmonton family physicians who practice obstetrics in group settings. Participants identified many advantages of group obstetrical care systems including work variety, flexibility and control over the unpredictability of obstetrics. They also described morale and cohesion among group members and valued each other as friends. Participants experienced good communication with each other, positive obstetrical outcomes and continuity of care of a young and healthy patient population. Conflict was inherent within these groups and sustainability was identified as a concern. Overall, obstetrics as practiced by family physicians in this context was described in mostly favourable terms. Participants described rewarding practice and preservation of family medicine principles. Cultivation of these groups, faculty development and recruitment of family medicine graduates may help to sustain family physicians in primary care obstetrics groups.

Development of an instrument to evaluate the prevalence and predictors of breastfeeding initiation and duration in Newfoundland and Labrador

Dr. Laurie Twells, Dr. Leigh Newhook

Background: Breastfeeding offers many health-related advantages for children and mothers when compared to other forms of feeding. Despite the substantial evidence of the health benefits of breastfeeding, the initiation rate for breastfeeding in Newfoundland and Labrador (NL) is the lowest in Canada. Findings from this study will increase the understanding of women's breastfeeding practices in NL and allow a more targeted approach to improving breastfeeding rates across facilities and the province.

Research Questions: To develop and pilot a valid and reliable questionnaire to collect information on a provincial sample of mother and infant pairs on infant feeding practices in NL.

Description: This study is Part I of a three part research plan to study infant feeding practices in NL. Developing an accurate tool to collect this information will be the first step in collecting comprehensive and accurate information on breastfeeding rates and will also provide a better understanding of why breastfeeding rates are so low in this province. The pilot questionnaire will be administered to approximately 30-50 participants. The participants will include pregnant women and new mothers who will be recruited through local Family Physician clinics. Participants will be asked to complete the questionnaire. Data collected, as a result of the administration of this questionnaire, will be reviewed by an expert in questionnaire development for validity and reliability. Once any suggested changes are made to the questionnaire, then Part II of the study, the administration of the questionnaire to new mothers about to be discharged from hospital, will commence. Results from this pilot study are not yet available, but are expected to be available for presentation prior to the Primary Healthcare Partnership Forum

Innovative approaches to engaging high risk populations of rural women in Newfoundland and Labrador to participate in cervical screening

Dawn Mercer, Valerie Fagan

Background: The Provincial Cervical Screening Initiatives Program is dedicated to implementing an organized approach to cervical screening aimed at educating the public and working with health professionals to increase Pap participation rates, and thereby reducing the incidence of cervical cancer in Newfoundland and Labrador.

Research Questions: To illustrate the process of bringing cervical screening education/awareness to rural women through a community specific strategic planning approach.

Description: Utilization of individual community profiles to direct and develop education/awareness activities reaching high risk women where they live, with the goal of increasing uptake in cervical screening.

The process involves the inclusion of local women, health care providers and community partners in the development, delivery and evaluation of innovative community specific initiatives. Thereby empowering participating women to become active partners in their own preventative health.

Effectiveness of these initiatives is measured by the involvement of targeted women and an increase participation rate in cervical screening.

Deliverables include:

- Community profiling tools of individual communities as a background for evidence based planning.
- Community specific activities /initiatives delivered and evaluated to low screened groups of women.
- Report of pre and post participation rates of targeted groups.

Teaching an Interprofessional Approach to the Management of Musculoskeletal Problems in Primary Care—A Pilot Study

Dr. Igor Steiman

Background: There is growing impetus to improve the collaborative abilities of health care providers in order to more effectively manage an increasing burden of chronic illness, including musculoskeletal (MSK) disease. Interprofessional education is needed that will address existing curricular deficiencies as well as prepare students to work in increasingly mixed-professional health care settings.

Research Questions:

1) Will a 4-day modular program enable a mixed-professional group of learners to develop/improve their competencies in collaborative MSK health care as relevant to the practice of primary care? And
2) What are effective facilitation strategies used by an interprofessional group of educators in enabling acquisition of collaborative competencies by mixed health science learners?

Description: A 4-day interprofessional educational module can enhance the collaborative abilities of mixed health professional learners. Role modelling (by mentor facilitators) and discussion/interactive activities appear to be important key features of such programs. Future research should focus on optimizing the mix of learners involved, the ratio of learners to facilitators so as to enable balanced contributions from all participants.

The facilitators described personal learning benefits from working on and in teaching modules with respect to their own teaching and IP clinical skills. There was a range of learning and teaching styles identified but a consensus that IP concepts are best taught through IP role modeling. There was a very high level of satisfaction with program delivery, a general perception that students increased their collaborative skills, however variable perceptions regarding whether students' knowledge of MSK disorders was enhanced.

A detailed description of the results of this mixed-methods analysis will be presented, along with lessons learned for future iterations

Using Lean Six Sigma to Improve Clinical Care in a Primary Care Practice

Dr. Nolan Schaaf

Description: Palliser Medical Clinic is a single physician primary care practice that has been open for approximately 3 years. They have been actively developing processes to improve their care since opening the clinic, with support from an Improvement Facilitator, as a member of the Chinook Primary Care Network. Using Lean Six Sigma tools and techniques, the Improvement Facilitator was able to support the multidisciplinary team to identify gaps in current processes for delivery of clinical care, and make significant improvement in the care delivery process. This presentation will focus on the tools and techniques of Lean Six Sigma in enabling a team to identify gaps in care, and measuring for quantifiable improvements over time.

Posters

Validating Best Practice Guidelines for Women's Health in Newfoundland & Labrador

Wanda Emberley Burke,*Beverley McIsaac RN; NP;MN (ANP)*

Background: The province of Newfoundland and Labrador (NL), Canada has a vested interest in women's health and in program development of women's health screening clinics. While wellness programs for women vary considerably in scope throughout Canada (Health Canada, 2004) evidence based research clearly articulates providing women with information about formalized health services will empower them to take responsibility for their own health.

Research Questions: What screening services are being offered in well women clinics in NL?

Objective: To describe the development of a formalized well women's screening framework to be utilized by health care providers in NL.

Description: Screening, a health service for targeted segments of a healthy population, aid individuals in making informed choices about their lives. Although screening does not provide an assurance of wellbeing against diseases (Public Health Agency of Canada, 2004) it does however, through early diagnosis, save lives and improve quality of health. Women can be empowered by learning about positive lifestyle choices, accessing health and wellness programs and developing healthy living and working environments. A survey was developed and circulated to all nurses and nurse practitioners in each regional health authority to identify what screening services were being offered in well women clinics. The NL Provincial Cervical Screening Program and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) partnered to facilitate a working group whose mandate would be to review current clinical practices, research best practice and recommend framework/ guidelines that can be used in program development of women's health screening clinics. Such a framework will provide consistent formalized health services for women by all health care providers. Representatives from four (4) Regional Health Authorities (RHA) and various nursing domains, within NL, believe that the development of a best practice framework for Well Women's Clinics will ensure delivery of consistent, evidence based screening services.

Running the Gauntlet: The Experience of Low Gestational Weight Gain

Dr. Cynthia Murray

Background: Even though it is now accepted that prenatal undernutrition plays a critical role in the development of chronic diseases later in life, there is a paucity of research investigating the maternal experience of gaining less weight than medically recommended during pregnancy. Babies born to mothers with low gestational weight gain are at higher risk for undernourishment in utero and up to one-quarter of pregnant women in developed countries continue to undergain in pregnancy.

Research Questions: The purpose of the study was to understand the meaning and experience of weight gain to women with low weight gain in pregnancy.

Description: In this Heideggarian interpretive phenomenological study, the meaning and experiences of weight gain for pregnant women with low gestational weight gain were explored. Data were collected through narrative sessions with 10 pregnant women from St. John's, Newfoundland and Labrador. A hermeneutical spiral of interpretation was used to identify six patterns or major themes: confronting one's mortality; defending oneself against a permanent metamorphosis into a stranger; playing with fire and brimstone; slipping under the radar; trying to find peace in the war between beauty ideals and the sanctity of motherhood; and riding an emotional roller coaster.

The participants in this study reported on a silent war that is being waged over pregnant bodies that has pitted women against women. The participants elucidated that weight gain means much more than a number on the scale. Pregnancy weight spoke to who they were as women, human beings, and mothers. It influenced how they perceived themselves and how others, including health care professionals, perceived them. Implications of the findings for primary healthcare practice, education, and research are discussed.

Were Past Times Good Times in Their Own Way? Interpreting Medicine and Health Care in Pre-1949 Newfoundland as "Ecosystem"

Dr. J.T.H. Connor, Dr. Monica Kidd, Dr. Jennifer J. Connor, Dr. Maria Mathews

Background: Received wisdom about medicine and health care in pre-1949 Newfoundland is that it was inadequate to non-existent, and thus unsatisfactory. Yet modern issues in health care delivery that focus on access, scope of practice, and public vs. private funding, all have counterparts in this period. Our research, funded by a CIHR grant, uses historical methodologies to examine earlier health care more critically through contemporary materials such as hospital casebooks in St. Anthony, extant papers of visiting physicians etc.

Research Questions: We are examining these claims of inadequacy for validity to postulate an alternative concept: a comparatively effective 'ecosystem' of health care existed, suitable to the place and its population in the 1930s and 1940s. As well, studying the means and methods of past remote health care delivery is not only of value to Canadian society, but also has implications for current health policy research.

Description: This poster will sketch our preliminary work on key questions about health care and its delivery in rural Newfoundland in the 1930s and 1940s. Contextualizing the Newfoundland experience within studies of remote areas worldwide foregrounds assumptions behind the received wisdom for the island, namely that its people suffered more than others and had less access to health care than people in other remote/rural–especially northern–places at this time and that missions and their hospitals be excluded from study because they were religious and not embedded in government programs. These assumptions hamper our understanding of medicine and health care in Newfoundland to the present, when historical evidence shows that multiple portals in addition to physicians existed for Newfoundlanders to access health care–including licensed and informal midwives, "nurse-practitioners," and lay advisors through media (radio and letters); similarly, there were government and private hospitals along with their peripatetic marine clinics. In short, rather than evaluate earlier practices with modern bench marks (which is ahistorical and will always find past practices 'backward'), we consider health care in pre-1949 Newfoundland within the context of its own time. Our work will throw into doubt that, with high rates of chronic and crippling conditions today, Newfoundlanders are now healthier. When completed, our study of contemporary patient records might reveal that health-care delivery 'then' was more effective than previously understood.

Effect of vaginal self-sampling on cervical cancer screening rates: Preliminary results of a community-based study

Mandy Peach, Pauline Duke

Background: HPV testing is increasing as an acceptable screening tool for detection of cervical cancer. Newfoundland and Labrador has one of the highest rates of cervical cancer rates in Canada with low Pap smear screening rates in some areas. Investigators of this ongoing study believe that having the option to self-collect vaginal specimens for HPV-based cervical cancer screening may increase the proportion of women who are screened for cervical cancer in NL, especially in under-screened and unscreened populations.

Research Questions: The objective of this study is to determine whether the introduction of a self-collection strategy for HPV screening results in increased primary population cervical cancer screening within a community-based setting, particularly in under-screened and unscreened women.

Description: Women, aged 30-69, living in the three rural communities in NL with similar demographics have been invited to participate. Women living in Community A will have the option of being screened for HPV infection through a vaginal self-collection method in addition to the continued availability of Pap smear screening. Also, an intensive education and promotional campaign will be used to demonstrate the importance of cervical cancer screening. Women in Community B will receive the same education campaign as Community A; however, the screening method available to participants is Pap smear screening. Community C is the control and it will receive the same cervical screening services as all other communities in NL. The observed cervical cancer screening rates will be compared between the study communities, and compared to the screening rates observed in these communities during the previous year to determine the effect of these new interventions on cervical cancer screening rates. The proportion of HPV positive women who follow up with suggested Pap smear screening will also be determined.

An Evaluation of a Psychotherapy Skills Training Program

Gary Tarrant

Background: This is an evaluation of a psychotherapy/counseling program involving first year family medicine residents in their behavioural medicine training. This is studied during their family medicine rotation in the first year of their family medicine program at the Memorial University of Newfoundland and involves the university Counseling Centre and the Standardized Patient program.

Research Questions: Does the current psychotherapy skills training program increase residents' knowledge, confidence, attitude and competence about conducting interviews with patients who present with mental health issues?

Description: This study examines one of the many important aspects of our behavioural medicine and psychiatry training in our family medicine program. At Memorial, the psychotherapy skills training program offers a unique experience for our family medicine residents that integrates training with standardized patients (standardized patients or SPs are trained individuals who role play as patients) and actual patients. This is done through inter-professional cooperation with the Department of Family Medicine, the Department of Psychology and the Standardized Patient Program. It is carried out using resident completed surveys at different key points of their behavioural medicine training collected mostly during their core behavioural medicine training and at the end of their two-year family medicine program.

Full data collection will not be completed until June 2011 and this poster presentation will outline the study's methodology and present some preliminary data.

Community based primary care interprofessional model for the early diagnosis and treatment of children with Attention Deficit Disorder

Cheri Bethune, Lisa Bishop, Heather Flynn

Background: ADD is a disorder that has many long-term consequences which can extend into adulthood, especially if undiagnosed. This can include struggle with school, lack of post-secondary education, substance abuse, and problems with the law. A community based primary care program that can facilitate the early identification and treatment of ADD can help children function better in society and develop into healthier adults.

Research Questions:

1. To assess stakeholder experiences with the identification and treatment of people with ADD in the Shea Heights-Blackhead community.
2. To develop a plan for the identification and treatment of ADD that is sensitive to the community needs.
3. To design an evaluation framework to assess process and content outcomes of the implementation of the plan.

Description: This study is envisioned in three stages. Phase 1 will include consultation with several stakeholders through focus groups or interviews, including:

1) teachers and guidance counselors at the school;
2) patients with ADD and/or their caregivers in the community;
3) existing child mental health services at the Janeway; and
4) clinicians at the Shea Heights Community Health Centre.

A chart review of patients with ADD at the clinic will also be conducted. Phase 2 will involve the development of a plan for the identification and management of people with ADD in the Shea Heights-Blackhead community based on the information obtained in Phase 1. Phase 3 will involve the development of an evaluation framework to assess process and content outcomes of the implementation of this plan.

Risk Factor Management for Cardiovascular Disease: A Nurse Practitioner-Led Collaborative Clinic to Improve Health Outcomes

Jill Bruneau

Background: Nurse practitioners are in a unique position to manage risk factors of clients with established cardiovascular disease in collaboration with other health-care professionals. The focus of NP work in a primary health care clinic is to assess, monitor, and promote healthy behaviors in the context of the social determinants of health. Being proactive by individualizing the client's unique risk factor profile, following clinical practice guidelines, and optimizing care, may ultimately lead to improvement of health outcomes.

Research Questions: Can a NP-led risk factor management clinic improve health outcomes of clients with cardiovascular disease?

Description: Methods: 1. Proposal to Eastern Health on the "aims and benefits" of a risk factor management clinic 2. Commitment from appropriate health-care team members 3. Setting up the clinic 4. Identifying & contacting clients 5. Assessment and management of clients 6. Evaluation and measurement of health outcomes in an impact assessment pre- and m 12 months post-clinic: including measurement of health behaviors (smoking cessation, diet adherence, medication compliance); and cardiac physiological parameters (improvement in systolic/ diastolic blood pressure, lipid profile, and waist circumference).

Anticipated Results: Nurse practitioners can positively influence and impact the lives of clients with cardiovascular disease by working consistently with the clients and other practitioners to improve health outcomes.

Enhancing Team Effectiveness amongst Primary Health care Providers In Central Health

Lily LeDrew, Kim osmond

Background: Since the completion of the Primary Health Care(PHC) Project phases, Central Health (CH) has committed to a phased in approach to PHC as a service delivery model. Six of the ten health service areas currently operate from a PHC service delivery model approach. A major feature of PHC is the establishment of interprofessioanl teams.

Research Questions:

1. to assess how effectively teams are working together in the region;
2. to identify priority areas that need improvement;
3. to deliver focused team development activities to address priority areas;
4. to assess changes in team effectiveness.

Description: A Team Effectiveness and Scope of Practice Survey, originally developed by the Med-Emerg Consulting Team in 2006, was conducted with six primary health care leadership teams and three diabetes lead teams in Central Health. The survey was administered electronically using an online tool called Survey Monkey. The survey covered 7 attributes of team functioning including team purpose and vision, communication, team support, partnerships, roles, service delivery and personal satisfaction. A total of 68 team members completed the survey for a response rate of 80%. The results of this survey was shared with each team. Each team will use the results of this survey to guide discussion on how to enhance the effectiveness of their team, as well as identify barriers and challenges affecting their teams performance. Based on priority areas identified, team building activities will be carried out with each team. A follow up survey will be conducted in 12 months to see if there are any changes in team effectiveness.

Survey of Patients' and Physicians' Satisfaction with a Pharmacist Managed Anticoagulation Program in a Family Medicine Clinic

Dr. Stephanie Young, Dr. Lisa Bishop

Background: The first pharmacist managed anticoagulation service in Newfoundland and Labrador was initiated in a multi-physician family medicine clinic in December 2006

Research Questions: Patients and family physicians were surveyed to determine the level of satisfaction with the patient education and service provided by the pharmacist.

Description: A self-administered, mailed survey was conducted on all eligible patients receiving warfarin and physicians prescribing warfarin between December 2006 and May 2007. The patient survey collected information including patient demographics, satisfaction with warfarin education and daily warfarin management. The physician survey collected data about the satisfaction with patient education and daily anticoagulation management by the pharmacist. Seventy-six of 94 (81%) patients completed the survey. Fifty-nine percent were male with a mean age of 65 years (range 24-90). Most (=95%) agreed that the pharmacist did a good job of teaching the importance of warfarin adherence, why INR tests were necessary and the risks of bleeding. Eighty-five percent agreed that the risk of blood clots was well explained, 79% felt the pharmacist did a good job teaching about dietary considerations and 77% agreed the pharmacist explained when to see a doctor. All patients felt the pharmacist gave clear instructions on warfarin dosing and INR testing. Four of nine physicians (44%) completed the survey. The physicians agreed the pharmacist was competent in the care provided, were confident in the care their patients received, would like the pharmacist to continue the service and would recommend this program to other clinics.

Green Bay Falls Prevention Project

Patricia Pobihushchy-Lawlor,Lori Spurrell

Background: The Green Bay Primary Health Care Leadership Team recognizes that its population is aging and seniors are at a higher risk of injury due to a fall. In fact, it is the leading cause of death and loss of independence among those 65 and over. However, accidental falls are preventable. The Primary Health Care Leadership Team identified falls prevention as a priority for the Green Bay Health Centre and partnered with the ICECAP Youth Centre to initiate a 6 month intergenerational falls prevention project.

Research Questions:

- To reduce the incidence of fall related injuries in Green Bay
- To increase awareness and understanding of falls prevention among Central Health staff and community members
- To utilize partnerships to encourage community participation in falls prevention initiatives

Description: A community outreach worker delivered several falls prevention presentations throughout Green Bay to create awareness and understanding about falls prevention. These presentations were delivered to community groups, businesses, municipalities and staff of Central Health.

A group of professionals were engaged in consultations to identify existing falls prevention programs as well as opportunities to build on the successful programs.

A Regional Falls Prevention Steering committee has been established to move forward with a standardized falls prevention program for the Central Health region. The Canadian Falls Prevention Curriculum is being utilized to create this falls prevention program.

Determination of Genetic Markers for Responsiveness to Alefacept

Dr. Wayne Gulliver

Background: Aims: To identify genetic biomarkers predicting responsiveness to alefacept in moderate to severe psoriasis.

Description: Methods: A chart review has been completed and has identified 45 patients who have been treated with alefacept. Responders were defined as patients who achieved a PASI-75 at any time during the first 16 weeks of therapy. Two strategies are being used to identify biomarkers using genomic DNA. The first employs the use of single nucleotide polymorphism (SNP) analysis of multiple genes important in the psoriasis immunological pathway including HLA-Cw6, TNF-alpha, IL12/23, LFA3, LFA1, CD11a (total of 450 SNPs). The second data strategy involves genome wide association scans (GWAS) using the Affy 1.9 chip, which allows us to analyze 1.9 million genetic markers.

Results: Preliminary data does not support the initial observation that HLA-Cw6 may predict response to alefacept in psoriasis patients. Other biomarkers are being analyzed.

Conclusion: Genetic biomarkers are gaining exposure as an important diagnostic strategy to predict drug responsiveness and limit toxic side effects in many fields of medicine. HLA-Cw6 is not a marker that will predict response to alefacept in psoriasis. It is possible however that other genetic markers can be found to predict response to this and other biologics.

The Effects of Adding a Dementia Unit to a Veteran's Pavilion on Polypharmacy and Nursing Job Satisfaction

Dr.Roger Butler, Dr.Rebecca Law, Dr.Kris Aubrey, Kim Coffey, Cathy Wicks

Background: In May 2009, the Miller Centre Veterans Pavilion opened a wing specifically for veterans with chronic dementia. The new wing was designed to optimize the behavioural approaches to care for demented residents. Prior to this, demented and non-demented residents lived on the same wards, sometimes sharing rooms, in this long-term care facility. This project funded by NLCAHR capitalized on the unique opportunity to study the effects of this environmental change on residents and nursing staff.

Research Questions: To determine the effect an institutional environmental change has on medication usage in a veterans pavilion. Secondary measures include nursing satisfaction as a result of this change and any measurable benefits in cognition in the demented residents pre vs. post change as measured by the MMSE.

Description: This is an 18 month observational study which will be completed in December 2010. We measured data immediately prior to the move and at 6, 12 and 18 months after the move. Medication usage, sMMSE and Cohen-Mansfield Agitation Inventory are evaluated at each of these time points. Nursing job satisfaction data was collected prior to the move and at one year post move. Data collection is currently in progress. For data analysis, we will attempt to control for the natural progression of dementia and expected resident turnover.

This poster will illustrate the qualitative and quantitative data analyses to date and discuss the interpretation in trends in data. It will give a brief overview of current knowledge in the field and discuss how this study will potentially build on it. We will include the data collection tools as well as pitfalls we have encountered in the study to date. There is very little published in this area; residents may have reductions in the use of various classes of medications such as antipsychotics, sedatives, anxiolytics and bowel medications due to their increased mobility and reduced over-stimulation.

Patient Participation in Optimizing a Primary Care Personal Health Record

Gillian Bartlett

Background: As the demands on the health care system and patient frustrations increase, personal health records (PHR) may be a potential solution for better quality of care and access to personal health information. Though different options currently exist, adoption rates remain low for a variety of reasons. To increase utilization and improve health outcomes in primary care, a PHR must be easily accessed by patients, ensure complete data privacy and confidentiality, have little or no fees and be primary care focused.

Research Questions: To provide a relevant, sustainable and easily accessible primary care PHR.

Description: Focus groups with cognitive debriefing for PHR development and surveys with semi-structured interviews for utilization will be used. Participants will be a purposeful sample of 40 patients for cognitive debriefing sessions and 50 patients per four family medicine clinical units associated with McGill in Montreal, Quebec for utilization. Exclusion criterion will be inability to communicate in French or English. The PHR will be developed based on the existing open-source platform. Content, utility and functionality will be explored and determined directly with patients. The development of additional tools will focus on symptoms assessment and management, medication history including adverse event detection, family history and genetic risk assessment, health monitoring and providing information for evidence based management of chronic disease. Cognitive debriefing sessions will define final composition of the new modules, the wording and the readability level. Secondary outcomes will include patient satisfaction and utilization. The final format of the PHR tools from the cognitive debriefing session will be reported with initial patient enrollment for utilization. Patient involvement in self-management has yielded impressive results in chronic disease control and patient involvement may be essential for the development and adoption of any PHR. This project will provide information necessary to conduct a larger study testing how effective this PHR is at improving a patient's health and what impact sharing with a family physician may provide.

Primary Health Care: Chronic Disease Prevention and Management

Shari McKay, Vivian Ramsden

Background: Pre-disposing factors or risk factors need to be framed, identified and managed within the complex social, cultural, economic and political circumstances of the population/community. Sturgeon Lake First Nation was established as a community after the signing of Treaty 6 with the Crown in 1876. It is located in northern Saskatchewan.

Research Questions: To illuminate the social, economic and cultural conditions (social determinants of health) that influence health and well-being within Sturgeon Lake First Nation.

Description: The overall design of this study was informed by the integration of community-based participatory processes, transformative action research and mixed methods.

Individuals 18 years of age and older and residing at Sturgeon Lake First Nation were invited to participate; thus, 194 of the 203 individuals invited to participate agreed to do so.

The response rate was 95.6% (194/203). The rate of tobacco mis-use (smoking cigarettes, cigars or a pipe) for these participants was 77%. In addition, 19% of the participants had been told by a health care professional that they had high blood cholesterol; 16% had been told that they had high blood pressure; and, 16% had been told that they had diabetes. However, it appears that those individuals less than 50 years of age have much lower rates for these conditions than those 50 years of age and older. The mis-use of tobacco was strongly linked to all of the risk factors noted.

Well baby/child care using the Rourke Baby Record

Dr. Leslie Rourke

Background: The Rourke Baby Record (RBR) is a freely available evidence-based and validated structured guide for well-baby/child care from 0 to 5 years of age. Endorsed by the CFPC and CPS, it has become a de facto gold standard clinical practice tool in knowledge translation for FP/GPs, paediatricians and others who provide paediatric primary health care and surveillance.

Research Questions:

1) To become familiar with the 2009 Rourke Baby Record (RBR'09).
2) To describe current and pending initiatives involving the RBR including: the RBR website (www.rourkebabyrecord.ca); validation research data; annotated literature review supporting the RBR'09; adaptation of the RBR for electronic medical records; e-learning modules; and initiatives for an enhanced 18 month well baby visit.

Description: The poster will include the following components:

- illustration of the RBR'09 and its use in well baby care;
- exploration of the RBR website (www.rourkebabyrecord.ca) including the "walk through" section with links to current resources and selected guidelines;
- presentation of validation research data on the RBR;
- demonstration of the annotated literature review supporting the RBR'09;
- adaptation of the RBR for electronic medical records;
- plans for e-learning modules to teach well baby care modelled on the RBR; and
- description of a newly funded provincial initiative in Ontario for an enhanced 18 month well baby visit to aid the identification of children at risk of a developmental disorder.

Family environment factors associated with pediatric obesity

Suja Varghese, Dr. Veeresh Gadag

Background: The presence of genetic factors on pediatric obesity is well established. Parents provide both genes and family environment for children. Acknowledging that genetic predisposition to overweight/obesity is not a modifiable factor, any strategy for preventing childhood obesity should explore family environment factors that could influence the weight status of children.

Research Questions: To determine the influence of parental weight-status, socioeconomic status and home meal/activity structures on Children's weight-status.

Description: A cross sectional study utilizing a parent-administered questionnaire was conducted. Parents of children aged 6-12 who visited the Janeway Emergency unit between 2006 and 2007 participated in the study (N=168). The prevalence of overweight/obesity was 55.3% (N= 150) among children, 53% among mothers (N= 152) and 78% among fathers (N=140). Out of 136 children, 58 (42.6%) had both parents overweight/obese. 63.5% of children born to overweight/obese parents were overweight/obese (N=58). Meal/activity structure variables such as eating together as a family, mealtime experiences, parental pressures on children to eat, planning meals ahead of time, easy accessibility to healthy/empty calorie foods, encouraging recreational activities and total family activity scores did not associate with children's weight-status. Children's weight-status was significantly associated with household income, mother's education, mother's weight-status and children's strenuous activity level ($p < 0.05$). In this study, children's weight-status was influenced mostly by shared home-environment variables such as income, education and parental weight. Studies are needed to identify non-shared lifestyle behavior mediators such as motivation/knowledge level of children, peer influence and differing parental practices across siblings.

Planning the Restructuring of Institutional Long-Term Care: Stability of Assumptions Necessary to Predict Future Growth

Robert C. Wilson, J. McDonald, P. Parfrey, B. Barrett

Background: Institutional Long-term care (LTC) in Newfoundland is provided in supervised care homes (SC) and nursing homes (NH). To plan restructuring of LTC in the St. John's region, incident cohorts were identified through the single entry system in 1995/96 and in 1999/2000, and an increase in SC beds and decrease in NH beds was recommended.

Research Questions: To test the stability of assumptions made to predict future need, another incident cohort requesting institutional LTC in 2005/06 was studied.

Description: Methods: Client need was assessed using the RUGs-III and Alberta Resident Classification Score and optimal distribution of beds was determined using a decision tree. Prediction of bed need for 2014 was determined based on assumptions of incidence rates defined by degree and type of disability, together with expected survival and predictions of demographic change.

Results: From 1999/2000 to 2005/6, as planned, rate of SC beds increased 20% while the rate of NH beds decreased 20%. However, incidence rate of clients for LTC increased 36%, but degree of disability was unchanged. Prediction of bed need in 2014 increased 21% for SC, 107% for SC for the cognitively impaired, 41% for NH beds and 65% for appropriate housing.

Conclusions: Recent substantial increase in the population rate of applications for LTC, for all degrees of disability, coincident with the prevision of new SC options, have had a major impact on planning the restructuring of institutional LTC.

Strengthening Families for the Future: A Community Collaboration

Tara Welsh, Cathy Wheeler-Walsh

Background: The 'Strengthening Families for the Future' program was identified as a best practice substance use prevention program for children ages 7 - 11 and their families. A blend of health and community partners delivered the program. This program fits within the Principles of Primary Health Care (4/5 principles). The poster demonstrates the SFP using the key components of the Circle of Health Planning Tool.

Description: The poster identifies the core values; the health promotion strategies used in the program; the populations targeted; and the social determinants of health addressed in the delivery of the Strengthening Families Program.

The Program: Fall 2009— 8 Families registered & 8 families completed the 14 week program. Parents and children meet together to share a meal at the beginning of each week. This is followed by separate 1-hour session for parents and children. Finally, parents and children come back together for the family session where they practice skills they learned in their separate sessions. To reduce barriers to accessing the program, Strengthening Families took place in a community setting and provided child care, transportation and meals to families.

Engaging Individuals/Families in the Development of Programs to Enhance Health and Well-being

Shari McKay, Vivian Ramsden

Background: Because Métis people do not benefit from the numerous programs and services that First Nations and Inuit Health Branch provide to First Nations on-reserve and Inuit people, the social determinants of health have a greater impact on individuals, families and communities.

Research Questions: To build a framework that would con-jointly engage the community and university partners in better understanding the social determinants of health within the communities of the Métis Nation - Saskatchewan.

Description: A community-based participatory, mixed methods study which included an eleven page survey was facilitated through interviews with Community Liaison Workers.

Utilizing community-based participatory research methods and based on elements that were negotiated with the Métis Nation – Saskatchewan, 1669 individuals were invited to participate in this research project. The response rate was 90.77% (1515/1669). The reported rate of tobacco mis-use (smoking cigarettes, cigars or a pipe) was 54.1%. With respect to the health concerns, 25.5% of the participants had been told by a health care professional that they had high blood pressure and of these 61.3% were 50 years of age and older. At the same time, 12.5% of the participants indicated that they had been told by a health care professional that they had diabetes. Of these, 68.4% were 50 years of age and older. There was no difference between men and women.

It was clear from the analysis that no one program will address the challenges identified in and by the community. Sex, age and social economic status were all important factors and will contribute to the framework.

Nurse Practitioner as Lead Educator for Family Practice Residents in the Community Care of the Frail Elderly: An Interprofessional Education Strategy

Dr. K Stringer, Denise Cahill

Background: Promoting Interprofessional collaboration to provide a true patient-centered, community-based service has resulted in the development of a dynamic approach to frail elder care at our Academic Family Medicine Clinic.

Research Questions: Future research will explore how this educational model impacts:

1) communication between care givers
2) quality of patient care,
3) residents' approach to community based care of the frail elderly in their future practices.

Description: In this program of interprofessional care and education, family practice residents are incorporated as team members with a nurse practitioner lead. They learn and liase with nursing and pharmacy students as well as a family physician. They are exposed to the complexities of chronic disease management, provide comprehensive care with an interprofessional team and gain knowledge of community needs and resource utilization.

This poster will detail this model in action to provide a better understanding of its origins, development and future plans. Through use of a case presentation we will show how learners from multiple disciplines learn community based chronic disease management of the frail elderly. This case presentation will also highlight how these learners communicate and develop an understanding of each

Public attitudes towards newborn genetic testing in Newfoundland

Holly Etchegary

Background: Genetic testing has the potential to improve patient outcomes through early disease detection and targeted surveillance and prevention strategies. However, the potential of genetic testing to improve health outcomes depends – at least in part - on whether or not the public is interested in using genetic technologies. In this project, we focus specifically on one type of genetic testing –newborn genetic testing.

Research Questions:

1. To describe the Newfoundland public's attitudes towards, and interest in, newborn genetic testing for inherited hearing loss, vision loss, and neurological diseases
2. To better understand the factors that are related to the public's attitudes towards, and interest in, newborn genetic tests

Description: We aim to provide baseline data on the Newfoundland public's opinion about newborn genetic testing so as to assist health care decision- and policy-makers to develop effective genetic testing programs now and in the future. The general public, expecting mothers and their partners, and post secondary students, faculty and staff will be invited to complete a pen and paper survey measuring their attitudes towards, and interest in, newborn genetic testing. We will run the study in two sites: St. John's and Grand Falls-Windsor. Participants are invited to complete the survey at booths or tables set up around hospitals (Health Sciences Centre in St. John's and the Central Newfoundland Regional Health Centre in Grand Falls-Windsor) and post secondary institutions (MUN in St. John's and CONA in Grand Falls-Windsor). Participants have the opportunity to complete the survey on site or take it home and return it via mail in a prepaid envelope or drop off at a designated drop box. 192 surveys have been completed to date at the St. John's site; preliminary data analysis reveals high levels of interest in newborn genetic testing. Content analysis of open-ended items reveals a sophisticated engagement with the risks and benefits of genetic testing in newborns.

Bridging the Gap Between Family Doctors and Regional Health Authorites

Lydia Hatcher, *Oscar Howell*

Background: The communication between family doctors and the Regional Health Authority (RHA) in the St. John's region has become more complex and fragmented as medicine has become more complex. A committee structure in the form of a Community Medical Advisory Committee (CMAC) was established in 2008 to develop closer linkages with the RHA and specificaaly to allow family doctors to have input into specific policies and guidleines that affect patients care.

Research Questions: Does having a CMAC improve communication between family doctors and RHA'? Does having family physicians involved in policy development by RHA's improve patient care?

Description: We will describe how the formation of a CMAC has improved communication with RHAs. A set of Medical Staff bylaws incorporate the CMAC as a part of a Regional Medical Advisory Committee thus ensuring its ongoing input into all aspects of medical care of our respective patients. It had had a positive impact on policy development for both parties. It has brought to the RHA's attention, issues around patients safety that were not previously identified.

There is ongoing work relating to patients wait times, an online physician portal, central booking and involvement of family doctors in certain programs committees within the local hospitals.

Changing the Recommended Cervical Screening Intervals

Cathy Popadiuk, Joanne Rose

Background: Over the past eighteen months, a multidisciplinary committee has worked to review the current literature, best practices and Canadian context to suggest appropriate recommendations for cervical cancer screening for women of Newfoundland and Labrador.

Research Questions: Does the current evidence support a change in the annual Pap test recommendation?

Description: The current recommended screening interval for all women is annual Pap testing. An evidenced based approach indicates that it is time to look at a new approach. The consensus is to have a new start age, extended intervals and stop age. As well, the management of the abnormal Pap test will be enhanced through a provincial tracking mechanism. these improvements will have an impact on all front line health care providers.

Comparison of Pharmacist Managed Anticoagulation with Usual Care in a Family Medicine Clinic

Dr. Stephanie Young, Dr. Lisa Bishop

Background: The beneficial outcomes of oral anticoagulation therapy are dependent upon achieving and maintaining an optimal INR therapeutic range which requires a systematic approach to patient care. There is growing evidence that better outcomes are achieved when anticoagulation is managed by a pharmacist with expertise in anticoagulation management versus usual care by family physicians.

Research Questions: This study compared a pharmacist managed anticoagulation program (PC) to usual physician care (UC) in a family medicine clinic

Description: A retrospective cohort study was carried out in a family medicine clinic which included a clinical pharmacist. In 2006, the pharmacist assumed anticoagulation management. For a 17-month period, the PC group (n=112) of patients on warfarin were compared to the UC patients (n=81) for a similar period prior to 2006. The primary outcome was the percentage of time patients' INR was in the therapeutic range (TTR). Secondary outcomes were the percentage of time in therapeutic range within ± 0.3 units of the recommended range (expanded TTR) and percentage of time the INR was >5.0 or <1.5.Comparing the pharmacist and physician groups, the percentage of time in the therapeutic (73% versus 65%) and expanded therapeutic ranges (91% versus 85%) were significantly different (p<0.0001).The percentage of time the INRs were <1.5 was 0.7% for PC patients and 1.9% for UC patients (p<0.0001), and >5 were 0.3% for PC patients and 0.1% for UC (p<0.0001). Pharmacist-managed anticoagulation was more effective than that provided by physicians. In a public healthcare system where there is a scarcity of resources, pharmacist managed care may be a more efficient model.

A Knowledge Transfer Project for Families with an Adult Member Suffering with Chronic Pain

Solberg, Shirley M, S. LeFort, J. Smith-Young, S. Gordon

Background: Chronic idiopathic pain is a major public health problem not only for those suffering with chronic pain but also for family members. There has been a number of research studies that have focused on family members within this context, however the findings from the research are often not transferred into a format that can provide knowledge and educational material to help individuals.

Research Questions: The main objective for this project was to review quantitative and qualitative research studies on the impact of chronic pain on family members and the family as a whole to begin the process of translating this research into educational material.

Description: A number of health related bibliographic data bases were search and a total of 43 papers (20 qualitative and 23 quantitative or review studies) met the inclusion criteria for our study. Using a primary research appraisal tool developed by Paterson et al., (2001) for the qualitative studies, members of the research team reviewed and coded the main themes represented in all the studies. Six key themes were identified where important effects were noticed:

1) family relationships,
2) disruption of family life,
3) patterns of communication,
4) roles and responsibilities within the family,
5) family isolation, and
6) health of family members.

While some gaps were noted in this area of research, such as the spouse being the main focus of the research and looking at individual family members rather than the family as a whole, the findings have important implications for topics where we need to develop evidence-based materials as well as some areas for primary health practitioners to assess and offer assistance to patients and their families.

Falls Among Seniors in Atlantic Canada

Cindy Mosher

Background: "Falls among seniors in Atlantic Canada" offers a summary of findings taken from an analytical report recently produced by CIHI's Atlantic Regional Office. Following the path of a senior hospitalized to repair a broken hip due to a fall, the report highlights 2007-08 data and information to consider when reviewing fall related injuries within this population segment.

Psychosocial needs of women having surgery for breast cancer as an outpatient

Doreen Dawe

Background: Women who have surgery for breast cancer on an out-patient basis have post-operative emotional and informational needs but may not have access to the appropriate support at home or in the community to address these needs.

Research Questions: The purpose of this qualitative study was to:

1) explore the emotional and informational needs of women who have had surgery for breast cancer as an out-patient, and
2) to compare the needs of women living in rural and urban areas of Newfoundland and Labrador.

Description: Past research on the post- operative needs of these women provides evidence of positive physical and psychological recovery (Kambouris, A., 1996; Purushotham, A. et al., 2002); however, the psychosocial needs are not consistently reported or described in the literature. There is an urgent need to identify interventions focused on the emotional needs (Allard, 2007) and to have follow-up for assessment, continuing education and psychosocial support for women following day surgery for breast cancer (Greenslade, Elliott & Mandville-Anstey, 2010).

Participants (20) were selected based on an outpatient breast cancer surgical experience and the ability to articulate their experiences. Participants were invited to engage in a face-to-face or phone interview which was audio taped. Data were analyzed using a qualitative thematic approach as outlined by Hsieh and Shannon (2005).

Several key themes revealed in this study were: informational needs prior to surgery and after, support needs while recovering at home and emotional responses to the day surgery. In addition, issues and informational needs related to specific time periods during recovery were also identified. There is an urgent need to identify such needs so that appropriate interventions can be developed by health professionals for women recovering at home following day surgery.

Vaginal self-sampling for HPV screening in rural Newfoundland: A nurse educator's perspective

Ruth Saunders, Pauline Duke

Background: Although cervical cancer is highly preventable and treatable if detected early, Newfoundland and Labrador has one of the highest incidence rates in all of Canada. The primary underlying cause of invasive cervical cancer is persistent infection with oncogenic Human Papilloma Virus (HPV). Recently, there has been much interest in using HPV testing as an effective way of of screening for cervical cancer. This test could be used in addition to the Pap smear and it would be beneficial to cervical cancer screening initiatives

Research Questions:

1. Does a self-collection strategy for HPV screening result in increased primary population cervical cancer screening in under screened and unscreened women?
2. What proportion of women would use a self-collection strategy to screen for HPV?
3. Does an intensive education program on HPV and cervical cancer increase cervical cancer screening rates?

Description: This study will investigate whether the availability of an option to self-collection vaginal specimens for HPV- based cervical cancer screening will increase the proportion of women who are screened for cervical cancer. There are three rural communities in NL being studied. Women living in Community A will have the option of being screened for HPV infection through a vaginal self-collection method in addition to the continued availability of Pap smear screening. An intensive education and promotional campaign including presentations, promotions and media outlets will be carried out by the research nurse to demonstrate the importance of cervical cancer screening. Women in Community B will receive the same education campaign as Community A; however, the screening method available to participants is Pap smear screening. Community C is the control and it will not receive an educational and promotional campaign, nor have the availability to self-collect a vaginal sample for HPV screening. It will receive the same cervical screening services as all other communities in the province with Pap smears bring offered by local practitioners. The observed screening rates will be compared between communities and compared to the screening rates observed in these communities during the previous year

Workshops

Medical care of the community-dwelling elderly in rural Newfoundland and Labrador

Dr. Mehrul Hasnain

Background: According to the 2006 Canadian census, about 15% of the individuals living in Newfoundland and Labrador (NL) are over 65 years of age, and the figure is projected to grow over the coming years. 20% of the Canadian population resides in rural areas but the figure for NL is 42%. These figures highlight the need for resources to meet the medical needs of the geriatric population in rural NL.

Research Questions: The medical care of elderly is likely to be sub-optimal if the GP providing care lacks knowledge and expertise in is not sensitive to the matters unique to the elderly, or does not have clinical skills to monitor for and assess conditions and situations that are common in this age group.

Description: Improving knowledge and skills of GPs on matters that are unique to the elderly will help improve care of the elderly, likely facilitate their stay in the community and probably will result in cost-saving. A systematic approach to address the concern would include:

1. Gathering data on the knowledge, attitude and practices of rural GPs on matters of medical care of the elderly that are routine but unique.
2. Analyzing the data to identify the educational and skill-training needs.
3. Providing education and skill-training.
4. Taking a multidisciplinary approach including GPs, public health nurses and community social workers.

Innovation in Interprofessional Chronic Disease Management: Lessons Learned from an Eating Disorder Education and Support Program

Olga Heath, Denise English, Susan Pardy, Joanne Simms, Pam Ward, Tanis Adey, Anna Dominic, Ann Hollett, Ashley Walsh

Background: As chronic diseases become more common, it is imperative that health professionals collaborate more frequently and effectively to improve patient care. This workshop highlights an innovative continuing education (CE) model developed to provide educational materials and ongoing practice support to professionals dealing with eating disorders/disordered eating. This model has the potential to be instrumental in promoting and facilitating interprofessional practice for chronic disease management.

Research Questions:

- Discuss the need for CE in interprofessional (IP) management of eating disorders (ED) and other chronic diseases and the model used to develop the CE program in EDs
- Discuss the quantitative and qualitative results from the pilot of the CE innovation in EDs

Description: The Eating Disorder Interprofessional Community Capacity Building (EDICCB) program is a multi-media education and support program designed to increase knowledge, confidence and interprofessional practice in providing eating disorder services. This workshop will focus on the innovations in the development of the EDICCB Program which include: interprofessional team development of the program based on literature review and clinical expertise; focus on content area and interprofessional care including an interactive component for participants intended to increase interprofessional practice; delivery of the program provincially with a focus on rural areas; development of Community Facilitation Groups (CFGs) to serve as champions of practice change in each region; and finally, ongoing support to participants in the form of bi-monthly teleconferences with the EDICCB team. We will present pilot evaluation results which reveal significant increases in interprofessional attitudes and skills, knowledge and confidence in managing eating disorders as well as changes in practice following the program implementation. Workshop presenters will invite participants to discuss how these findings might influence the development of continuing education programs for health professionals particularly in the area of chronic disease management and consider the strengths and challenges of using this model in their region.

NOTES

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