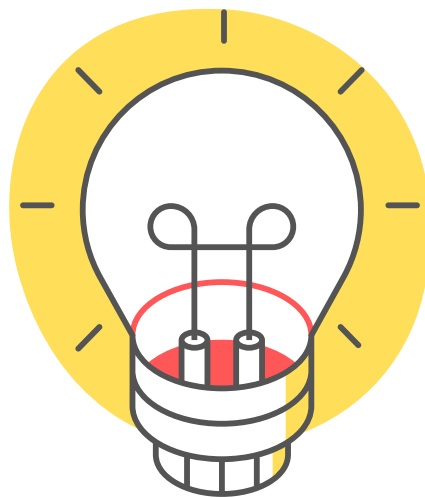


The 6th Annual McGill Family Medicine Research Symposium

May 13th, 2021 at 1:00PM to 4:00PM EDT

May 14th, 2021 at 9:00AM to 12:00PM EDT



McGill

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Booklet

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LAND ACKNOWLEDGEMENT

McGill University is operating on unceded territory of the Kanein:keha'ka nation. The Kanein:keha'ka ("People of the Flint"), are one of the founding nations that make up the Haudenosaunee Confederacy ("People of the Long House"). The Kanein:keha'ka are the caretakers of Tiohtiá:ke, otherwise known as the unceded island of Montréal, and has served as the meeting place for many different nations over time.

As healthcare students, researchers, and clinicians, it is imperative that we acknowledge our privileged positionality and how our actions can perpetuate settler-colonialism. Our silence and inaction can only contribute to the erasure of the realities and histories of Indigenous peoples.



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Thank you to our supporters



All funds collected from the Symposium will be donated to

Resilience Montréal



Resilience is a shelter that provides a safe space for people experiencing homelessness in Montréal and, specifically, residents of Cabot Square. Resilience provides beds, warm meals, intervention services, entertainment, and a community space for those in need during the COVID-19 pandemic and cold Montréal winters.

For more info, please visit:

Website: <https://resiliencemontreal.com/>

Email: resilience.montreal@gmail.com



6th Annual McGill Family Medicine Research Symposium Organizing Committee



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Volunteer



A message from...

The Organizing Committee

We are delighted to welcome you to the 6th Annual McGill Family Medicine Research Symposium!

We have an exciting program lined up for you for the next two days.

On the first day, we will kick off with a panel discussion on COVID-19 and its impact on healthcare and health research with our panelists Dr. Kathleen Rice, Dr. Joanna Merckx , and Dr. Vladimir Khanassov. We then have student poster, oral, and pre-recorded presentations in breakout rooms that you can attend to as they are of interest to you. The presentations will cover a wide range of topics and methods, studying the clinical, social, and translational aspects of healthcare.

On the second day, we will have a panel discussion on participatory approaches in health and healthcare research, recognizing the innovative ways in which patient partners and communities are playing a role in the governance of research despite pandemic restrictions. This discussion will be led by our panelists Dr. Susan Bartlett, Bertrand Lebouché, and Dr. Vincent Dumez. We will then move onto the oral presentations for the day. On this day, we will also have the opportunity to network, ask questions, and chat with presenters, our expert panelists, and all other attendees. We will end the day with awards for our presenters, and closing remarks from Dr. Rhian M. Touyz.

We organized this event with a vision of coming together, sharing, and celebrating the exciting research in health and healthcare at McGill during this difficult time. Although we cannot be together in person, we wanted to harness all the advantages provided by online platforms to create a unique, collective learning experience that accommodates all members of our research community, no matter their geography.

We want to take this opportunity to thank all the authors, panelists, and heads of the Department of Family Medicine. We also thank you for your attendance and generous donations to Resilience Montréal.

Hope you have a great Symposium!

Sincerely,
The Organizing Committee



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A message from...

Dr. Marion Dove



Dr. Marion Dove, MD, FCFP
Associate Professor
Department Chair

Welcome to the 6th Annual McGill Family Medicine Research and Graduate Student Society Symposium!

The many challenges we have faced during the Covid-19 pandemic have led to an increased understanding of the vital importance of research and collaboration, not only in the Department of Family Medicine but in the entire population. As a prime example, vaccines have been developed at unprecedented speed, so that our population is being vaccinated much more rapidly in the course of the pandemic than would usually have been possible. Teamwork between clinicians, academic researchers and government has also been evident, as the epidemiologic and microbiologic evidence that evolved was rapidly translated into policies and procedures at all levels. Despite the hardship of the pandemic, it pushed us to grow through understanding science and its relationship to our everyday lives.

Both panels in this symposium encourage our students and researchers to rethink what they knew about healthcare and pose different questions of this challenging and strange new world.

Dr. Kathleen Rice, Dr. Joanna Merckx and Dr. Vladimir Khanassov inspect and observe the unique impacts of COVID-19 on health and healthcare.

Mr. Vincent Dumez, Dr. Susan Bartlett, and Dr. Bertrand Lebouché host our second panel about patient engagement and participatory approaches to health research.

All members of the Department of Family Medicine, including students, research assistants, residents, professors, and clinician teachers have been incredibly resilient in the face of the pandemic, and this symposium offers us a huge opportunity to share what we have been working on, to network with each other, and to foster collaborations. We need to come together now more than ever as a team to support one of the pillars of the Department of Family Medicine, its academic mission. Therefore, I encourage everyone to reach out to each other, and immerse yourselves in the passion for understanding and learning that we see today.



A message from...

Dr. Isabelle Vedel



Dr. Isabelle Vedel, MD-MPH, PhD
Associate Professor
Graduate Program Director (MSc)

I am very pleased to welcome everyone to one of the most significant event of the year: our 6th Annual Family Medicine Research Symposium.

Students, especially graduate students, MSc, PhD and postdoctoral fellows, are the lifeblood of our department, the future of the Quebec, Canadian and international community of primary health care researchers and leaders. They will be tomorrow's advocates for methodological rigor in quantitative, qualitative, mixed methods and participatory research, for a commitment to diversity, equity and inclusion, and for improved primary health care for all.

Our graduate students, supported by faculty dedicated to student-centered education, have shown exceptional resilience in the face of the pandemic, making every effort to succeed in their courses even when living in time-shifted countries such as China, Bangladesh, and Nigeria, and even when they have only virtual access to their professors and fellow students. They were able to adjust their research protocols to take into account health regulations without compromising on scientific quality. They were able to show their leadership, organization and commitment to their community despite the context, especially the members of our FMGSSS. This symposium is a perfect illustration of the resilience, high scientific caliber and communication and leadership skills of our students. We can be proud of these leaders of today and tomorrow who have developed a symposium program that is quite exceptional in terms of variety of topics, scientific quality, diversity of populations involved.

As MSc Director and Co-Director of Research, I am extremely impressed and proud of the work accomplished by our graduate students this year. This symposium is a perfect example. I wish you a great symposium!



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A message from...

Dr. Tibor Schuster



Dr. Tibor Schuster, PhD
Associate Professor
Graduate Program Director
(PhD) and Postdoctoral
Fellows

Welcome to the 6th Annual McGill Family Medicine Research and Graduate Student Society Symposium!

The many challenges we have faced during the Covid-19 pandemic have led to an increased understanding of the vital importance of research and collaboration, not only in the Department of Family Medicine. I am enthusiastically looking forward to the 6th Annual Family Medicine Research Symposium!

It is not a coincidence that this landmark event, organized and led by our bright and passionate graduate students, is taking place in the blossom month of May: a turning point after a long gloomy season of scarcity of so many things we cherish as humans in society and our academic community.

The symposium will be a wonderful opportunity to (re-)connect, to learn from each other and to celebrate the continuing advancement of the Academic Discipline of Family Medicine and Research in Primary Care – a success largely driven by the tremendous work of our M.Sc. and Ph.D. students!

Strong sense of community and leadership in recognizing and addressing urgent needs for global change to better society and life on the planet are the indisputable traits of this emerging generation of researchers. Incredible advancements are underway with classrooms and curricula being flipped: now is the time to learn and act for everyone; from students - with students!

I sincerely congratulate the Family Medicine Graduate Student Society (FMGSS) for organizing such a brilliant event with an agenda and speaker panel that couldn't be more topical and appealing:

The first panel will be on the impacts of Covid-19 on health and healthcare, and the panelists will be Dr. Kathleen Rice, Dr. Joanna Merckx, and Dr. Vladimir Khanassov. The second panel will surround patient engagement/participatory approaches in health research, and the panelists will be Mr. Vincent Dumez, Dr. Susan Bartlett, and Dr. Bertrand LeBouché.



Enjoy this year's edition of the Annual McGill Family Medicine Symposium!

If you have any questions, please contact
the FMGSS VP Academic at
khandideh.williamsemail.mcgill.ca

Join us here

<https://mcgill.zoom.us/s/85100809365>

Cast your People's Choice vote here

<https://forms.gle/RPw6UqK7GGGjwNG6A>

Complete the feedback form here

<https://forms.gle/P7Xk4jdiLcgxCa9K8>



Schedule of Events

Day 1: May 13, 2021 1:00PM to 4:00PM

1:00 PM Opening remarks by Khandideh Williams

1:15 PM Panel Discussion: Impacts of Covid-19 on Health and Healthcare Research

2:00 PM Wellness Break

2:15 PM Poster Presentations

2:45 PM Oral Presentations Round 1

3:15 PM Wellness Break

3:30 PM Pre-recorded oral presentations

3:50 PM Closing remarks by Dr. Marion Dove

Day 2: May 14, 2021 9:00AM to 12:00PM

9:00AM Opening remarks by Marwa Ilali

9:15 AM Panel Discussion: Participatory Approaches in Health and Healthcare Research: patient and physician engagement

10:00 AM Wellness break

10:15 AM Oral Presentations Round 2

11:15 AM Final Voting

11:25 AM Open discussion and networking

11:45 AM Closing remarks and presentation of awards by Dr. Rhian M. Touyz



How to navigate this virtual symposium



During this virtual symposium, Zoom will act as our conference room, and the "breakout rooms" within Zoom will act as virtual stages. Instead of walking to and from various stages, you will be able to join and leave Zoom breakout rooms to attend presentations that interest you. These breakout rooms will be labeled as stages 1 to 5 and, during the symposium, you will be able to select which breakout room (or virtual stage) you want to join.

Pick a virtual stage

DAY 1

Thursday, May 13, 1pm-4pm

POSTER PRESENTATIONS 2:15PM - 2:45PM

Stage 1

An acceptability and needs assessment for the implementation of a patient portal in HIV clinical care (Opal)

Dominic Chu, MSc Year 2

Stage 2

How Does the Entourage Use Online Parenting Information to Support Others in their Social Circle? Preliminary Results from a Mixed Methods Research Study

Reem El Sherif, PhD Year 4

Stage 3

Association between social network and oral health among general population: A scoping review

Yue Ying, PhD Year 2

Pick a virtual stage



DAY 1

Thursday, May 13, 1pm-4pm

ORAL PRESENTATIONS ROUND 1 2:45PM - 3:15PM

Stage 4

Visualising the effectiveness of interventions to reduce emergency department transfers from long-term care settings using harvest and other plot methods

Deniz Cetin-Sahin, PhD Year 5

Prospective Study on the Longitudinal Impact of Bisphenol A and Paraben Exposure on Adolescent Obesity and Cardiometabolic Outcomes

Deanna Chinerman, PhD Year 2

Stage 5

Wearable sensor technology for assessment and monitoring of neuropsychiatric symptoms of dementia-systematic review – Are we there yet?

Elena Guseva, PhD Year 4

Focusing on the big picture: developing a clinical tool that optimizes shared decision-making to optimally promote physical activity in primary care settings

Abbesha Nadarajah, Research Assistant

PRE-RECORDED ORAL PRESENTATIONS 3:30PM - 3:50PM

Stage 4

The Experiences of Social Isolation and Loneliness Among Migrant Mothers at La Maison Bleue and Their Perceptions of Their Health and Their Children's Health in the Context of the COVID-19 Pandemic: A Descriptive Study

Mona Lim, MSc Year 2

Childbirth evacuation among remote Indigenous communities in Canada: the results of a scoping review

Hilah Silver, PhD Year 3

Stage 5

Combining conceptual frameworks on maternal health in indigenous communities -- Fuzzy cognitive mapping using participant- and operator-independent weighting

Ivan Sarmiento, PhD Year 5

The prospect of shared learning through telemedicine: Inter-professional perspectives on primary care during the Covid-19 pandemic

Cynthia Vincent, Research Assistant

Pick a virtual stage



DAY 2

Friday, May 14, 9am-12pm

ORAL PRESENTATIONS ROUND 2 10:15AM -11:15AM

Stage 1

Cultural Safety for Hospitalised Patients in Nunavik

Maxime Leroux-La Pierre, MSc Year 1

Providing patient-centred gender-affirming medicine: A mixed-methods evaluation of a digital continuing professional development resource

Gabriel Enxuga, MSW Year 1

Access to Healthcare by Socially Vulnerable Persons during the COVID-19 Pandemic: A protocol for an explorative study on the impacts of race

Khandideh Williams, MSc Year 1

Inequitable Impacts of COVID-19 on Persons Living With Dementia

Georgia Hacker, MSc Year 1

Stage 2

The Experiences of Pregnant Women and Their Healthcare Providers during the Covid-19 Pandemic in Nigeria

Minika Ohioma, MSc Year 1

Using insights from behavioural science to help patients manage chronic diseases in China: a mixed methods study protocol

Ziyue Wang, PhD Year 2

Telemedicine in the care of older people in primary care: A systematic mixed studies review

Marwa Ilali, MSc Year 1

Describing Trends in the Quality of Health Care and Services for Men and Women Living with Dementia

Tammy Bui, MSc 2

Zoom Instructions

Joining our main meeting session

<https://mcgill.zoom.us/s/85100809365>

Joining a breakout room

You will be able to view and select a presentation to join from a list of virtual stages (breakout rooms) that correspond to topics that interest you (see pages 12-14 of this booklet). You will also be able to enter and leave virtual stages freely.

How?

1. Click Breakout Rooms  in your meeting controls.

This will display the list of stages to join a presentation room.

2. Hover your pointer over the number to the right of breakout room you wish to join, click Join, then confirm by clicking Join.

3. Repeat as necessary to join other breakout rooms or click Leave Breakout Room to return to the main session.

Asking for help

If you experience technical issues, return to the main session and ask a host or a co-host for help. We will be able to assign you to the breakout room of your choosing.

Leaving the breakout room

You can leave the breakout room and join another one or return to the main meeting session at any time by clicking on Leave Breakout Room.

Meet our expert panelists



Panel: Impacts of Covid-19 on Health and Healthcare Research

May 13, 2021 1:15PM-2:00PM



Dr. Kathleen Rice

Kathleen (Kate) Rice is a medical anthropologist and Assistant Professor in the Department of Family Medicine at McGill University, where she holds the Tier II Canada Research Chair in the Medical Anthropology of Primary Care. She obtained her PhD in Anthropology from the University of Toronto and came to McGill in 2019 following a postdoc in the Social and Behavioural Sciences Division of the Dalla Lana School of Public Health at UofT. Kate uses ethnography to explore the underlying discourses, ideologies, and taken-for-granted practice that shape healthcare in areas where current practices are suboptimal. Grounding her analyses in everyday practices of care provision allows her to identify inadequacies in the logics of health policy, practice, and training. Driven by a commitment to improved healthcare delivery, Kate's work aims to improve the health of marginalized populations, both in Canada and in a global health context. Her areas of research expertise include gendered, generational, and interprofessional power in clinical and community settings, rural and remote health, pregnancy and birth, chronic pain, human rights and subjectivity, and clinical translation both in South Africa and Canada. Kate's current research looks at pregnancy and birth in Canada during the COVID-19 pandemic, with particular focus on the increased use of interventions.



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Panel: Impacts of Covid-19 on Health and Healthcare Research

May 13, 2021 1:15PM-2:00PM



Dr. Joanna Merckx

Joanna Merckx is an epidemiologist, pediatrician, and infectious diseases subspecialist. She holds a Master in Epidemiology from McGill University as well as a Doctorate in Medicine with a specialty in pediatrics from the University of Louvain, Belgium. Joanna completed her fellowship in the subspecialty of pediatric infectious diseases at the McGill University Health Centre. Joanna is associate member and course lecturer at McGill University's Department of Epidemiology, Biostatistics and Occupational Health. She currently serves as the Director of Medical Affairs (Canada) for the diagnostic company bioMérieux. Joanna's research focus lays in diagnostic and clinical epidemiology in the field of infectious diseases, pediatrics and peri-natal epidemiology. She published on social inequalities and the application of social (racial) constructs in medicine. She is currently co-investigator in the Belgian SARS-CoV-2 seroprevalence school studies, research on the impact of COVID-19 on pediatric ER visits and MIS-C.



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Panel: Impacts of Covid-19 on Health and Healthcare Research

May 13, 2021 1:15PM-2:00PM



Dr. Vladimir
Khanassov

Dr. Khanassov completed a Masters' thesis, the family medicine residency program and a fellowship in Care of the Elderly in the Department of Family Medicine at McGill. He was hired as an assistant professor in the department in July of 2017. As a student, he obtained FRQS bursaries and as a family medicine resident, he was nominated for McGill Medstar, for resident of the year, and he was the winner of the first "Patient's Choice Award" at the North American Primary Care Research Group conference. As a young staff physician, he won an FMOQ-FRQS Aspirant chercheur-boursier en médecine de famille (2017-2021) and an FRQS Clinician Researcher Junior 1 (2018-2022). He authored three articles on the management of chronic conditions in primary health care published in the top journal of the specialty - Annals of Family Medicine (2014-2015-2016). Recently he completed a research project on the life experiences of patients with dementia and their caregivers, who receive primary dementia care within the Quebec Alzheimer Plan, funded by the CIHR and the Quebec Reseau-1. In 2020 he obtained a training grant from the Canadian College of Family Physicians. He is currently working on the project development for telemedicine for the elderly patients including with dementia in the rural and urban communities of Canada. In addition to being a clinician-researcher he has a regular clinical practice in family medicine (more than 700 patients with 70% of vulnerable geriatric population), being a consultant for the complex geriatric patients in the family medicine unit and ambulatory geriatric clinic, in-patient geriatric service. He supervises the family medicine residents, fellows and medical students, clinical support for the nurses, chair of the competency committee in the Care of the Elderly fellowship program of McGill.



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Panel: Participatory Approaches in Health and Healthcare Research: patient and physician engagement

May 14, 2021 9:15 AM-10:00AM



Dr. Susan Bartlett

Dr. Susan Bartlett is a licensed clinical psychologist and Professor of Medicine in the Division of Clinical Epidemiology at McGill University, and a Senior Researcher at the Research Institute of MUHC and Arthritis Research Canada. She is Co-Director of the McGill Center for Health Measurement and Co-Founder of the Canada-PRO and PROMIS Canada initiatives. Dr. Bartlett is known for her expertise in patient-centered research and patient engagement. For >20 years, she has worked closely with patient research partners on international research projects funded by NIH, CIHR, the FDA, OMERACT, and the Patient-Centered Outcomes Research Institute (PCORI) to enhance patient engagement, patient-centered research methodology and develop rigorous outcome measures that address what matters most to patients.



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Panel: Participatory Approaches in Health and Healthcare Research: patient and physician engagement

May 14, 2021 9:15 AM-10:00AM



Dr. Bertrand Lebouché

Bertrand Lebouche, MD PhD is an Associate Professor in the Department of Family Medicine, McGill University. He holds a CIHR Strategy for Patient-Oriented Research (SPOR) Chair in Innovative Clinical Trials in HIV care. With his team, he is currently developing new e-health solutions to promote HIV self-management and monitor COVID-19 patients remotely using mixed methods strategies and patient engagement.



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Day 2 Panel: Participatory Approaches in Health and Healthcare Research: patient and physician engagement

May 14, 2021 9:15 AM-10:00AM



Mr. Vincent Dumez

Vincent Dumez, MSc, holds a finance degree and a Master's degree in Management Science from Montreal's international business school, Hautes Études Commerciales. Until 2010, he was an associate in one of Montreal's most influential consulting firms, specializing in organizational design. Living with multiple chronic diseases for more than four decades, and thus a significant user of healthcare services, Mr. Dumez has been actively involved in developing the concept of "Patient Partnership." He first explored the concept in his Masters' dissertation and now in his Ph.D thesis. Since then he has pursued to deployment of the concept by helping patients to engage meaningfully in education, research and care. He's also on the boards of renowned health organizations and a keynote speaker in national and international health conferences. In October 2010, Mr. Dumez became the first director of new Office of Patient Partner Expertise of the University of Montreal's Faculty of Medicine. Since summer of 2016, Mr. Dumez now co-directs the new Centre of Excellence on Partnering with Patients and the Public of University of Montreal. The mission of the centre is to make collaborating with patients and the public a science, a culture and the new standard to improve the health of all and the (health) experience of each.



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Presentation Abstracts

M.Sc.



Describing Trends in the Quality of Health Care and Services for Men and Women Living with Dementia

Tammy Bui, Geneviève Arsenault-Lapierre, Nadia Sourial, Claire Godard-Sebillotte, Louis Rochette, Isabelle Vedel.

Background: As the Canadian population ages, challenges emerge with the healthcare utilization of services for persons living with dementia (PWD). There is evidence that points to how sex/gender differences influence the healthcare utilization where older adult women may differ compared to older men when seeking and receiving treatment. The aim of this study is to describe the sex-based inequities on the healthcare utilization among PWD.

Methods: We used a repeated annual cross-sectional cohort design from 2000-2001 to 2016-2017. Data was obtained from linked population-based administrative databases from the Institut national de santé publique du Québec. Community-dwelling older adults age 65+ with incident cases of dementia occurring between April 1st and March 31st for each year between were included. Healthcare utilization indicators were measured as age-standardized rates. To ascertain the differences between males and females, indicators were stratified by sex over 17 cohort-years and graphed. A visual and graphical analysis allowed for clinically meaningful interpretation.

Results: A total of 237,259 persons with dementia was included in our study (62.7% women). Men had higher rate and number emergency department visits, rate of hospitalizations, rate of admission to long term care, rate of mortality. While women had higher prescription of cholinesterase inhibitors, benzodiazepines, and antidepressants compared to men. There was no meaningful difference for antipsychotic prescriptions and ambulatory visits to cognition specialists.

Conclusions: These results are consistent with an Ontario study conducted by Sourial et. al. (2020). Addressing the sex-based inequities in healthcare utilization in PWD will inform decision-makers for the implementation of adequate policies to promote equity in dementia care.



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An acceptability and needs assessment for the implementation of a patient portal in HIV clinical care (Opal)

Dominic Chu, Tibor Schuster, David Lessard, Kedar Mate, Kim Engler, Yuanchao Ma, Ayoub Abulkhir, Anish Arora, Stephanie Long, Ale Alexandra de Pokomandy, Karine Lacombe, Hayette Rougier, Joseph Cox, Nadine Kronfli, Tarek Hijal, John Kildea, Jean-Pierre Routy, Jamil Asselah, Bertrand Lebouché.

Background: Opal (opalmedapps.com) is a patient portal currently used in oncology at the McGill University Health Centre (MUHC). Opal allows patients to access their medical records, patient-reported outcome measures (PROMs), and other services. Opal achieved high satisfaction rates in oncology, garnering interest for its use in other chronic conditions, including HIV. However, to implement it in HIV healthcare, Opal must be configured for people living with HIV (PLWH) and their healthcare providers (HCPs).

Objectives: To evaluate the acceptability of Opal for HIV healthcare and its compatibility with PLWH's and HCPs' needs, concerns, and recommendations.

Methods: This study follows a convergent parallel mixed-methods design. A quantitative cross-sectional survey and qualitative semi-structured focus group discussions (FGDs) were performed with PLWH and HCPs from the Chronic Viral Illness Service, the Centre Hospitalier de l'Université de Montréal, Clinique Médicale du Quartier Latin, Clinique Médicale l'Actuel, and Hôpital Saint-Antoine (Paris, France) from August 2019 to February 2020.

Results: 114 PLWH and 31 HCPs were recruited for the survey. The mean age was 47.8 years (SD = 12.4) for PLWH and 46.5 years (SD = 11.4) for HCPs. Most PLWH (96.5%) and all HCPs owned at least one type of smart-device (smartphone, tablet). Most participants were willing to use Opal (74% of PLWH, 68% of HCPs), although 64% of PLWH noted privacy concerns. Most Opal functions and Opal administered PROMs demonstrated high acceptability, including functions such as an appointment calendar (93.8% PLWH, 96.7% HCPs), appointment reminders (92.1% PLWH, 86.1% HCPs) and PROMs capturing quality of life (89% PLWH, 77% HCPs) and HIV self-management (92% PLWH, 97% HCPs).

We conducted three FGDs with 22 PLWH and five FGDs with 24 HCPs, and identified four key needs: 1) simple patient-oriented information, including education material and treatment plans; 2) adaptable and user-friendly tools for promotion of self-management, including medication reminders and appointment scheduling; 3) communication tools identifying PLWH barriers-to-care through PROMs administration; and 4) security and confidentiality to maintain PLWH's privacy.

Conclusions: Opal, its functions, and PROMs administration are highly acceptable to stakeholders. During its implementation, efforts must be made to reassure stakeholders' security and privacy concerns.



Providing patient-centred gender-affirming medicine: A mixed-methods evaluation of a digital continuing professional development resource

Gabriel Enxuga, David Rojas Gualdron, and Kinnon Ross MacKinnon.

Introduction: Current approaches to gender-affirming medicine in primary practice focus on 'one-size-fits-all' eligibility assessments required for trans and nonbinary (trans) patients to access hormones and surgeries. These prevailing practices limit patient-centered care with trans patients. The Path to Patient-Centred Care (PPCC), a digital continuing professional development tool, teaches clinicians an alternative model of gender-affirming medicine: the informed consent model. To improve the PPCC resource for future use, we analyzed the self-reported educational impact of the PPCC with diverse post-graduate medical learners.

Methods: We conducted a mixed-methods education evaluation study. Between July and October 2020, we invited physician participants (total n=29) to test the PPCC tool and collected feedback through an online survey (n=29) and semi-structured interviews (n=13). While participants represented a diverse range of clinical specialties, a majority were family physicians (n=14).

Results: Interviews with family physicians indicated the PPCC tool increased awareness about limitations of the 'one-size-fits-all' traditional standards of care, as well as how to tailor care for the purpose of addressing trans patients' treatment access inequities. A major strength identified by participants was that the PPCC tool provided concrete, actionable steps on how to implement patient-centered care in practice via the informed consent model. Although the data showed that participants' self-perceived level of knowledge increased after using the tool, survey data also showed that participants self-perceived capacity to deliver gender-affirming medicine did not increase after using the tool.

Discussion: The results of this project suggest that the PPCC tool is an effective resource to provide information about the informed consent model. However, the low self-perceived capacity to implement gender-affirming medicine highlights the need for continuing professional development opportunities. Alternative models of gender-affirming medicine, if employed by family physicians could improve access to hormones and surgeries for trans people and result in better patient care. Therefore, additional gender-affirming medicine resources and teaching approaches are warranted.



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Inequitable Impacts of COVID-19 on Persons Living With Dementia

Georgia Hacker, Isabelle Vedel, Claire Godard-Sebillotte.

Background: Persons living with dementia in Canada are most at risk of experiencing severe outcomes of the COVID-19 pandemic. This population accounts for the majority of deaths, and faces inherently higher risk due to advanced age, presence of chronic conditions, and cognitive and functional declines associated with more challenges in implementing social distancing. Furthermore, there is growing evidence that COVID-19 has a more severe impact on racialized persons and persons of lower socio-economic status, especially in populations where these two social determinants intersect. To date, we do not know how the pandemic impacts diverse populations of persons living with dementia.

Objectives: We will (1) describe the diversity of persons living with dementia, and (2) measure the extent to which the intersection of racialization and socioeconomic status modifies the impact of the pandemic.

Methods: This project will use health administrative databases to conduct the first description of the diversity of persons living with dementia in Canada. We will use advanced statistical methods, allowing for strengthening of causal inference from routinely collected observational data, to measure the impact of the pandemic in comparing mortality, care, and health service use in persons with dementia in 2020 to persons with dementia in 2019 and 2018. Persons will be weighted using propensity score-based inverse-probability weighting to increase the comparability of the cohorts. We will measure the diverse impact of the pandemic on persons living with dementia in comparing mortality, care, and health service use across racialization and socioeconomic status.

Anticipated Results: Results will be presented to key stakeholders including persons living with dementia, caregivers, decision makers, and clinicians in four provinces (ON, SK, AB, QB) to generate recommendations through deliberative dialogue to decrease the inequitable impacts of the pandemic, and improve the care of all persons living with dementia.

Implications: This project has the potential to have a significant impact on how persons living with dementia receive health care. It is imperative that we understand the diversity of persons living with dementia, as well as how the intersection of different social determinants exacerbate the severity of COVID-19, in order to inform equitable health care policies.



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Telemedicine in the care of older people in primary care: A systematic mixed studies review

Marwa Ilali, Vladimir Khanassov, Isabelle Vedel.

COVID-19 pandemic has substantially changed the delivery of primary care health services. More clinic-based care has turned into virtual remote care. Most primary care doctors had to adapt to this new reality without training. Telemedicine, telehealth, virtual care or eHealth exists in Canada for decades, the current pandemic has increased the importance of implementing a complete virtual health strategy. Telemedicine has the potential to improve the quality of primary health care and increase its accessibility to the general population. However, elderly patients may experience challenges to telemedicine use, such as hearing or visual impairment, cognitive impairment, access to Internet, and telephone or video devices. To address these challenges, we are conducting a systematic mixed method review about synchronous telemedicine use among elderly population living in the community.

Our mixed-method approach will integrate results from qualitative studies and results from quantitative studies. A sequential mixed methods exploratory design will be utilized. The research question consists of describing synchronous telemedicine use in the routine primary care practice of elderly patients. The objectives are: (1) Identify the types of synchronous telemedicine used by older people in primary care (quantitative phase), (2) Describe the various barriers and facilitators to the use of synchronous telemedicine in primary care from the perspective of older people and health professionals (qualitative phase). Using a narrative approach, integration and dissemination of the results from phase 1 and phase 2 will use thematic analysis to identify commonalities and required actions to meet expectations of patients. Two researchers will independently extract the following information from each study: characteristics of the study participants (e.g., sample size, diagnoses), type of telemedicine and its components (e.g., phone vs web camera based), description of the family medicine practice (e.g., solo vs team-based, healthcare professionals), characteristics of the study and outcomes (e.g., frequency of emergency department visits, satisfaction with care, experience of the participants and etc.).

Our results are expected to provide recommendations that will assist in finding methods and guidelines to improve the current use of telemedicine among elderly patients in the primary care routine.



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Cultural Safety for Hospitalised Patients in Nunavik

Maxime Leroux-La Pierre.

Background: Colonisation and governmental policies have greatly affected indigenous communities in Canada and issues of systemic racism continue to affect these communities to this day. It is not surprising that mistrust towards governmental institutions, such as the health care system, exists. Healthcare in Nunavik is still dominated by non-Inuit professionals and issues of cultural safety are central to the quality of care in these communities. It is therefore imperative to consult regularly the community and include them in the decision making of policies aligned with principles of self-determination and self-empowerment.

Nunavik is the Inuit territory of northern Quebec north of the 55th parallel. Patients from the different villages of the Hudson Bay Coast are evacuated by plane to the Puvirnituk hospital if hospitalisation is required. Efforts to improve cultural safety of in-patient hospital care in Nunavik need to be done.

Objectives:

1. To understand the perspectives about cultural safety of care of previously hospitalised patients and their families at the Puvirnituk hospital.
2. To understand the perspectives of the healthcare team about cultural safety of care for hospitalised patients and their families at the Puvirnituk hospital.
3. To propose recommendations to improve cultural safety of care for hospitalised patients at the Puvirnituk hospital.

Methods: This will be a participatory research using qualitative methods. With the help of an Inuit research assistant, we will conduct fuzzy cognitive mapping sessions with Inuit of the Hudson Bay coast and with healthcare providers from the Puvirnituk hospital. Recommendations on how to improve cultural safety will be formulated using deliberative dialogue.

Anticipated results: Concrete recommendations will lead to changes in training, attitudes, policies and practices to improve cultural safety.

Conclusion: This participatory research will be central to improve cultural safety of care for hospitalised Inuit patients in Nunavik.



The Experiences of Social Isolation and Loneliness Among Migrant Mothers at La Maison Bleue and Their Perceptions of Their Health and Their Children's Health in the Context of the COVID-19 Pandemic: A Descriptive Study

Mona Lim, Andraea Van Hulst, and Lisa Merry.

Background: It is well established that social isolation and loneliness are associated with negative health outcomes. However, there has been little research specifically exploring the relationship between loneliness and social isolation among migrant mothers with children aged 0-5 in the context of the COVID-19 pandemic.

Objectives: The study aimed to explore in the context of the COVID-19 pandemic: 1) the experiences of social isolation and loneliness among migrant mothers of children aged five years and younger at La Maison Bleue; and 2) their perceptions regarding how these experiences may influence their health and the health of their children.

Methods: We conducted a descriptive study. Migrant mothers who could communicate in English or French, were followed at La Maison Bleue Parc-Extension or Côtés-des-Neiges sites and had a child aged 0-5 were invited to participate. Recruitment and data collection occur concurrently from November to December 2020. Participants were invited to a Zoom, telephone or in person semi-structured interview and to complete a socio-demographic questionnaire. Data were thematically analysed.

Results: Eleven mothers participated. Elements described to increase social isolation and loneliness were changes in social environment following migration resulting in dissatisfaction with existing social ties and difficulty creating meaningful relationships, and motherhood due to family separation and the lack of social support, which intensified the feelings of being 'alone'. However, motherhood was also described as being a source of motivation and happiness, and transnational connections provided great support to migrant mothers. Despite mothers perceiving their children as being healthy and happy, their exchanges during the interview suggest that their children have little social contact outside of their home. The COVID-19 pandemic exacerbated their situations, further increasing social isolation and loneliness.

Conclusion/Implications: Migrant mothers experience social isolation and loneliness due to changes in social environment, decreased social support and increased responsibility associated with motherhood. Measures implemented to decrease the spread of COVID-19 exacerbated these sentiments. Knowing that migrant mothers' experiences can affect their children, directly or indirectly, they purposely hide their struggles from them. These experiences have a negative outcome on their health.



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The Experiences Of Pregnant Women And Their Healthcare Providers During The Covid-19 Pandemic In Nigeria

Minika Ohioma.

Background: COVID-19 has affected several countries and has overstretched health care systems including those of low-income countries like Nigeria. Healthcare providers (HCP's) are at increased risk of contracting the disease and even transmitting it to their families. They are also burdened with grief from watching patients, colleagues and loved ones die from the disease. However, even in the pandemic, much of everyday life still continues including childbirth. UNICEF has estimated that there will be at least 100 million births worldwide during the pandemic. Of this number, Nigeria is expected to have up to 6.4million births. Maternity HCP's in Nigeria are therefore faced with management of pregnancies and births of possible COVID-19 positive women. During the pandemic, health policies have focused more on COVID-19 and provision of adequate perinatal care could be compromised resulting in potential adverse outcomes including worsening the already high maternal mortality rate in Nigeria.

Objectives: The study objectives are 1) To determine the extent to which the recommendations based on WHO COVID-19 Prevention Guidelines have been implemented during perinatal care. 2) Describe the experience of pregnant women and their healthcare providers during the COVID-19 Pandemic. 3) Proffer solutions to the problems identified above.

Methods: Data will be collected using qualitative methods such as one-on-one, in-depth, semi-structured interviews and participant observation.

Potential results: The pandemic may increase delays in accessing the required perinatal care. Women may avoid going to health care facilities for fear of getting infected and suspected COVID-19 positive pregnant women may be given sub-optimal care. HCP's may experience an increased level stress and other mental health issues. It is possible that strategies used during the pandemic which worked in other countries such as Telemedicine to ensure social distancing, may not be feasible in Nigeria. However, we may discover new strategies that are culturally acceptable and feasible in the Nigerian environment.

Contributions to field of study: Findings from the study will address gaps in Maternal health care delivery in Nigeria particularly those that arose during the COVID 19 Pandemic. This will help improve health outcomes for the mothers and the overall wellbeing of maternity HCP's. These results will also generate evidence and knowledge for use in policy and practice at national and global levels.



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Access to Healthcare by Socially Vulnerable Persons during the COVID-19 Pandemic: A protocol for an explorative study on the impacts of race

Khandideh Williams, Jeannie Haggerty, Alayne Adams.

Background: Although the Canadian universal healthcare system was created to increase access to healthcare services and to exemplify the values of equity and social justice, healthcare disparities still exist. The Covid-19 pandemic has exposed and exacerbated these disparities and has drawn attention to their social determinants. For example, in Montreal, Quebec, the largest number of Covid-19 cases are reported in neighborhoods with high rates of poverty and the most racial diversity. Although over 22% of the Canadian population identify as a non-white visible minority, racial differences are rarely considered in the Canadian healthcare literature, nor is race-based data routinely collected.

Objectives: Using a qualitative exploratory design, this study will elicit the experiences of racialized minorities in accessing primary healthcare services during the Covid-19 pandemic to determine potential barriers and facilitators that influence access.

Methods: We will conduct in-depth interviews with different racialized groups in multicultural neighbourhoods in Montreal, to understand their healthcare needs and challenges in accessing care. Deliberative dialogues with family physicians serving these neighborhoods will solicit feedback about possible solutions.

Anticipated results: Given evidence of stark racial inequities in primary healthcare access in the United States, we anticipate that racialized groups may be experiencing additional barriers to accessing primary healthcare services during the Covid-19 pandemic. This research will contribute rich descriptions of these experiences and their perceived determinants and impacts.

Implications: Race-based analysis and the critical discourse it provokes are needed to avert disparities in morbidity and mortality that have already been observed within these populations and which are being amplified by the pandemic. Insights emerging from analysis will inform the development of strategies to enhance healthcare accessibility among racialized populations during the COVID-19 pandemic and beyond.



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Presentation Abstracts

P.hD.



Visualising the effectiveness of interventions to reduce emergency department transfers from long-term care settings using harvest and other plot methods

Deniz Cetin-Sahin, Ovidiu Lungu, Matteo Peretti, Philippe Voyer, Brian Gore, Genevieve Gore, Isabelle Vedel, Greta G. Cummings, Mark Karanofsky, Tibor Schuster, and Mabelle Wilchesky.

Background: Almost half of emergency department (ED) transfers from long-term care (LTC) facilities providing 24-hour nursing care are deemed to be “potentially avoidable”. Potentially avoidable ED transfers can lead to adverse patient outcomes and represent health system inefficiencies. As such, LTC primary care physicians and frontline staff are expected to reduce them. Interventions to reduce ED transfers have been proposed, yet the effectiveness of these interventions and/or their individual components remain unclear.

Objectives: To synthesize the knowledge about the effectiveness/efficacy of interventions to reduce ED transfers from LTC using harvest, bubble, and scatter plot methods of data representation.

Methods: A systematic review of quantitative and mixed primary studies was conducted in Embase, MEDLINE, CINAHL, Social Work Abstracts, PsycINFO, The Cochrane Library, AMED, Global Health, Health and Psychosocial Instruments, Joanna Briggs Institute EBP Database, Ovid Healthstar, and Web of Science from inception until April 2020. Forward and backward citation tracking and grey literature review was performed. A narrative synthesis was conducted using the ‘Synthesis Without Meta-analysis’ in systematic reviews reporting guideline. PICO elements of interventions were categorized, i.e., Population (eligibility criteria), Intervention components (thematic analysis), Comparators (usual care), and Outcome measures (overall and/or potentially avoidable ED transfers). Plots were produced indicating the direction of intervention effects for the set of included studies.

Results: From 20,218 records identified from our larger review (that included hospitalizations), 47 studies were included for synthesis. Population categories included LTC resident age category, having dementia and/or chronic disease, end-of-life status, admitted to hospital, emergency calls made, and having healthcare policy/specific insurance. Four intervention components (training, human resources, technology, and tools) emerged within two dimensions (delivery of care and communication). Outcome measures included number/mean/rate of transfers, number or time to return transfers, number of emergency calls, and ED use cost. In total, 21 studies reported some degree of significant reduction. Three studies specifically measured avoidable transfers, all showing significant reduction.

Conclusions: PICO inconsistencies suggest that better targeted interventions are needed specifically to reduce avoidable ED transfers. The use of harvest plots and other visualization methods are informative in identifying useful components from among complex interventions for person-centered care.



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Prospective Study on the Longitudinal Impact of Bisphenol A and Paraben Exposure on Adolescent Obesity and Cardiometabolic Outcomes

Deanna Chinerman, Melanie Henderson, and Tibor Schuster.

Introduction: While lifestyle factors play a significant role in the increasing rates of global obesity, numerous environmental factors demonstrate an impact as well. In both animal and prenatal studies, exposure to Bisphenol A (BPA) and parabens appears to promote adiposity during critical windows of development. Since adolescence is another such critical period in the development of obesity, it is hypothesized that BPA and paraben exposure during this period could have long-term associations with obesity development. Using data from a cohort of adolescents with a parental history of obesity, the longitudinal impact of BPA and paraben exposure in these populations can be used to measure associations between adiposity, cardiometabolic health, and exposure to these compounds. BPA and parabens exposure have been hypothesized to impact the gut microbiome, so this study will analyze that relationship as well.

Methods: Sample data were taken from 630 participants over three phases of data collection. BPA and paraben levels will be quantified in urine samples using high performance liquid chromatography with tandem mass spectroscopy. Longitudinal associations between obesity and BPA and paraben exposure will be measured using trajectory modelling. Interdependence between exposures on obesity and cardiometabolic measures will be performed using multivariate modelling. Microbiome analysis will be done performed using a one-way ANOVA test. The longitudinal impact of BPA and paraben exposure on obesity will be quantified and modelled in r.

Anticipated results: The associations between obesity and cardiometabolic health when exposed to these compounds over time, once measured, will allow for an estimation of risk in this population. Microbiome composition changes will be measured according to exposure, thus demonstrating potential associations between BPA and paraben exposure and its impact on obesity and cardiometabolic health.

Conclusion: These results will elucidate mechanisms linking adolescence is a critical window of exposure for BPA and paraben exposure to an increase in adiposity and cardiometabolic health. Findings could inform regulatory policies, potentially limiting exposure to these compounds in adolescent populations.



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Wearable sensor technology for assessment and monitoring of neuropsychiatric symptoms of dementia-systematic review – Are we there yet?

Elena Guseva, Andrea Laboni, Nathan Hermann, Krista Lanctot, Amer Burhan, Sanjeev Kumar, Dallas Seitz, Amer Burhan, Marie-Andrée Bruneau, Andrew Lim, Genevieve Gore, Mabelle Wilchesky.

Background: There is a tremendous potential to improve identification and monitoring of neuropsychiatric symptoms (NPS) in persons with dementia (PwD) using objective physiological signals from wearable sensor technology (WST). These technologies can potentially generate continuous data that identifies behavior patterns, which in turn could lead to earlier NPS detection and guide more precise management strategies. In addition, WST could improve monitoring treatment responses across dementia care settings. A wide array of new technologies may provide solutions, especially those explicitly designed to support people with dementia and their formal and informal caregivers. A small but rapidly growing body of evidence investigating sensors in dementia care is paving the way for the field, bringing into focus both the potential and pitfalls of this approach.

Objectives: (1) to present the evidence for the use of WST in detecting and/or monitoring each of the NPS domain in PwD; (2) to present the evidence for the feasibility and acceptability of WST use in this population.

Methods: A systematic literature search was carried out from inception until December 2020 was conducted using Ovid MEDLINE, EMBASE, PsycINFO, EBSCOhost CINAHL, Scopus, Compendex, INSPEC, GEOBASE, IEEE Xplore library databases. To warrant inclusion, studies were required to use WST as a diagnostic tool for NPS detection or use WST for NPS monitoring. Our protocol was registered https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=219917.

Results: A systematic literature search produced 6112 articles. Informed by the PRISMA guidelines, screening produced a final corpus of 103 titles. Dementia types under study included Alzheimer's disease 41(39.8%), frontotemporal 6(5%), and Lewy body dementia 6(5%). The majority of studies investigated sleep disturbances 43(41.75%), agitation 30(29.12%), wandering/pacing 19(18.44%), and apathy 17(16.5%). Technology used included accelerometry 45(43.69%), actigraphy 37(35.92%), and electrodermal activity 5(4.85%). In total, 24(23.3%) studies investigated the acceptability and feasibility of these devices for PwD.

Conclusion/implications: This will be the first comprehensive systematic review to investigate the validity of WST for the detection and monitoring for each NPS domain. If valid, feasible and acceptable, these technologies are poised to revolutionize dementia person-centered care.



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Combining conceptual frameworks on maternal health in indigenous communities -- Fuzzy cognitive mapping using participant- and operator-independent weighting

Ivan Sarmiento, Cockcroft A, Dion A, Paredes-Solis S, De Jesús García A, Melendez D, Chomat AM, Zuluaga G, Meneses-Rentería A, Andersson N.

Background: A recurring issue in intercultural research is whose knowledge should inform project conceptualisation and design. Fuzzy cognitive mapping can combine different stakeholder perspectives to generate composite theories that inform further research. These maps present causal understanding as relationship weights, but participant weighting is not always straightforward.

Objectives: Develop and a procedure to combine and to condense maps and an alternative operator-independent weighting procedure adapted from Harris' discourse analysis.

Methods: Eight experienced intercultural researchers each produced a map of factors contributing to maternal health in indigenous communities, showing causal relationships as arrows weighted to indicate their perceived strength. Inductive thematic analysis grouped factors to create category maps. We used fuzzy transitive closure to calculate the cumulative net influence between categories. As an alternative to participant weighting, we determined weights of relationships based on their frequency in the original maps. We compared maps with participant weights and frequency-based weights in terms of the strength of each factor's outgoing edges and cumulative net influence of categories.

Results: In both weighting procedures cultural continuity and access to culturally safe Western health care had the strongest positive influences on maternal health, while culturally unsafe environment had the strongest negative influence. Cultural continuity included access to traditional midwifery and other care practices. For Western health care, respectful services and antenatal care showed strong influence, reinforced by collaboration with traditional midwives and reduced delays in women deciding to access care. The nine most influential factors were the same though in a different order in the two weighting procedures. Category-level maps had an almost identical structure using participant and frequency weights.

Conclusion: The maps succinctly described the perspectives of the researchers about contributors of good maternal health. Participant and frequency weighting procedures produced almost identical results at the category level, suggesting applicability of Harris' discourse analysis in exploratory inquiries into structural issues when participant weighting is not feasible.



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How Does the Entourage Use Online Parenting Information to Support Others in their Social Circle?

Preliminary Results from a Mixed Methods Research Study

Reem El Sherif, Roland Grad, Tibor Schuster, Christine Thoe, Fidelia Ibekwe-Sanjuan.

Background: High quality online consumer health information (OCHI) can reduce unnecessary visits to health professionals and improve health. One of the ways people use OCHI is to support others with health conditions. Members of an individual's entourage may help them overcome information-seeking barriers and illness challenges. However, little is known on how people use OCHI with others, and the outcomes of said use.

Objective: To explore the OCHI outcomes for members of the entourage who consult an online parenting information website.

Methods: A convergent mixed methods study in the context of an ongoing partnership between Naître et Grandir (N&G - an online parenting resource) and our team at McGill (developers of the Information Assessment Method -IAM- questionnaire).

Quantitative component: I will analyze responses by all Canadian N&G readers who had completed at least one IAM questionnaire between January 8th, 2019 and January 7th, 2021. Participants will be divided into two groups: parents of 0-8-year-old children (n=21107) or entourage members: grandparents, family members, friends, or neighbours (n=7015). Descriptive statistics and Pearson's chi-test will be used to determine whether the difference in responses between two groups is statistically significant.

Qualitative component: I will interview N&G entourage members who agreed to be contacted for an interview when completing the IAM. I will start with 20 semi-structured phone interviews and increase the sample until saturation. A hybrid deductive-inductive thematic analysis will be conducted in NVivo.

Integration: The two components will be conducted and analysed separately. Integration will occur as comparison post-intersection where the results of each component will be compared using a joint display to provide a complete picture of the phenomenon being described.

Anticipated results: Two main anticipated results: a better understanding of OCHI outcomes reported by the N&G entourage, and contextual factors of OCHI social support by the entourage.

Conclusion: This is an important topic for researchers, primary health care practitioners, and patients. By better understanding how people use information together, information providers can adapt information to meet both individual and group needs. Health care practitioners can target patients' entourage with information for dissemination and use.



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Childbirth evacuation among remote Indigenous communities in Canada: the results of a scoping review

Hilah Silver, Ivan Sarmiento, Juan-Pablo Pimentel, Richard Budgell, Anne Cockcroft, Zoua Vang.

Background: Since the 1960s, pregnant Indigenous women living in remote regions in Canada have been transferred to urban hospitals for childbirth. In the following decades, evidence emerged linking maternal evacuation with negative impacts on Indigenous women, their families and communities.

Objectives: A scoping review maps the evidence on maternal evacuation of Indigenous women in Canada and its associated factors and outcomes from 1978-2019.

Methods: We searched MEDLINE, Embase, and CINHALL, and grey literature from governmental and Indigenous organizations. Covering more than 10,000 births, the review examines the science generated over five decades of research. We collated the evidence on maternal evacuation into 12 themes.

Results: Factors related to evacuation include (a) evacuation policies (b) institutional coercion (c) remoteness and (d) maternal-fetal health status. Evacuation-related outcomes include (e) maternal-child health impacts (f) women's experience of evacuation (g) financial hardships (h) family disruption (i) cultural continuity and community wellness (j) engagement with health services (k) self-determination, and (l) quality of health services.

Conclusions: Numerous emotional, social and cultural harms are associated with evacuation of Indigenous women in Canada. Little is known about the long-term impacts of evacuation on Indigenous maternal-infant health. Evidence on evacuation from remote Métis communities remains a significant knowledge gap. These findings demonstrate a critical need to re-evaluate evacuation practices.



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Using insights from behavioural science to help patients manage chronic diseases in China: A mixed methods study protocol

Ziyue Wang, Howard Bergman, Nadia Sourial, Isabelle Vedel, Xiaoyun Liu.

Background: The burden of chronic diseases has been growing rapidly in low- and middle-income countries (LMICs) in the past two decades. Recent advances in behavioural sciences have revealed how irrational factors could shape patients' thinking and behaviours. However, few of them have focused on chronic diseases management in LMICs. [Objectives] This study will measure the behavioural factors among people living with hypertension or diabetes in rural China, to identify barriers and facilitators to their decision-making in screening and follow-up visits, and to provide related policy recommendations.

Methods: We are planning to conduct a convergent mixed methods study in two counties (Handan and Mianyang) in China from May 2021 to May 2022. For quantitative (QUAN) data, we will conduct a household survey to identify patients' health status, health preference, beliefs, care-seeking behaviours, and social context. For qualitative (QUAL) data, we will conduct in-depth interviews, focus group discussion with patients, health care providers, and policy makers at multiple levels to understand their attitudes and practices in health-related behaviours. We will integrate the data comparing similarities and differences between QUAL and QUAN results in order to draw a map of the potential role of behavioural tools in chronic disease control.

Anticipated results: This protocol will apply for institutional review board review in McGill University and Peking University in June, 2021. In addition, PROSPERO registration will be required. The starting point of our study will be May 2021 and expected to be completed by May 2023. The results of the protocol will be disseminated through conference presentations, peer-reviewed journals, and meetings.

Implications: To our knowledge, it will be the first study on how these behavioural factors may influence healthcare decision-making and health-related behaviours of chronic diseases patients there. In addition, few studies have covered the interaction between health care systems and behavioural biases among patients in this setting. Our investigation will uncover critical areas in the decision-making process that many existing studies did not explore.



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Association between social network and oral health among general population: A scoping review

Yue Ying, Tracie Barnett, and Belinda Nicolau.

Background: Oral health is an important part of the general human well-being. It was estimated that about 90% of global population had suffered from a type of oral diseases during lifetime. Social network (SN) is the social connections between people. It is found that SN is associated with human health. An increasing number of studies had been conducted on the relationship between personal SN and oral health. Also, one systematic review was published on SN and oral health among immigrants and ethnic minorities. Yet, no review has been done targeting SN and oral health among general population.

Question: What is known from the existing literature about the relationship between personal social network and oral health among general population?

Methods: A scoping review is performed. Eligibility criteria include: i) English writing; ii) targeting general population; iii) at least one measurement of personal SN and oral health; iv) using cohort, case-control, cross sectional or randomized control trial study design.

Progress: 6360 eligible English papers were identified from Embase, MEDLINE, CINAHL and Scopus. After removing 3007 duplications, 3353 papers will be screened for title and abstract.

Implications: The scoping review will provide an insight into the SN in oral health research, indicate the potential knowledge gaps and inform the future research direction as well as the oral health policy and programs.



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Presentation Abstracts

***Research Associates and
Assistants***



Focusing on the big picture: developing a clinical tool that optimizes shared decision-making to optimally promote physical activity in primary care settings

Abbesha Nadarajah, Tracie Barnett, Constantine Filip, and Peter Nugus.

Background: Given the well-known health benefits of physical activity, primary care clinicians frequently recommend their patients to adopt a physically active lifestyle both in the context of primary prevention and chronic disease management. However, rarely are aspects of the patient's lived experiences such as the built and social environments integrated into this continual dialogue. Despite the existence of some clinical tools, such as the 5As of motivational interviewing, barriers such as a lack of standardized practice, time constraints, and perhaps limited transferability impede the application of such tools uniformly in clinical practice.

Objectives: Our main objective is to develop or refine a clinical tool that will allow primary care clinicians to effectively incorporate elements of their patients' built and social environment into a patient-centered care plan thereby allowing them to promote physical activity appropriately and feasibly.

Methods: We propose a 3-phase study. Phase one is centered on knowledge acquisition, primarily to understand current perspectives and practices concerning built and social environments. In phase two, knowledge gained in the previous step with the added input of stakeholders will allow us to co-develop and/or refine the tool. In phase three, we will implement and validate the tool in several clinical settings. The first phase has ultimately been completed at the moment. To consider diverse perspectives and proceed to the next phase, we have received support from the Centre of Excellence on Partnership with Patients and the Public (CEPPP) to include patient partners in our team, and have established a partnership with GMF-U Jardins Roussillon to potentially include the views of clinicians and members from management.

Anticipated Results: Widespread transferability of the tool will be sought. Furthermore, its lessons will model optimal practice-based research that includes patient perspectives. Implications: The tool will contribute to guiding more efficient and effective patient-centered care by enabling a systematic account to be taken of broader contextual factors suspected to impact patient health and assist clinicians to incorporate these influences when relevant, in the context of promoting physical activity. While our focus is on physical activity, the process may eventually be extended to other behavior changes.



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The prospect of shared learning through telemedicine: Inter-professional perspectives on primary care during the Covid-19 pandemic

Cynthia Vincent, Nadjib Mokraoui, Jeannie Haggerty and Peter Nugus.

Background: To enable patients' access to health care during the Covid-19 pandemic, Quebec have revised regulations to allow health care clinics to adopt or expand their application of telemedicine. Telemedicine, which we call here teleconsultations, are real-time, technology-enabled professional-patient consultations. In this context, teleconsultations are being deployed rapidly, and healthcare professionals have had minimal training and guidance on how to undertake teleconsultations safely. To derive lessons for long-term adoption and implementation, it is important to identify how health care professionals have been engaging with teleconsultations under the current circumstances.

Objectives: Identify what new aspect(s) on clinical work can emerge from inter-professional perspectives on teleconsultations in primary care during the Covid-19 pandemic.

Methods: The study engages eight focus groups – four of physicians, and four of nurses and allied health care professionals. The focus groups represent all four of Quebec's Practice-based Research Networks (PBRNs) affiliated with Departments of Family Medicine. The verbatim of the focus groups were analyzed by thematic analysis, comparing and contrasting particular data excerpts, from codes initially organized into NVivo 12 software.

Results/Anticipated results: Overall, participants reported positive experiences and smooth adjustment for themselves and their patients. Some reported benefits reflected previous research: protecting high-risk groups from Covid-19 virus; providing safe and convenient access to routine treatment without the need to visit the clinic; and overcome travel restrictions; among others. In new ways, teleconsultations were reported to help health care professionals facilitate multi-disciplinary appointments; develop new assessment skills such as better listening, foster creativity in educating patients; enjoy more autonomy as a professional (for nurses); deliver efficient and quality care thus create a feeling of increased helpfulness; produce fewer consultation "no-shows"; and find a better use of time to experience a better work-life balance. Participants believe that teleconsultations' use for routine treatments and follow-ups should be made permanent.

Conclusion/Implications: Focusing on the generally positive views on telemedicine provided insight into the shared learning that telemedicine is enabling. Participants also conveyed concerns about the use of telemedicine, which will be presented elsewhere. Moving forward, telemedicine should be seen as a safe, effective, efficient and sustainable mode of healthcare delivery, if used appropriately and for appropriate cases.



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