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

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

Muskoka Algonquin Healthcare
Laurentian University / Université Laurentienne
NOAMA Northern Ontario Academic Medicine Association

Recruitment (n=120)

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

Exclusion: Fourth degree tears, miscarriage or stillborn

Benefits of PFPT

01

Improve pelvic girdle pain

02

Reduce bladder leakage

03

Improve lower back pain

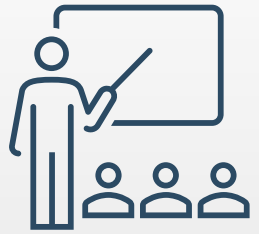
04

Optimize postpartum recovery

Study methodology – prospective randomized control trial

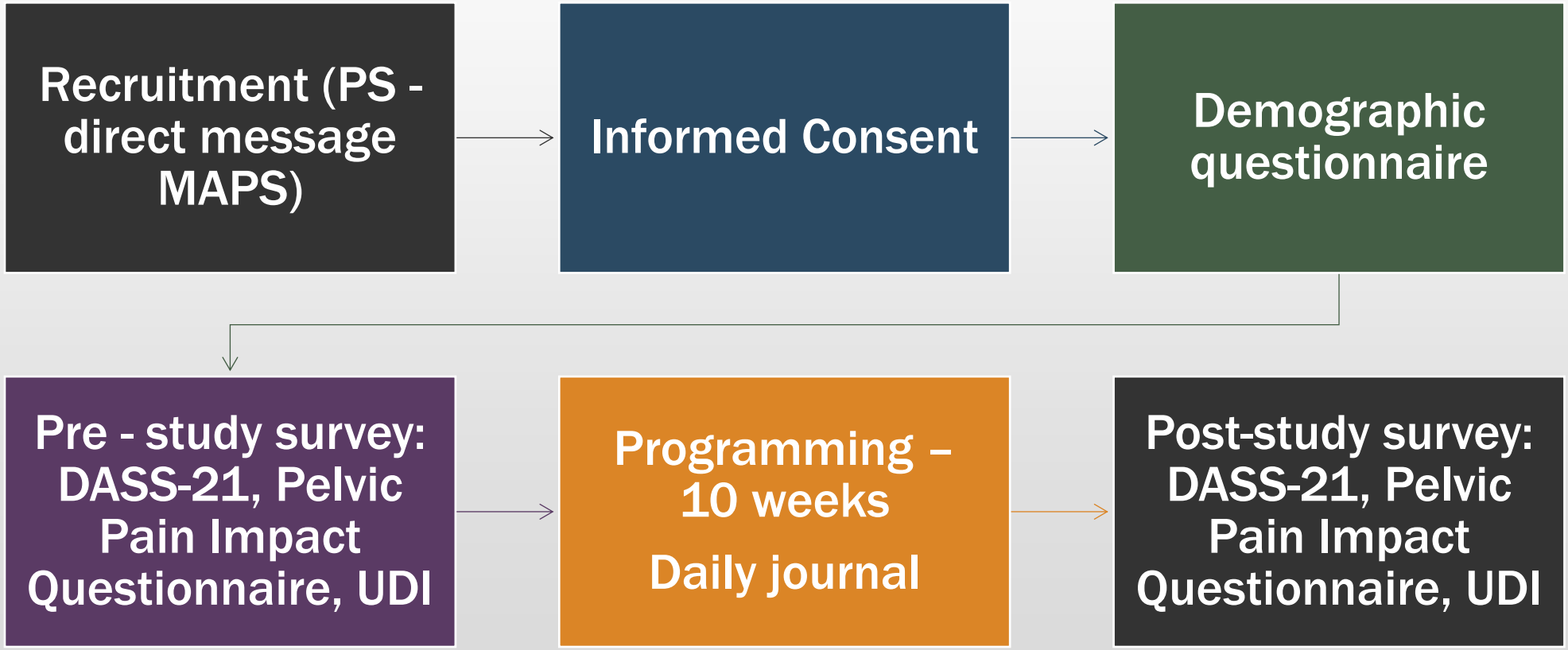
1. Office-based primary care provider-delivered education and recommendations – standard post-partum care.

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 programing
3. In person PFPT with standard Embodia support

Standard	Embodia Only	In Person
11	11	11

8 in recruitment

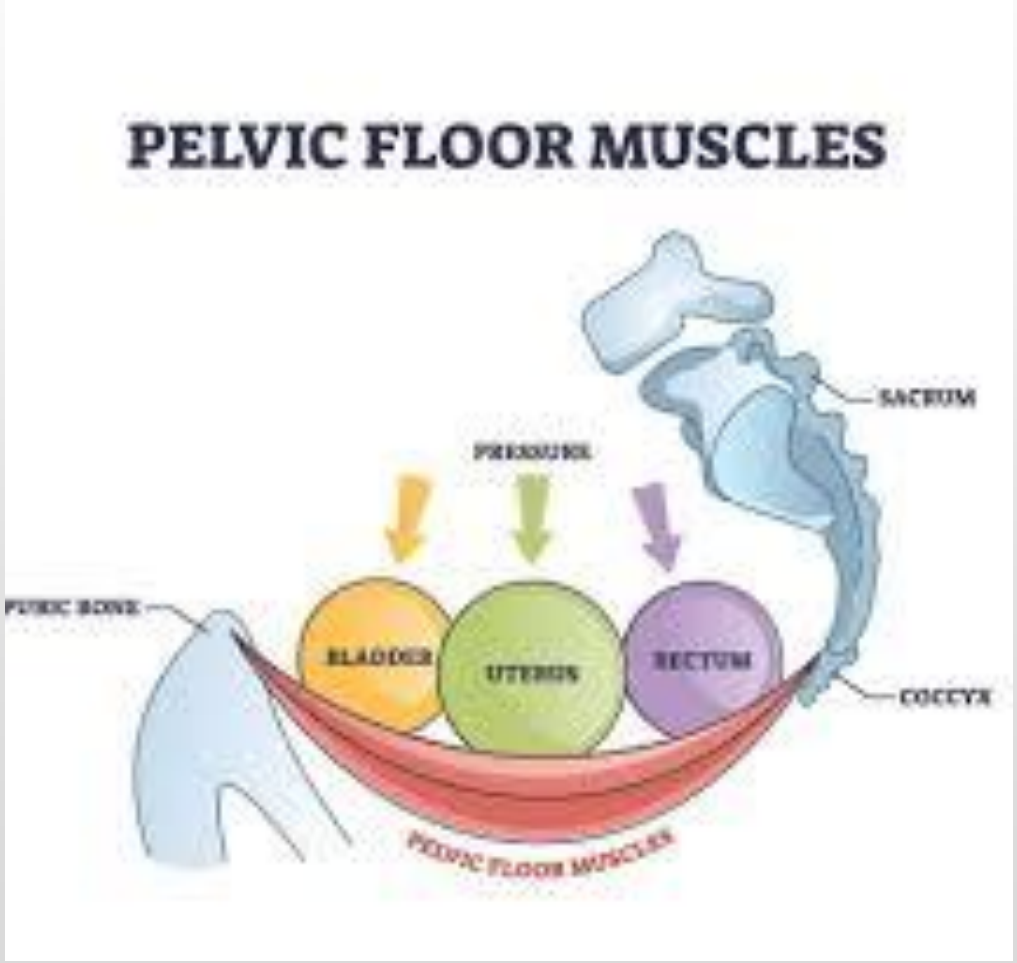
50% are enrolled and 50% have completed

10% drop out rate

REFER PS Suite: MAPS

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

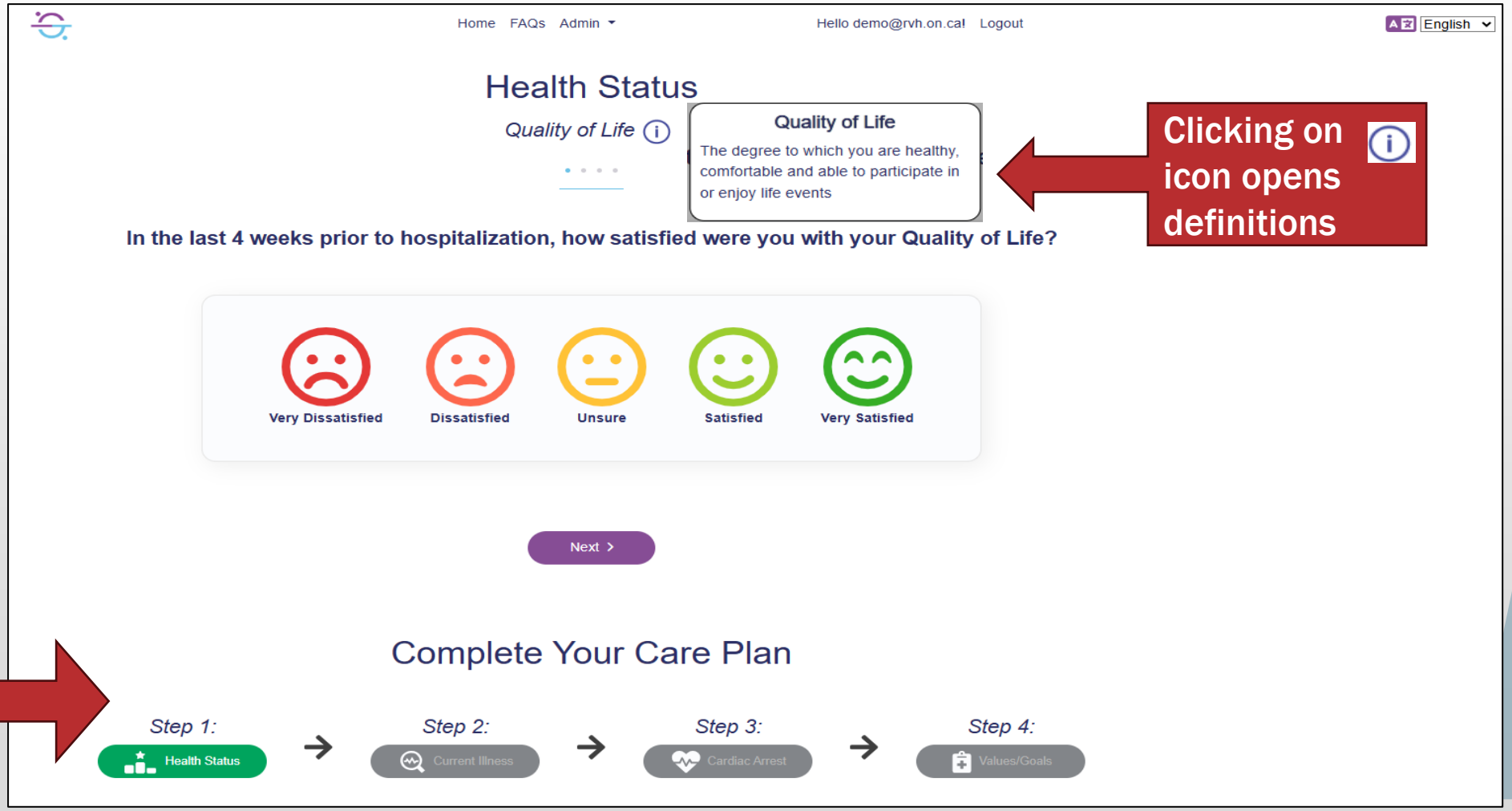
What is a Goals of Care Discussion?

- 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

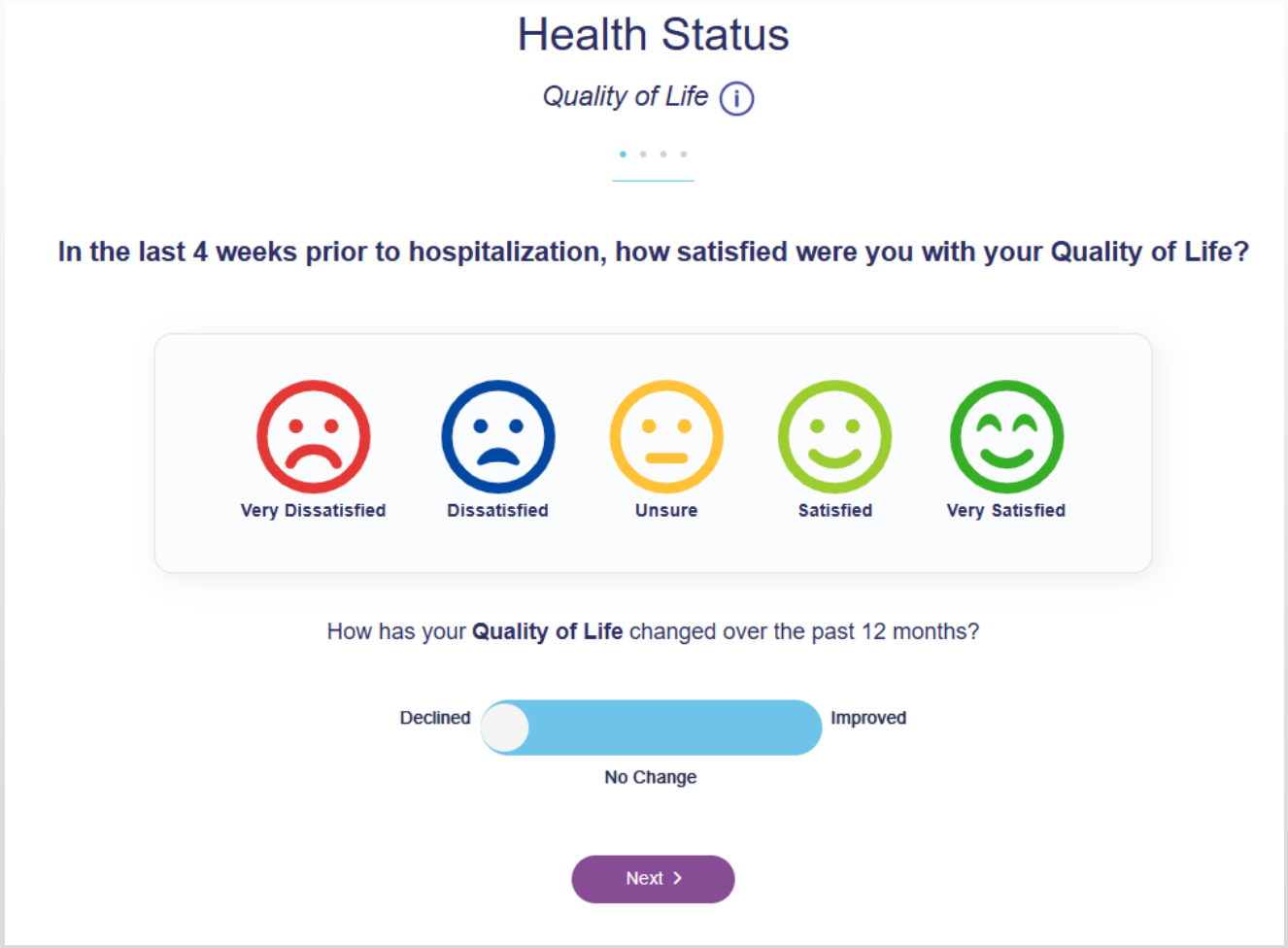
After login



Clicking on icon opens definitions

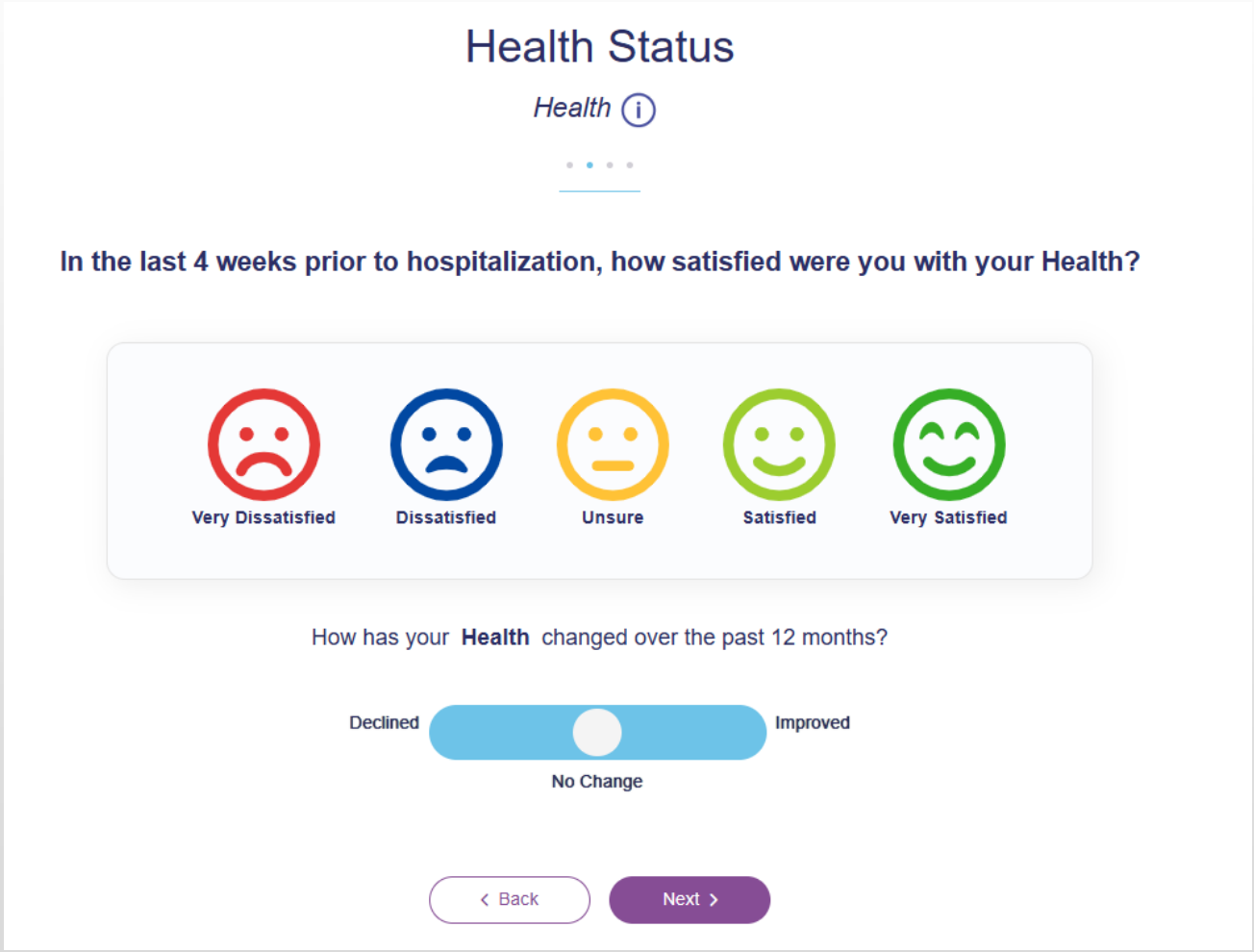
Bottom navigation shows which Step (Module) you are in

Module 1 – Health Status



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

Module 1 – Health Status



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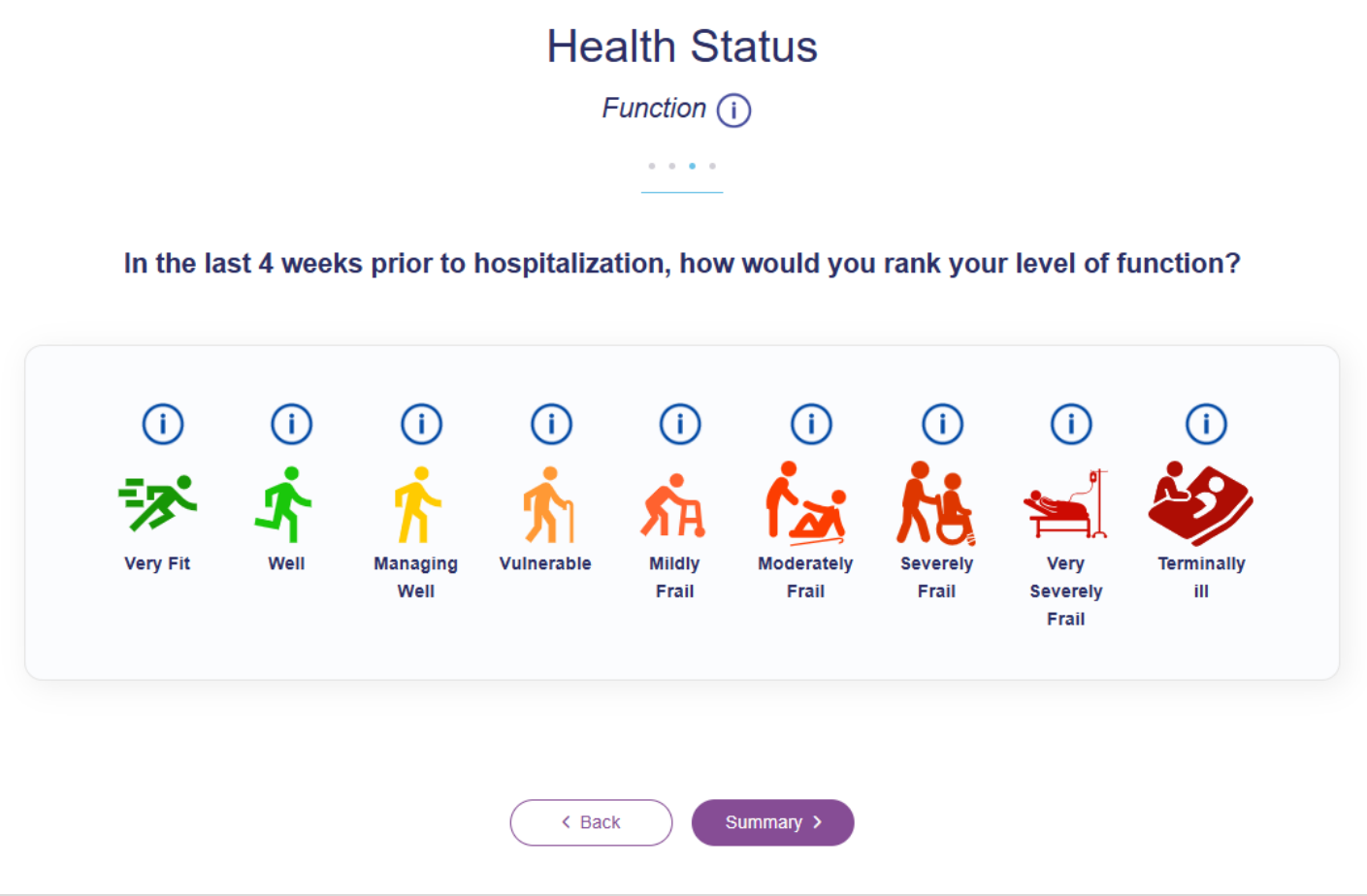
Module 1 – Health Status



- Pre-hospitalization health status
- Components
  - Quality of life
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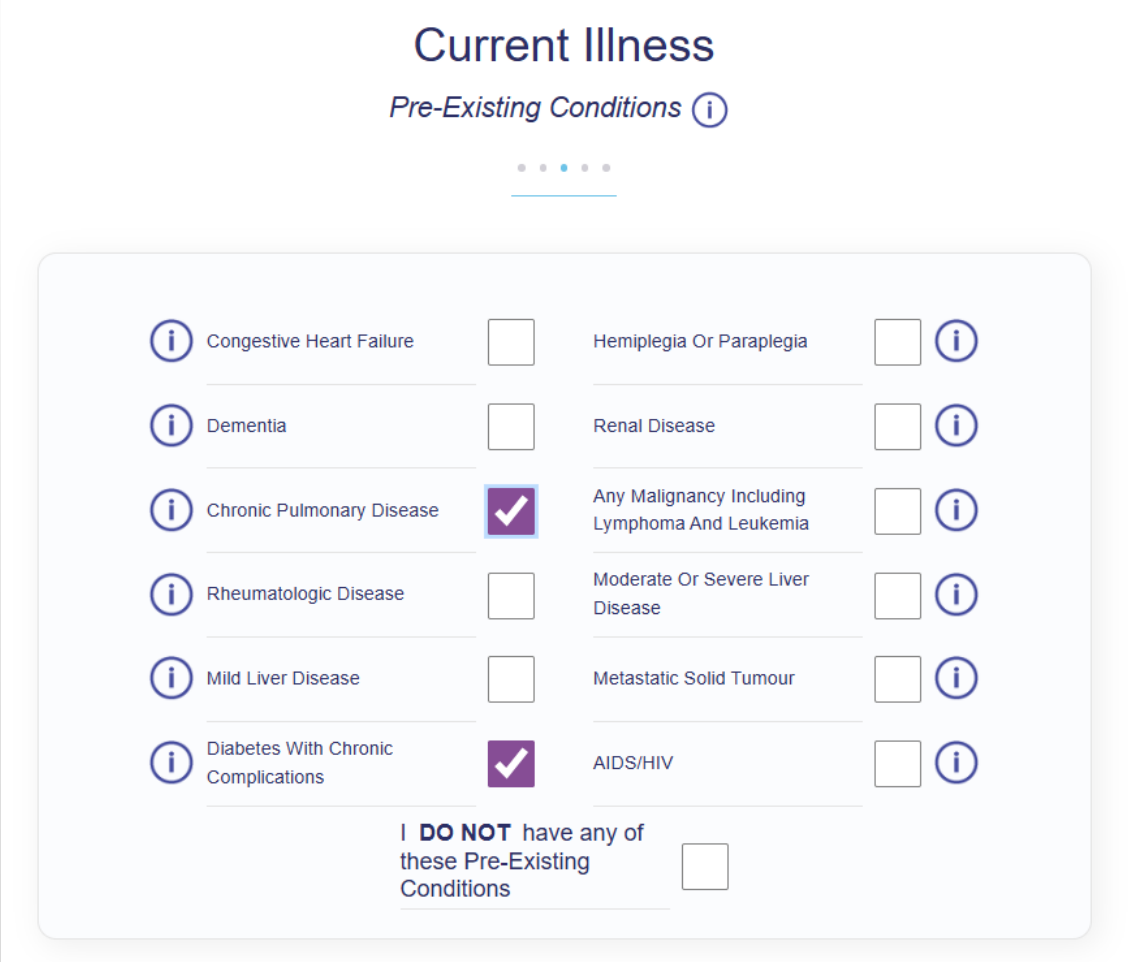
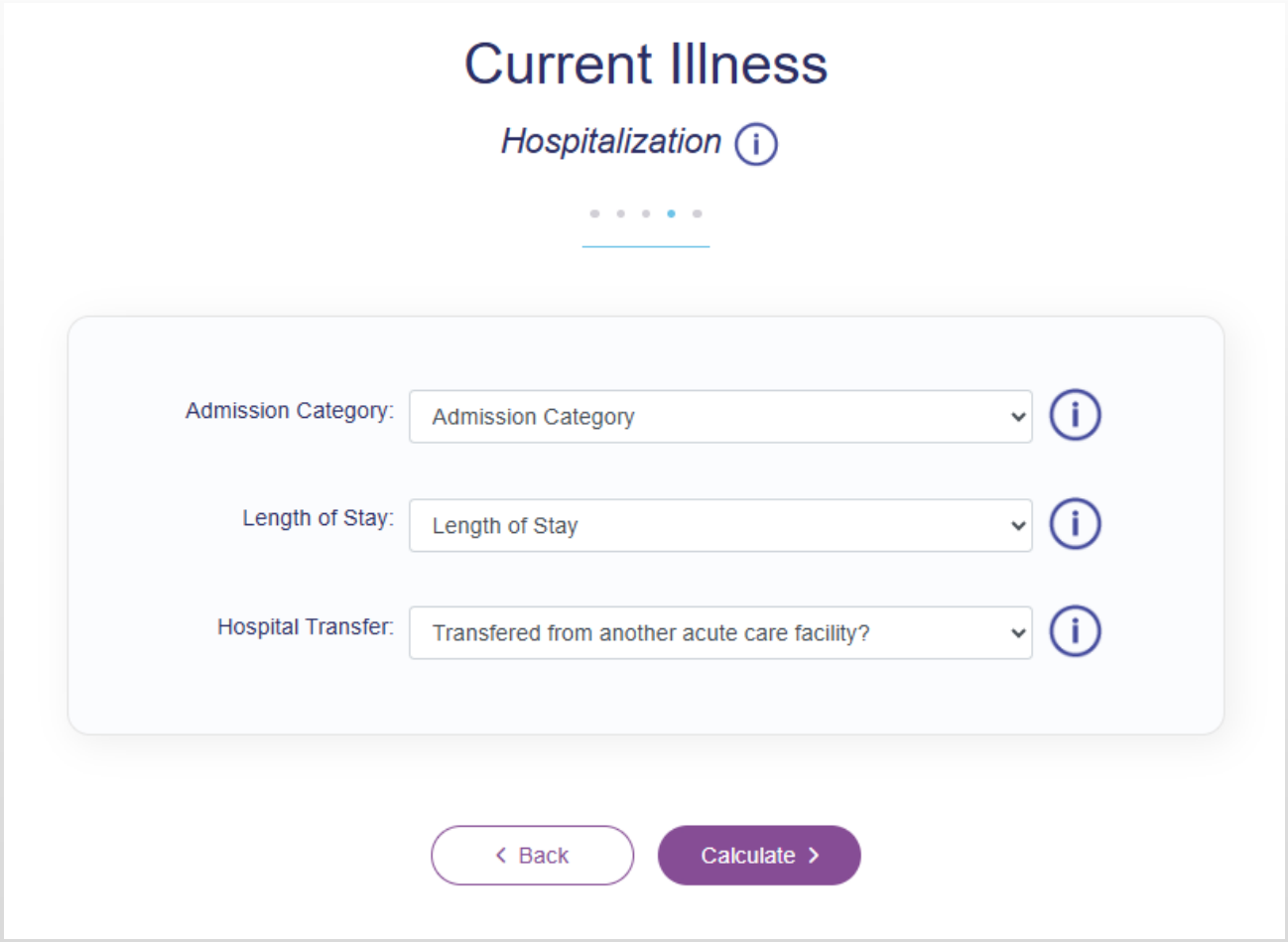
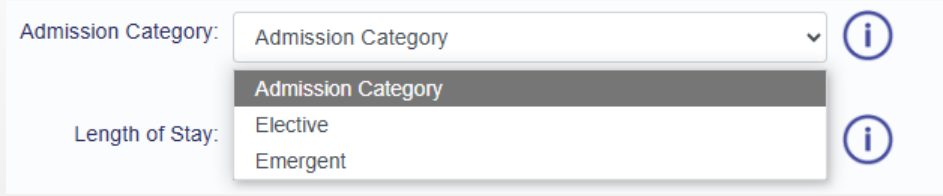
Module 2 – Current Illness

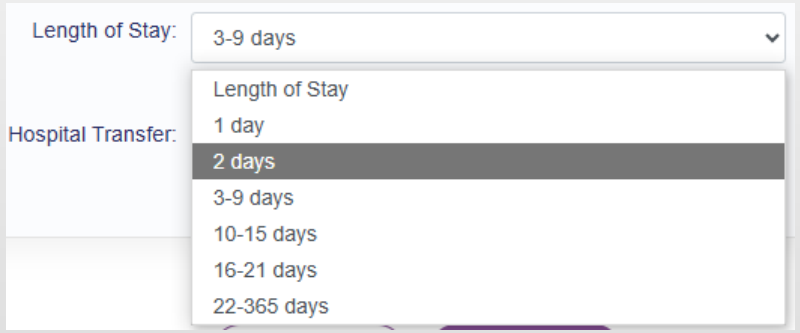


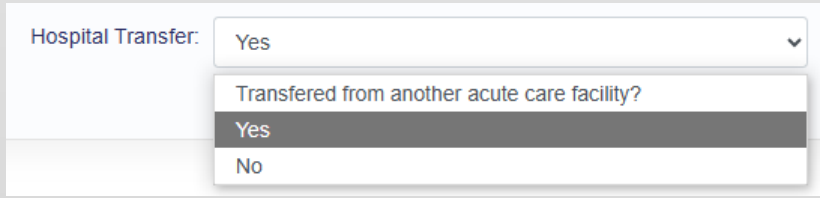
- Current illness
- Components
  - Diagnosis
    - 73 diagnoses → 80% hospital deaths
  - Prognosis
    - Survival
  - Uncertainty
    - Best vs worst case
- Pictograms

Module 2 – Current Illness









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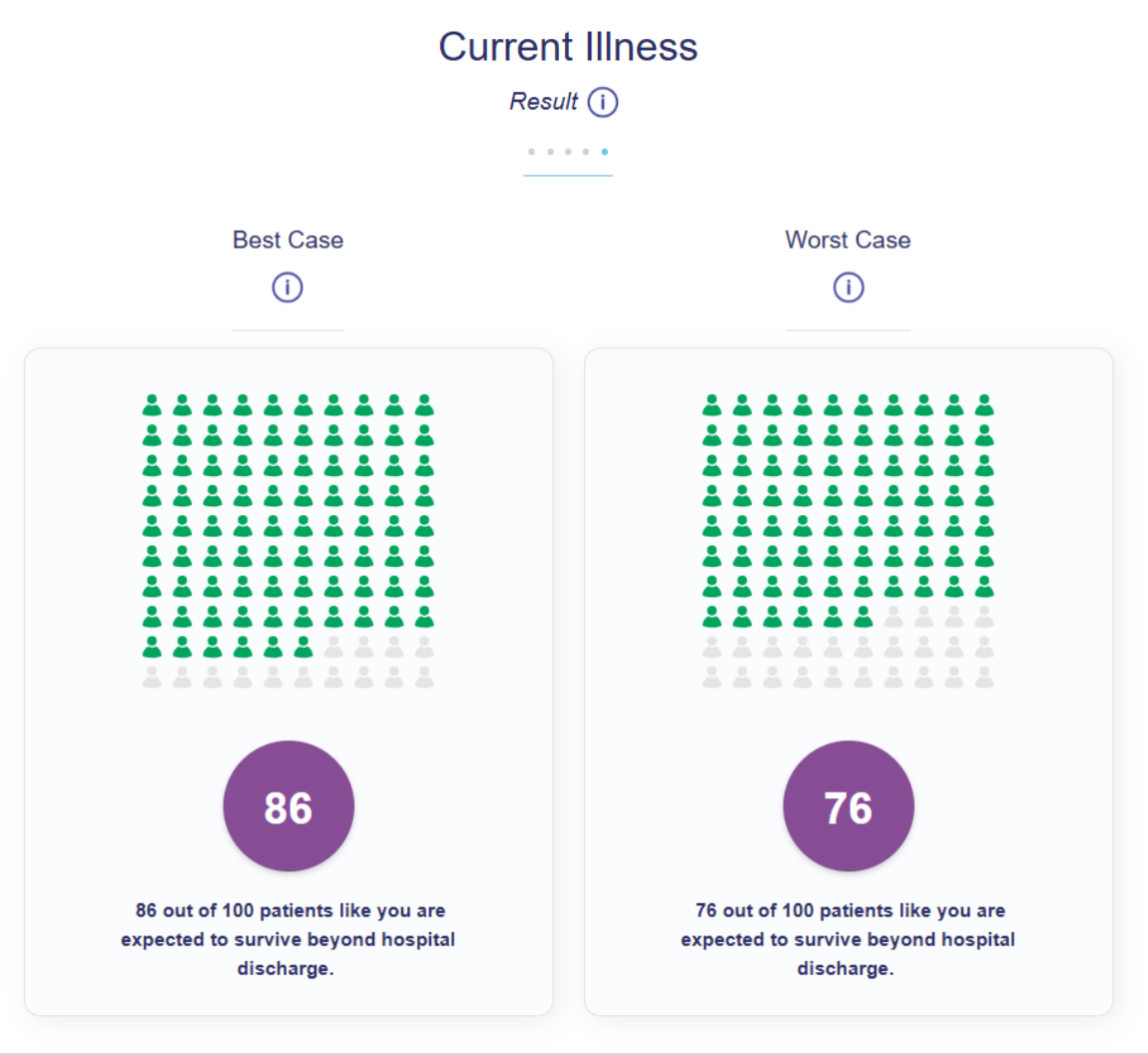

- Current illness
- Components
  - Diagnosis
    - 73 diagnoses → 80% hospital deaths
  - Prognosis
    - Survival
  - Uncertainty
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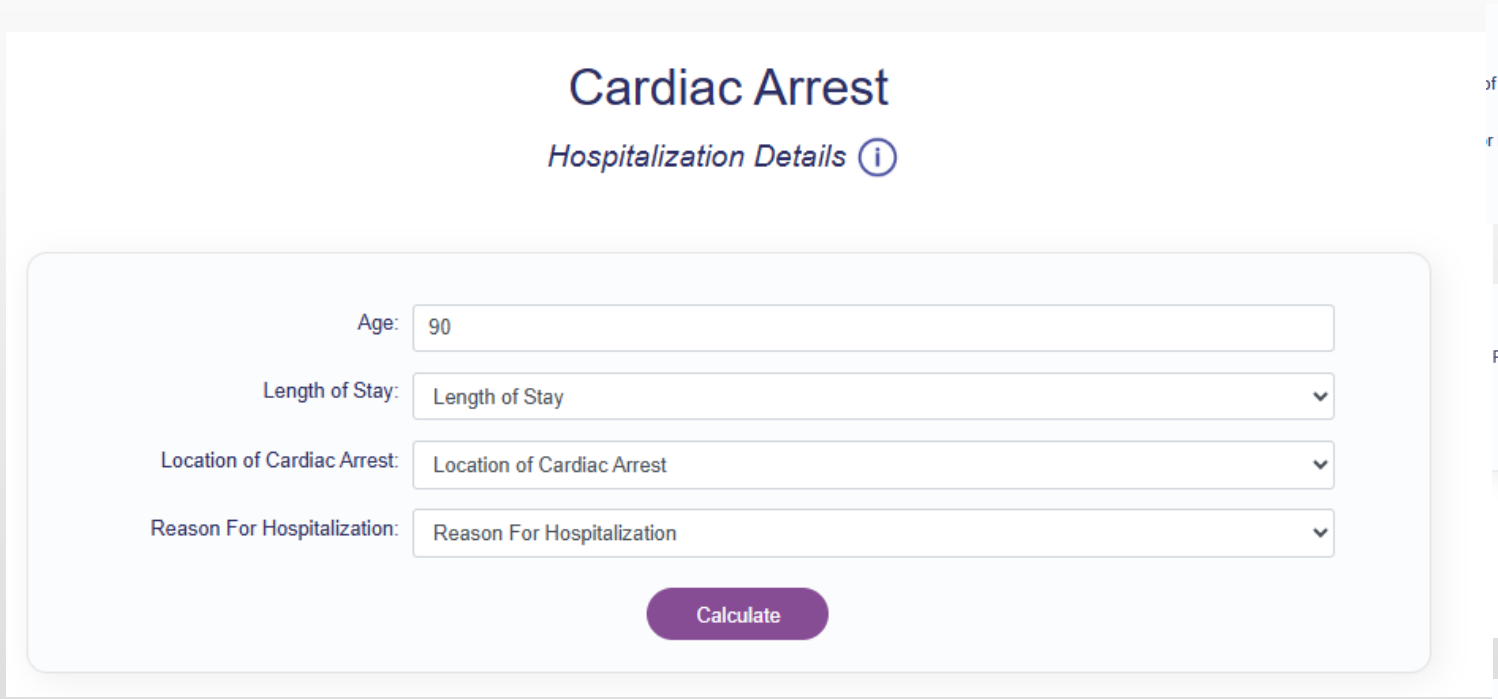
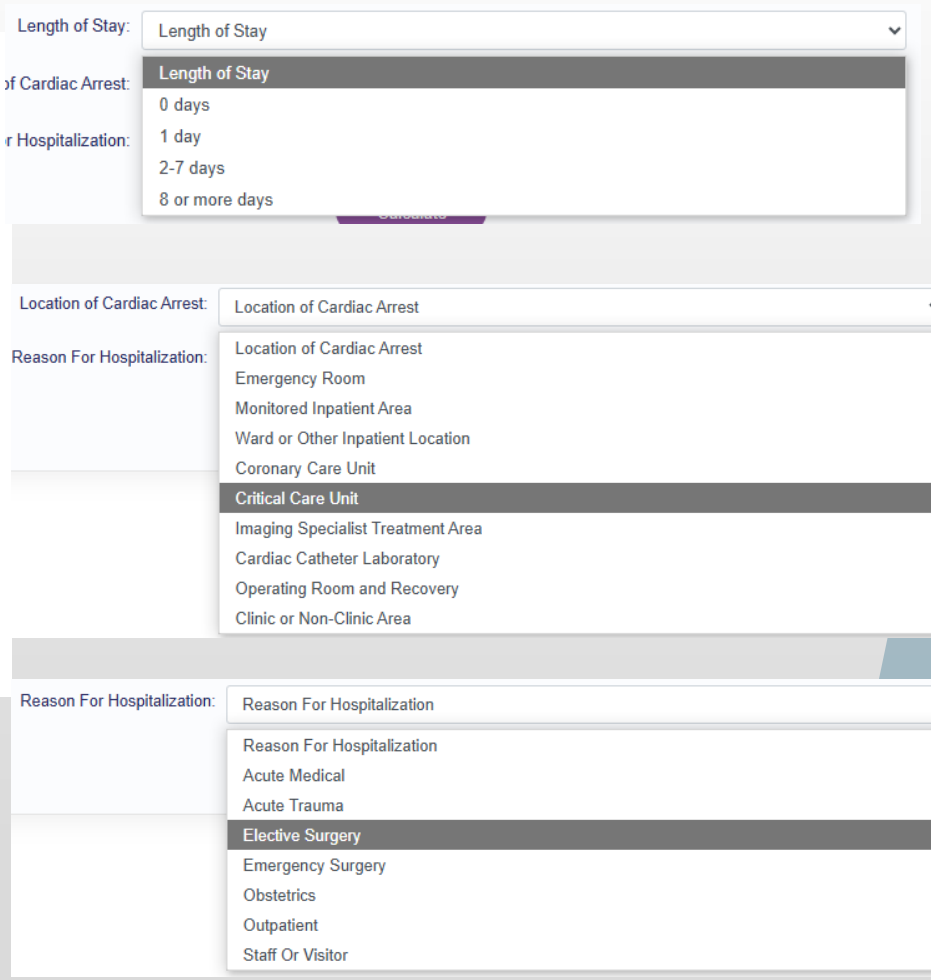
Module 3 – Cardiac Arrest

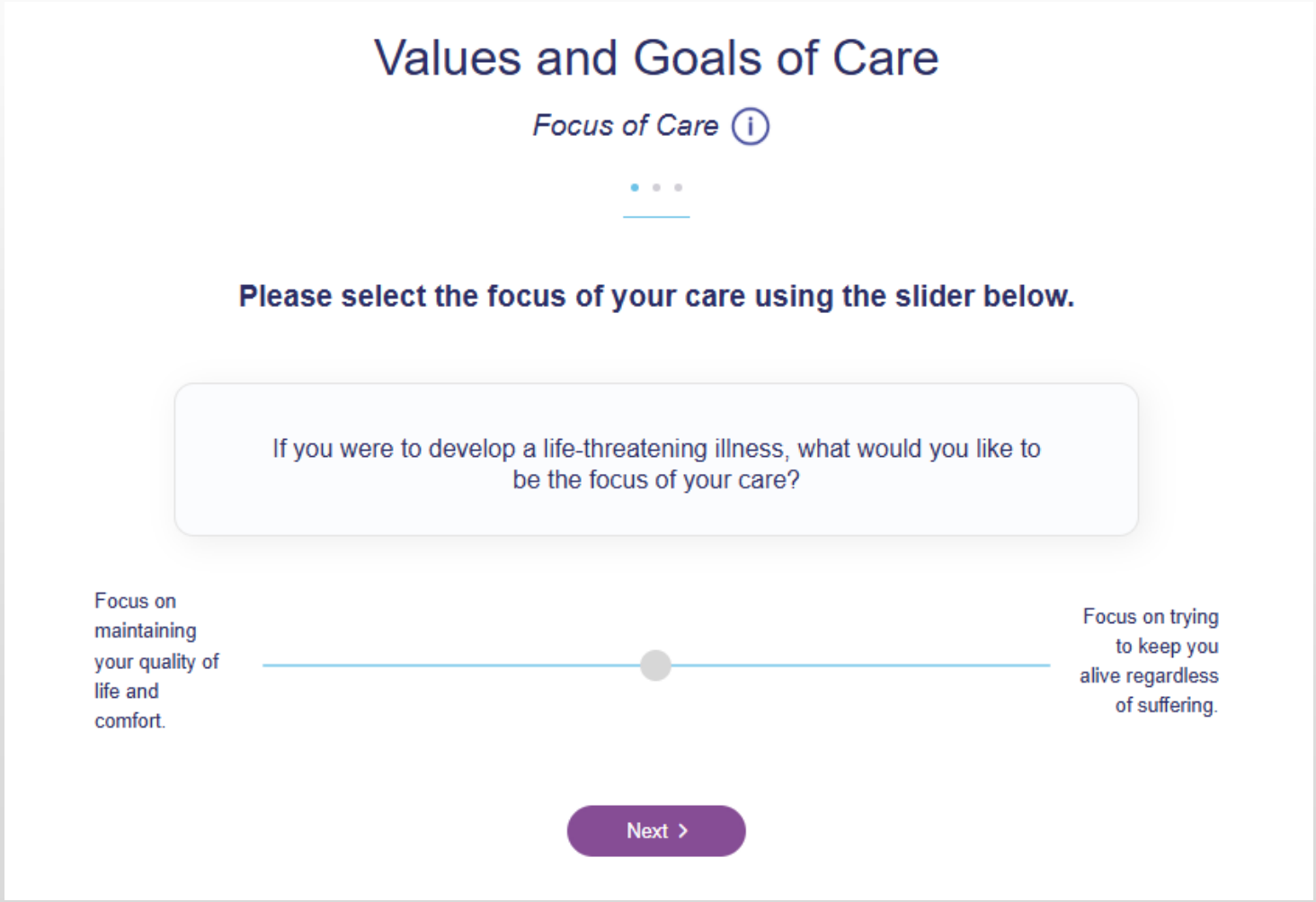




Module 3 – Cardiac Arrest

- 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

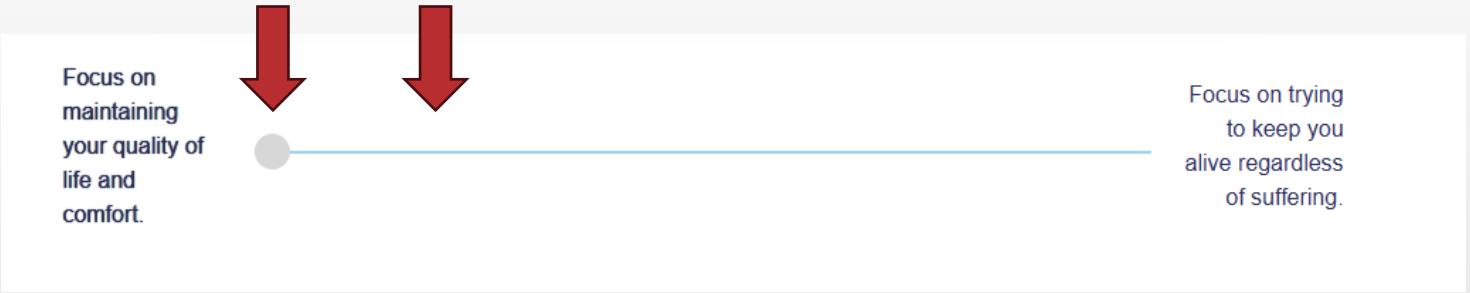
Module 4 – Values and Goals of Care



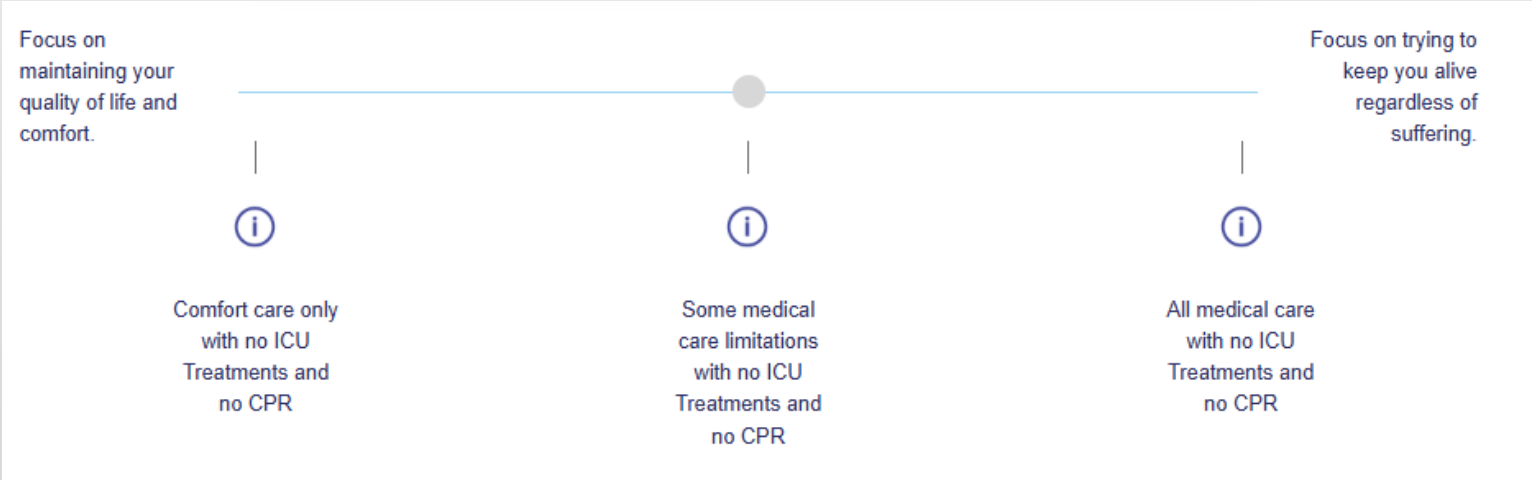
- Goals of care
  - Treatment preferences
- Components
  - Goals of care
    - Anchors
  - Treatment preferences (limited to aligned choices)
  - ICU recommendations
    - Shared decision making
  - Population preferences
- It is normal for the patient/SDM to change their values as they see the correlation 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)

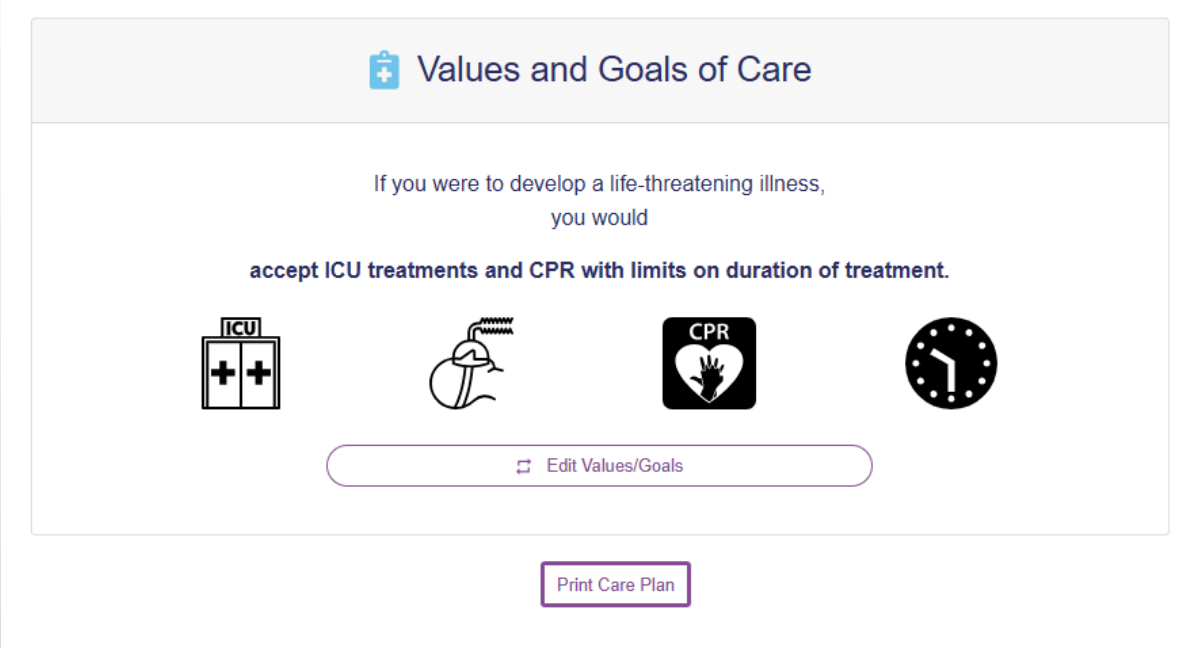
ⓘ

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

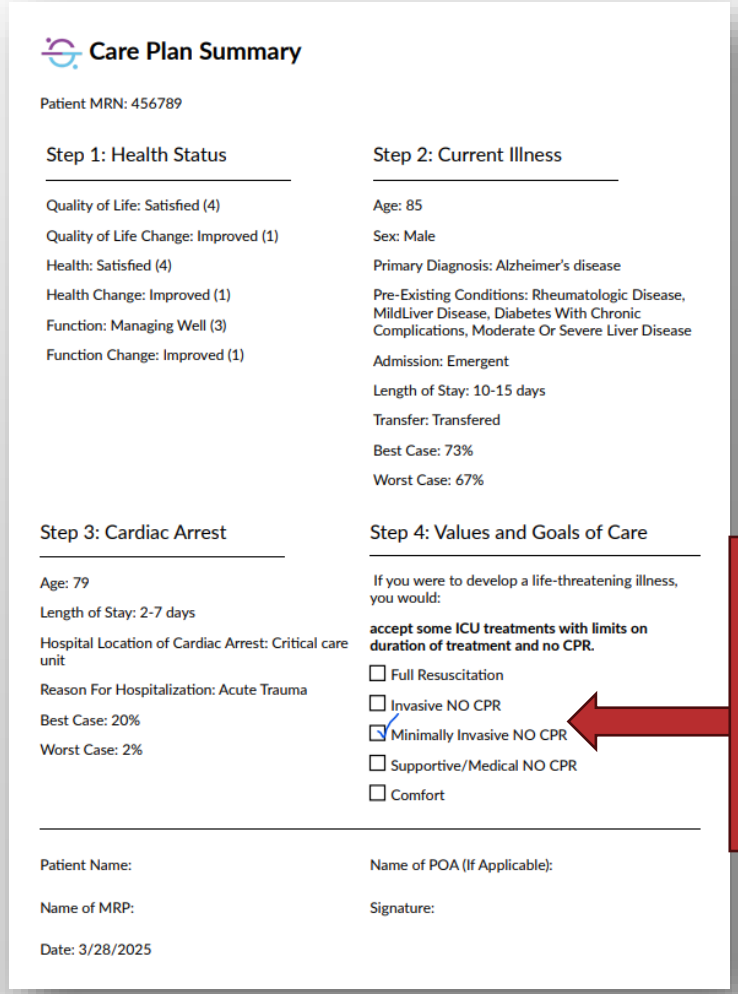
A machine called a ventilator is used to move air in and out of the lungs, with the main goal of delivering oxygen and removing carbon dioxide. Invasive ventilation: ventilator is attached to a tube that goes into your lung through your mouth to provide ventilation. Patients are severely ill and sedated 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



- Goals of Care Summary PDF



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, Rooprai 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