



Spots, Bots, and Pelvic Plots

LISA ALLEN, MAGDALENA PARTYKA-SITNIK, JENNIFER LORENZ

H ROLDAN, K KENTS, C CORREIA, H DEMPSTER, C AND B VANDYKEN, N WASILEWSKI,
D JOHNSTONE, K JEWELL, V SMITH, A LEMMEX, N BIASUTTI, T LOUGHEED

Objectives

- Describe research studies that may impact your patients
- Describe how you can painlessly support/participate in these studies
- List initial findings/progress

- Maggie, Jennifer, and I are paid through LEG, MAHC, and/or research funding
- We are in preliminary stages for industry supported studies
- No other COI

Investigating Artificial Intelligence as a Decision Support Tool in Dermatology

DR. HECTOR ROLDAN, DR. KERSTI KENTS, TAFHEEM-UN NISA, INAAM
CHATTA

DERMAL

JEOPARDY!



Female 1

Male 1

Female 2

Male 2

\$200

\$200

\$200

\$200

\$400

\$400

\$400

\$400

\$600

\$600

\$600

\$600

\$800

\$800

\$800

\$800

\$1000

\$1000

\$1000

\$1000

This skin condition is seen in a 63-year-old woman with no prior dermatologic history.



Female 1

Male 1

Female 2

Male 2

\$200

\$200

\$200

\$400

\$400

\$400

\$600

\$600

\$600

\$800

\$800

\$800

\$1000

\$1000

\$1000

This skin condition is found in a 94-year-old man with a history of BCC and Actinic keratosis.



Female 1

Male 1

Female 2

Male 2

\$200

\$200

\$400

\$400

\$600

\$600

\$800

\$800

\$1000

\$1000

This skin condition occurs in a 72-year-old woman with red hair.



Female 1

Male 1

Female 2

Male 2

\$200

\$400

\$600

\$800

\$1000

This skin condition develops in a 72-year-old man receiving immunosuppressive therapy following a kidney transplant



NEW STUDY: Investigating Artificial Intelligence as a Decision Support Tool in Derm

WHAT DOES IT INVOLVE?

- Prospective study investigating diagnostic confidence and accuracy – **totally anonymous findings**
- Differentiation of BCC, SCC, melanoma, actinic keratosis and Clarks Nevus.

Both “naked eye” and dermatoscopic images of each lesion

You will receive \$100 stipend upon completion

Sign up today!

Contact Maggie at Magdalena.sitnik@mahc.ca

Investigation of Equivalency of Pelvic Floor Physiotherapy Delivery Methods to Improve Patient Access

*DR. CAROLINE CORREIA, DR. HELEN DEMPSTER, DR. NASTASIA WASILEWSKI,
CAROLYN VANDYKEN, BRITTANY VANDYKEN, LISA ALLEN AND MAGDALENA
PARTYKA-SITNIK*

Investigation of Equivalency of Pelvic Floor Physiotherapy Delivery Methods to Improve Patient Access

- This prospective study will generate data to inform about the benefits of pelvic floor physiotherapy (PFPT) related to urinary incontinence and pain after childbirth.
- Our hypothesis is that PFPT will improve symptoms of urinary incontinence and pelvic girdle pain. Further, we believe that education and prescribed PFPT programming completed independently at home will not be significantly inferior to in person PFPT.



WE ARE LOOKING FOR STUDY PARTICIPANTS



Pregnancy and childbirth can significantly impact the pelvic floor muscles, leading to pelvic girdle pain and low back pain, as well as bladder dysfunction.

Pelvic floor physiotherapy (PFPT) can improve pain, reduce bladder leakage and is recommended by health care providers to optimize postpartum recovery. However, PFPT is not routinely covered in provincial healthcare plans and can be costly. Furthermore, it requires in person appointments, which can be challenging, particularly with a new baby.

This study will investigate if a specially designed, digitally supported, PFPT program created by local physiotherapists, can result in reduced pelvic pain and bladder leakage for post-partum women.

01

What is it?

A 10 week pelvic floor physiotherapy program

02

When is it?

Can be started 6-8 weeks postpartum

03

Where is it?

In Huntsville / virtual



FOR MORE INFORMATION

Email: magdalena.sitnik@mahc.ca

OR

Call: 705-905-2995

OR

Scan the QR code to the right



Recruitment (n=120)

Inclusion: pregnant patients in Huntsville, or within 4-6 weeks postpartum

Exclusion: Fourth degree tears, miscarriage or stillborn

Benefits of PFPT

01

Improve pelvic
girdle pain

02

Reduce
bladder
leakage

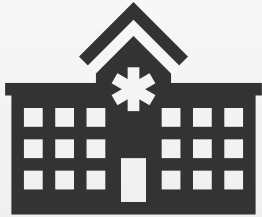
03

Improve lower
back pain

04

Optimize
postpartum
recovery

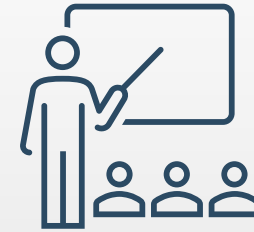
Study methodology – prospective randomized control trial



1. Office-based primary care provider-delivered education and recommendations – standard post-partum care.

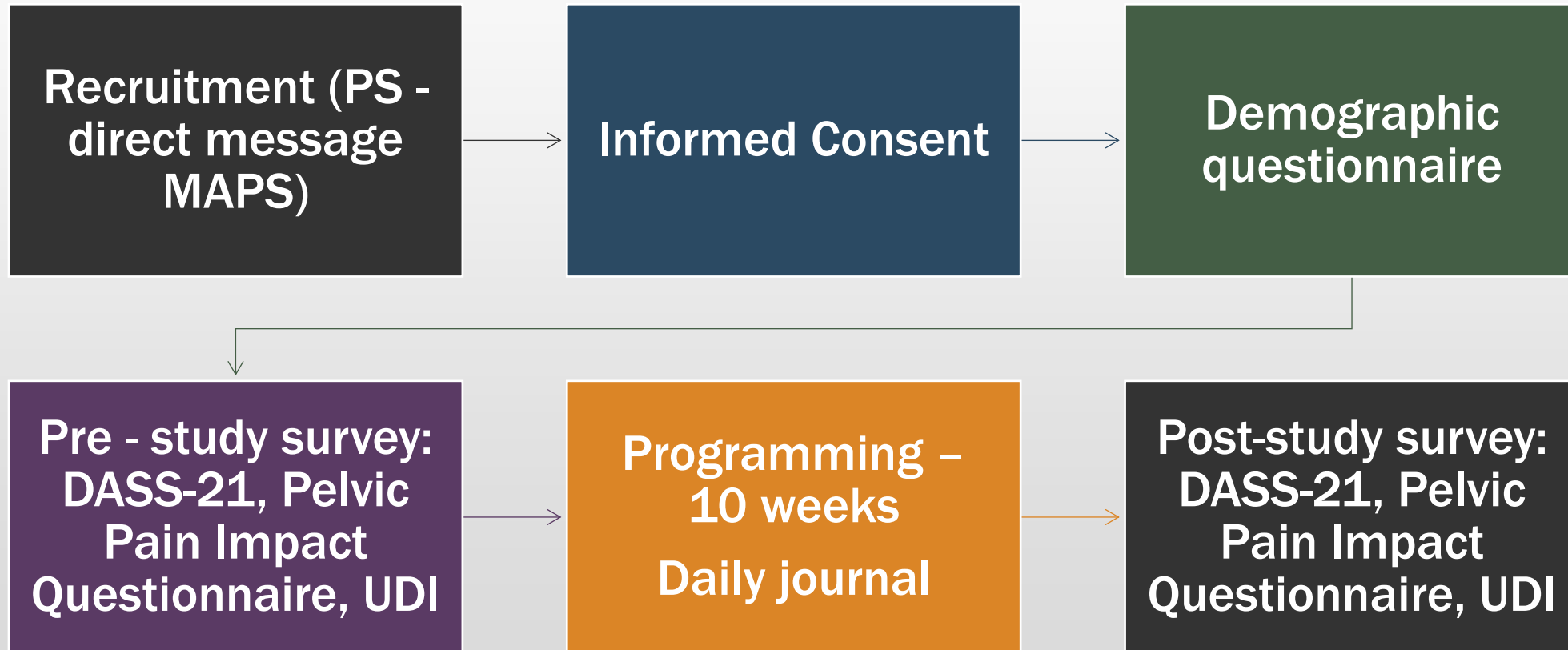


2. Education about PFPT and access to the Embodia app with specialized PFPT programming.



3. Four in person sessions of private PFPT, paired with education and access to the Embodia app and programming.

Study Design



Participation

1. Standard care
2. Embodia APP with programming
3. In person PFPT with standard Embodia support

8 in recruitment

50% are enrolled and 50% have completed

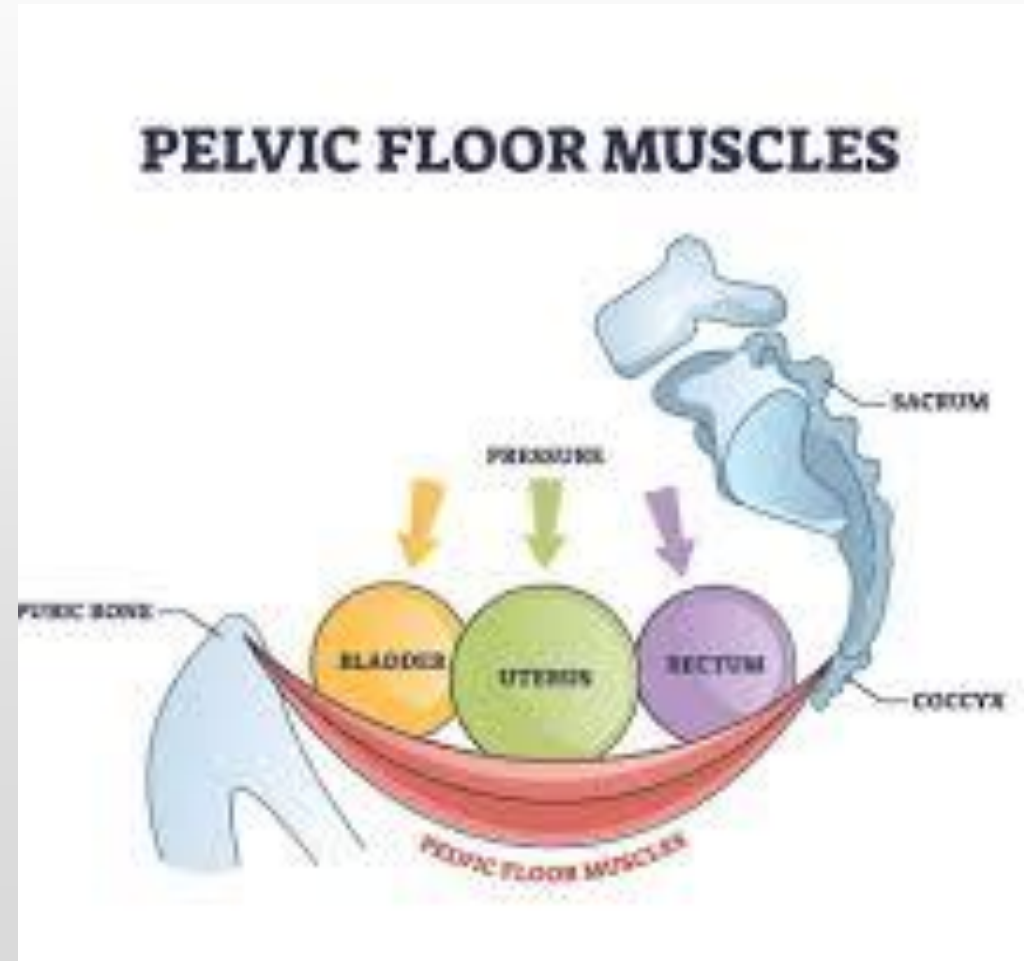
10% drop out rate

REFER PS Suite: MAPS

Standard	Embodia Only	In Person
11	11	11

Preliminary Feedback

- 50% of participants complete their physio daily, 100% three times weekly
- Less than 10% indicate 'small extent of pelvic pain' following study completion
- Low reports of pain, incontinence, or mood symptoms



Implementation and Impact of Innovative eTool ASKmeGOC

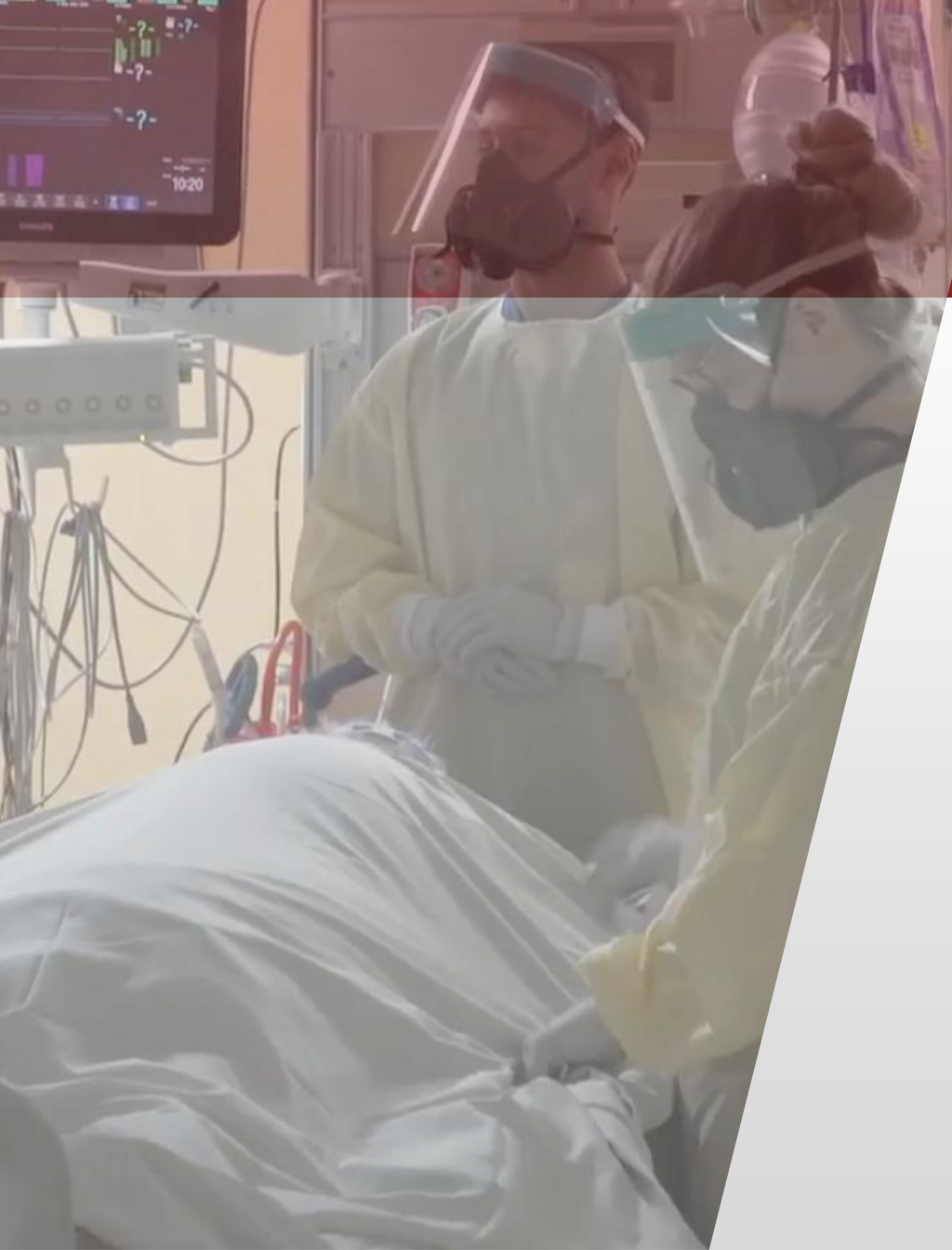
DR. DAVE JOHNSTONE, IRENE BONNAR

What is a Goals of Care Discussion?



- A conversation where patients, their families, and their healthcare team talk openly about what matters most.
- It is a decision-making process between
 - Health care provider (HCP)
 - Patient
 - Substitute-decision maker (SDM)
- Outcome
 - Align treatment preferences with BOTH:
 - Patient's goals of care (values, priorities and hopes for the future)
 - Medical/surgical benefit

What if Goals of Care Discussions don't happen?



- Consequences
 - Loss of patient autonomy
 - Low-value care
 - Care patient does not want
 - Care that does not medically benefit or may harm patient
 - Care that has no other aim but to prolong patient or SDM hope
 - "hoping for a miracle" care
 - Unwarranted healthcare expenditures
- Serious illness and decision-making
 - 75% patients
 - lack capacity
 - never communicated goals of care or treatment preferences

After login

The screenshot shows a web application interface. At the top, there is a navigation bar with 'Home', 'FAQs', and 'Admin' on the left, and 'Hello demo@rvh.on.ca' and 'Logout' on the right. A language selector 'English' is in the top right corner. The main heading is 'Health Status'. Below it, 'Quality of Life' is displayed with an information icon. A tooltip box explains: 'Quality of Life: The degree to which you are healthy, comfortable and able to participate in or enjoy life events'. A red arrow points from a callout box to this information icon. The main question is: 'In the last 4 weeks prior to hospitalization, how satisfied were you with your Quality of Life?'. Below this is a row of five smiley face icons representing satisfaction levels: 'Very Dissatisfied' (red), 'Dissatisfied' (orange), 'Unsure' (yellow), 'Satisfied' (green), and 'Very Satisfied' (dark green). A 'Next >' button is centered below the icons. At the bottom, a progress bar titled 'Complete Your Care Plan' shows four steps: 'Step 1: Health Status' (highlighted in green), 'Step 2: Current Illness', 'Step 3: Cardiac Arrest', and 'Step 4: Values/Goals'. A red arrow points from a callout box to the 'Health Status' step in the progress bar.

Home FAQs Admin Hello demo@rvh.on.ca Logout English

Health Status

Quality of Life ⓘ

Quality of Life
The degree to which you are healthy, comfortable and able to participate in or enjoy life events

In the last 4 weeks prior to hospitalization, how satisfied were you with your Quality of Life?

Very Dissatisfied Dissatisfied Unsure Satisfied Very Satisfied

Next >

Complete Your Care Plan

Step 1: Health Status → Step 2: Current Illness → Step 3: Cardiac Arrest → Step 4: Values/Goals

Clicking on icon opens definitions

Bottom navigation shows which Step (Module) you are in

Module 1 – Health Status

Health Status

Quality of Life ⓘ



In the last 4 weeks prior to hospitalization, how satisfied were you with your Quality of Life?

Very Dissatisfied Dissatisfied Unsure Satisfied Very Satisfied

How has your **Quality of Life** changed over the past 12 months?

Declined Improved

No Change

Next >

- Pre-hospitalization health status
- Components
 - Quality of life
 - Self-reported health
 - Canadian clinical frailty scale
- Change over time

Module 1 – Health Status

Health Status

Health ⓘ



In the last 4 weeks prior to hospitalization, how satisfied were you with your Health?

Very Dissatisfied Dissatisfied Unsure Satisfied Very Satisfied

How has your **Health** changed over the past 12 months?

Declined Improved

No Change

< Back

Next >

- Pre-hospitalization health status
- Components
 - Quality of life
 - Self-reported health
 - Canadian clinical frailty scale
- Change over time

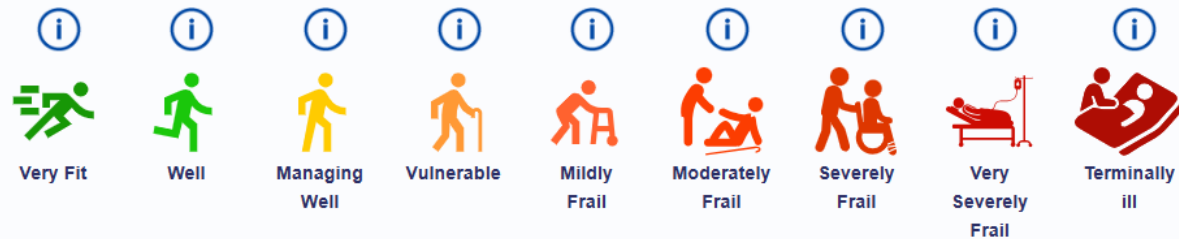
Module 1 – Health Status

Health Status

Function ⓘ



In the last 4 weeks prior to hospitalization, how would you rank your level of function?



< Back

Summary >

- Pre-hospitalization health status
- Components
 - Quality of life
 - Self-reported health
 - Canadian clinical frailty scale
- Change over time

Module 2 – Current Illness

Current Illness

Pre-Existing Conditions ⓘ

•••••

<input type="checkbox"/> ⓘ Congestive Heart Failure	<input type="checkbox"/>	Hemiplegia Or Paraplegia	<input type="checkbox"/> ⓘ
<input type="checkbox"/> ⓘ Dementia	<input type="checkbox"/>	Renal Disease	<input type="checkbox"/> ⓘ
<input checked="" type="checkbox"/> ⓘ Chronic Pulmonary Disease	<input checked="" type="checkbox"/>	Any Malignancy Including Lymphoma And Leukemia	<input type="checkbox"/> ⓘ
<input type="checkbox"/> ⓘ Rheumatologic Disease	<input type="checkbox"/>	Moderate Or Severe Liver Disease	<input type="checkbox"/> ⓘ
<input type="checkbox"/> ⓘ Mild Liver Disease	<input type="checkbox"/>	Metastatic Solid Tumour	<input type="checkbox"/> ⓘ
<input checked="" type="checkbox"/> ⓘ Diabetes With Chronic Complications	<input checked="" type="checkbox"/>	AIDS/HIV	<input type="checkbox"/> ⓘ

I **DO NOT** have any of these Pre-Existing Conditions

- Current illness
- Components
 - Diagnosis
 - 73 diagnoses → 80% hospital deaths
 - Prognosis
 - Survival
 - Uncertainty
 - Best vs worst case
- Pictograms

Module 2 – Current Illness

Current Illness

Hospitalization ⓘ



Admission Category: Admission Category ▼ ⓘ

Length of Stay: Length of Stay ▼ ⓘ

Hospital Transfer: Transferred from another acute care facility? ▼ ⓘ

< Back

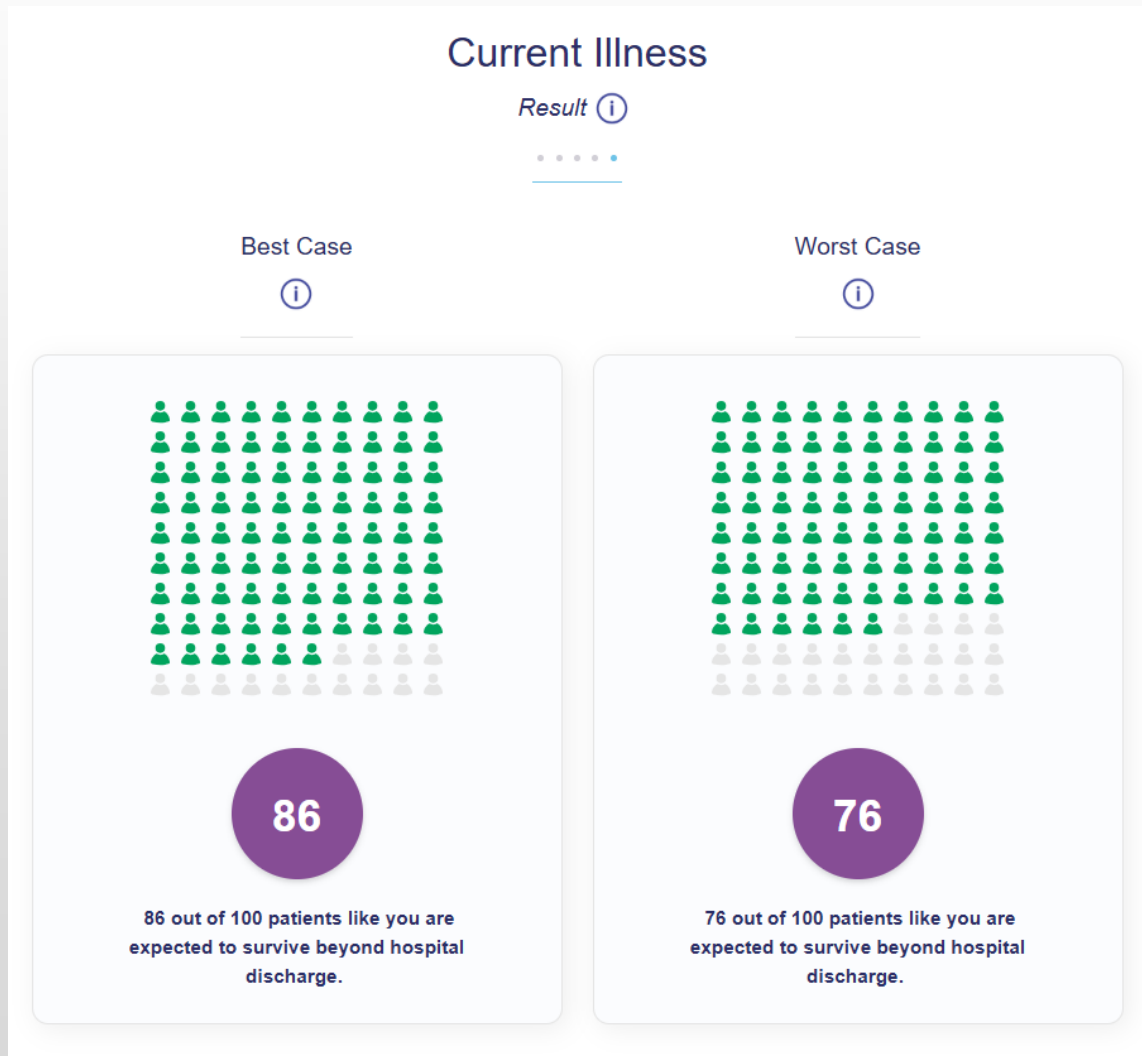
Calculate >

Admission Category: Admission Category ▼ ⓘ
Length of Stay: Elective
Emergent ⓘ

Length of Stay: 3-9 days ▼
Hospital Transfer: Length of Stay
1 day
2 days
3-9 days
10-15 days
16-21 days
22-365 days

Hospital Transfer: Yes ▼
Transferred from another acute care facility?
Yes
No

Module 2 – Current Illness



- Current illness
- Components
 - Diagnosis
 - 73 diagnoses → 80% hospital deaths
 - Prognosis
 - Survival
 - Uncertainty
 - Best vs worst case
- Pictograms

Module 3 – Cardiac Arrest

Cardiac Arrest Hospitalization Details ⓘ

Age:

Length of Stay:

Location of Cardiac Arrest:

Reason For Hospitalization:

Calculate

Length of Stay:

Reason For Hospitalization:

- 0 days
- 1 day
- 2-7 days
- 8 or more days

Location of Cardiac Arrest:

Reason For Hospitalization:

- Emergency Room
- Monitored Inpatient Area
- Ward or Other Inpatient Location
- Coronary Care Unit
- Critical Care Unit**
- Imaging Specialist Treatment Area
- Cardiac Catheter Laboratory
- Operating Room and Recovery
- Clinic or Non-Clinic Area

Reason For Hospitalization:

- Reason For Hospitalization
- Acute Medical
- Acute Trauma
- Elective Surgery**
- Emergency Surgery
- Obstetrics
- Outpatient
- Staff Or Visitor

Module 3 – Cardiac Arrest

Best Case

Rhythm VF/VT ⓘ

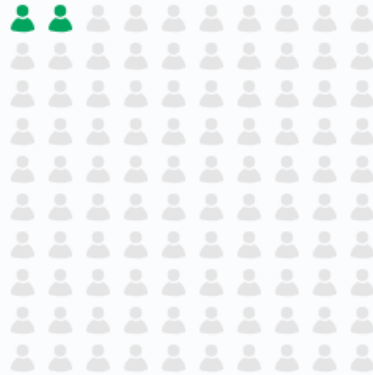


19

19 out of 100 patients like you are expected to survive beyond hospital discharge.

Worst Case

Rhythm Asystole/PEA ⓘ



2

2 out of 100 patients like you are expected to survive beyond hospital discharge.

- **Serious illness**
 - In-hospital cardiac arrest example
- **Components**
 - **Initial cardiac rhythm**
 - Shockable vs non-shockable
 - **Prognosis**
 - Survival
 - Neurologic injury
 - **Uncertainty**
 - Best vs worst case
- **Pictograms**

Module 4 – Values and Goals of Care

Values and Goals of Care

Focus of Care ⓘ



Please select the focus of your care using the slider below.

If you were to develop a life-threatening illness, what would you like to be the focus of your care?

Focus on maintaining your quality of life and comfort.

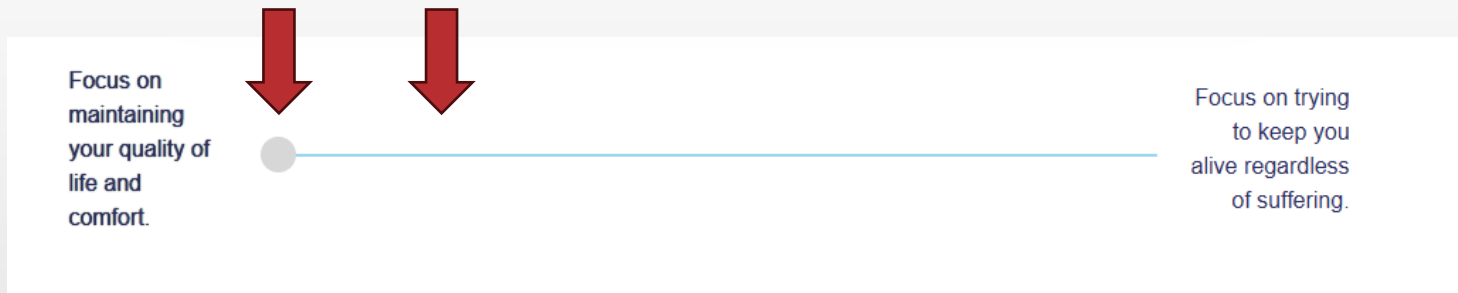
Focus on trying to keep you alive regardless of suffering.

Next >

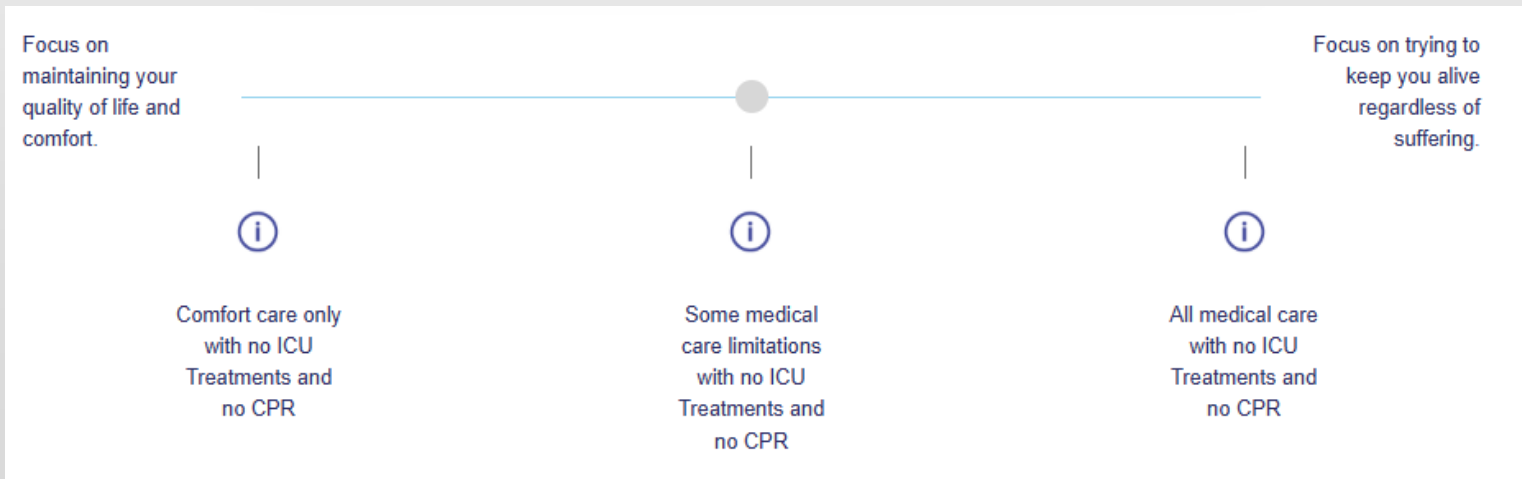
- Goals of care
 - Treatment preferences
- Components
 - Goals of care
 - Anchors
 - Treatment preferences (limited to aligned choices)
 - ICU recommendations
 - Shared decision making
 - Population preferences
- It is normal for the patient/SDM to change their values as they see the correlation between comfort and ICU-type treatments.
 - “Yes, I want to be comfortable but that means I don’t get CPR?”
 - Excellent education opportunity

Module 4 – Values and Goals of Care

If the goal is comfort (less than 20% from the left)



Goals of care options:



Module 4 – Values and Goals of Care

Care Plan Options

The ⓘ icon provides more information about the treatment. The images are selected to portray a realistic scenario on what to expect when undergoing the treatment.

Invasive (i.e. IMV) and non-invasive ventilation (i.e. BIPAP)



Invasive (i.e. IMV) and non-invasive ventilation (i.e. BIPAP)

A machine called a ventilator is used to move air in and out of the lungs, with the main goal of delivering oxygen and removing carbon dioxide. Invasive ventilation: ventilator is attached to a tube that goes into your lung through your mouth to provide ventilation. Patients are severely ill and sedated and possibly paralyzed. Non-Invasive ventilation: ventilator is attached to a tight fitting mask to deliver ventilation to the lungs. Used for specific illness and patients are generally awake and less severely ill.







Module 4 – Values and Goals of Care

Summary of patient values and

Values and Goals of Care

If you were to develop a life-threatening illness, you would

accept ICU treatments and CPR with limits on duration of treatment.



[Edit Values/Goals](#)

[Print Care Plan](#)

Goals of Care Summary PDF

Care Plan Summary

Patient MRN: 456789

Step 1: Health Status Quality of Life: Satisfied (4) Quality of Life Change: Improved (1) Health: Satisfied (4) Health Change: Improved (1) Function: Managing Well (3) Function Change: Improved (1)	Step 2: Current Illness Age: 85 Sex: Male Primary Diagnosis: Alzheimer's disease Pre-Existing Conditions: Rheumatologic Disease, Mild Liver Disease, Diabetes With Chronic Complications, Moderate Or Severe Liver Disease Admission: Emergent Length of Stay: 10-15 days Transfer: Transferred Best Case: 73% Worst Case: 67%
Step 3: Cardiac Arrest Age: 79 Length of Stay: 2-7 days Hospital Location of Cardiac Arrest: Critical care unit Reason For Hospitalization: Acute Trauma Best Case: 20% Worst Case: 2%	Step 4: Values and Goals of Care If you were to develop a life-threatening illness, you would: accept some ICU treatments with limits on duration of treatment and no CPR. <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> Invasive NO CPR <input checked="" type="checkbox"/> Minimally Invasive NO CPR <input type="checkbox"/> Supportive/Medical NO CPR <input type="checkbox"/> Comfort

Patient Name: _____ Name of POA (if Applicable): _____
Name of MRP: _____ Signature: _____
Date: 3/28/2025

The resuscitation levels can be adjusted for your facility

The Impact of AI Scribes on Reducing Administrative Burden in the Emergency Department

DR. V. SMITH, DR. A. LEMMEX, DR. K. JEWELL, DR. N. BIASUTTI, DR. T LOUGHEED

Objectives

1. Evaluate the effect of AI scribes on provider burnout and task load (Burnout scale and NASA Task Load scale)
2. Investigate impact on administrative burden
3. Report on AI errors (hallucinations, editing, missed or added information, etc.)
4. Patient feedback



Metrics

1. Measure of burnout (Mini Z survey)
2. Measure of task load (NASA task load survey)
3. Number and complexity (CTAS 1 – 5) of patients seen by each physician per shift
4. The total daily administrative time (best estimate by providers provided for one day per month worked throughout the study)
5. The total time spent on dictation
6. The number of all types of AI scribe errors (provided by the AI company)

MISSION: POSSIBLE

YOUR MISSION SHOULD YOU CHOOSE TO ACCEPT IT...



- Brief feedback about AI use experience
- Pre and post intervention feedback
- Free 6-month premium AI subscription
- \$100 stipend for participation



Big Success, Thank you



- Hooray ward clerks!
- Thank you nursing, hospitalists, staff
- Support in recruiting, sharing information
- Investigators and supporting staff
- MAHC collaboration
- Students
- Maggie, Jen, Sue and Krista

Publications

1. Characterizing the Exercise Behaviour, Preferences, Barriers, and Facilitators of Cancer Survivors in a Rural Canadian Community: A Cross-Sectional Survey. Smith-Turchyn J, Allen L, Dart J, Lavigne D, Roprai S, Dempster H, Trenholm R, Santa Mina D, Sabiston CM, MacMillan L, Adams SC.
2. Patient Dignity Question. Feasible, dignity-conserving intervention in a rural hospice Pamela McDermott MD CCFP FCFP
3. Enhanced recovery after surgery reduces length of stay after colorectal surgery in a small rural hospital in Ontario. Hector A Roldan 1, Andrew Robert Brown , Jane Radey , John C Hogenbirk , Lisa Rosalie Allen
4. Understanding frostbite presentation and distribution of care in Ontario 2010-2018. Ahmed Y, Davidson M, Poole A, Gauthier J, Logsetty S, Macairn I, Allen L, Golding H, Champion C. Can J Rural Med. 2025 Oct 1;30(4):174-181. doi: 10.4103/cjrm.cjrm_65_24. Epub 2025 Nov 12.
5. Improving resource stewardship in post-pandemic primary care: Insights into choosing Wisely Canada guidelines. Jeffery N, Patel D, Marshall T, Allen L, Kirkpatrick R. Can J Rural Med. 2026 Jan 1;31(1):7-14.
6. History and physical exam: a retrospective analysis of a clinical opportunity. McLinden D, Hailstone K, Featherston S. BMC Med Educ. 2023 Sep 26;23
7. Working with Parry sound area local Canadian First Nations to describe a good death and ensure cultural sensitivity at the end-of-life. Latcu CM, Allen L, Forfar N, Partyka-Sitnik M, Pegahmagabow D, Tryon C, Smith-Turchyn J, Davis JL.
8. The Qualitative Impact of The Rural Exercise for Cancer Patients and Survivor Program (RECaPS) Lavigne D., Allen L., Bijl A., Chan H., Dempster H., MacMillan L., Martin C., Nairn J., Partyka-Sitnik M., Shearing F., Trenholm R.
9. Complete Lifestyle Medicine Intervention Program-Ontario: Implementation Protocol for a Rural Study. Kush Patel, Lisa Allen, Karine Boucher, Michelle Fedele, Debbie Fong, Sangeeta Kumar, Deanna Lavigne, Elisa Marin-Couture, Magdalena Partyka-Sitnik, Nicole Rietze, Jenna Smith-Turchyn, Mylene Juneau, Caroline Rhéaume
10. The Quantifiable Impact of The Rural Exercise for Cancer Patients and Survivor Program (RECaPS) Lavigne D., Allen L., Bijl A., Chan H., Dempster H., MacMillan L., Martin C., Nairn J., Partyka-Sitnik M., Shearing F., Trenholm R.

In case you're interested....

- Using AI to predict falls in LTC - (NOAMA) and Industry funded
- Virtual Reality: Bringing the World to Hospitalized Older Adults
- Virtual Psychiatry in the ED
- Buprenorphine/Naloxone (Suboxone®) in Opioid Withdrawal Treatment for Emergency Department Outpatients
- Indigenous-led approaches to limb preservation: Advancing health quality and equity in vascular screening and diabetes care study
- Women's Health Hub