



Friday, September 14th, 2018
Thunder Bay Summer School
Dr. Adam Moir and Regan Neall



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Disclosure of Commercial Support

- This program has not received financial support.
- This program has received in-kind support from the Dryden LEG in the form of administrative time.
- **Potential for conflict(s) of interest:**
 - Dr. Adam Moir has received no support from commercial interests. There are no products that the speaker will discuss that he holds interests in.
 - Dr. Adam Moir holds BMY, Stryker, AZN, JNJ equity in his professional corporation portfolio



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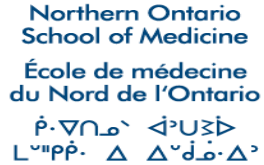
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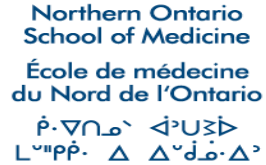
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Program Objectives

1. Questions and answers, case studies and polls will be used to incorporate interactivity of participants
2. Participants will engage in a demonstration of basic Twitter principles and disseminate medical education information using hashtag #meded
3. Participants will identify, search and access medical education content using twitter



This talk does not include any mention of products made by stocks held in private TFSA account or professional corporation



Section #1



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Case Study #1

- Patient is a 54-year-old male
- Consulting cardiologist prescribes anticoagulants
- Cardiologist instructs patient to follow-up with family physician to monitor International Normalized Ratio (INR)

Informed discharge: Alerting patients to warning signs and symptoms. (n.d.). *Canadian Medical Protective Association: Good Practices Guide, Safe Care - Reducing Medico-legal Risk*. Retrieved July 17, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/follow-up-e.html.



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Case Study #1

- Patient calls for appointment with family physician
- Unaware of the need for a timely follow-up, receptionist schedules appointment in 3 week's time
- Before patient can be seen, he dies of massive cerebral bleeding

Informed discharge: Alerting patients to warning signs and symptoms. (n.d.). *Canadian Medical Protective Association: Good Practices Guide, Safe Care - Reducing Medical-legal Risk*. Retrieved July 17, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/follow-up-e.html.

In what ways could communication be improved between patient and cardiologist?

in what way could communication be improved between cardiologist and the family physician?

 When poll is active, respond at **PollEv.com/reganneall501**  Text **REGANNEALL501** to **37607** once to join

What way could communication be improved between patient and receptionist?

 When poll is active, respond at **PollEv.com/reganneall501**  Text **REGANNEALL501** to **37607** once to join

What are some changes in office protocol that could prevent a future adverse event?

 When poll is active, respond at **PollEv.com/reganneall501**  Text **REGANNEALL501** to **37607** once to join



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From the CMPA:

“To facilitate continuity of care, the health professional responsible for following the patient after discharge should receive information about any outstanding investigations or any required follow-up testing.

The discharge information should be sufficient to enable ongoing care. In particular, the information should indicate the provider most responsible for following the patient and for arranging recommended investigations.”

Informed discharge: Alerting patients to warning signs and symptoms. (n.d.). *Canadian Medical Protective Association: Good Practices Guide, Safe Care - Reducing Medico-legal Risk*. Retrieved July 17, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/follow-up-e.html.



- Patient, 85-year-old woman, has been experiencing fever, cough and shortness of breath for two days when she presents to ER
- After assessment by a medical learner and staff physician, she is admitted to ED where it is noted that her oxygen saturation is a little low
- Right Lower Lobe Pneumonia is shown on chest X-ray

Informed Discharge: Leaving against medical advice (AMA). (n.d.). Retrieved August 30, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/leaving_against_medical_advice-e.html



Case Study #2

- It is recommended that patient be admitted to hospital
- However, upset at the 'long wait' in the ER and worried about missing the fast-approaching visit of her daughter, patient refuses admission
- Asks to sign an Against Medical Advice (AMA) form in order to be discharged

Informed Discharge: Leaving against medical advice (AMA). (n.d.). Retrieved August 30, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/leaving_against_medical_advice-e.html

What are some possible ways that an attending physician can explain the importance of admission and the risks of discharge with this patient?

What are some important steps that should be taken to assess the patients mental capacity?

What are some ways the attending physician can ensure that the patient receives the best care possible, despite her admission refusal?



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From the CMPA:

“A physician should make reasonable attempts to confirm that the patient understands the potential consequences of refusing the recommended investigations or treatments. Consider the patient's mental competency. The patient who appears to understand the nature of the disease and the consequences of accepting or refusing treatment is likely capable.

This assessment is based on the overall clinical picture. In some situations, obtaining a consultation from another physician may be helpful in determining the patient's mental competency.”

Informed Discharge: Leaving against medical advice (AMA). (n.d.). Retrieved August 30, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/leaving_against_medical_advice-e.html



It may also be helpful to ask if the patient has any other personal concerns, for example, responsibility for the care of a spouse at home or a pet left unattended. There may be a way to resolve such issues.”

Informed Discharge: Leaving against medical advice (AMA). (n.d.). Retrieved August 30, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/leaving_against_medical_advice-e.html



“When possible and with the patient's permission, it is generally useful to include family members in the discussion. Depending on the apparent seriousness of the clinical condition and available resources, it may be helpful to ask another physician to see the patient to reinforce the need for the recommended investigations or treatments.

The physician should advise the patient signing the AMA form of any necessary follow-up. Discharge instructions should still be provided. The patient should be made to feel welcome to return and seek re-evaluation.”

Informed Discharge: Leaving against medical advice (AMA). (n.d.). Retrieved August 30, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Informed_Discharge/leaving_against_medical_advice-e.html



- Uneventful blepharoplasty on 53-year-old female patient
- Unilateral pain in left eye while in recovery room
- Discharged home with written instructions on how to take narcotic analgesics for pain and time of follow-up appointment
- Continued to experience left eye pain through the night and took medication as instructed

Innovative education and research for a healthier North.



- Patient's left eye became swollen and red
- Concerned, patient's daughter called plastic surgeon's office, at which time she was reassured by the nurse
- Call and advice were not documented by the nurse

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Case Study #3

- 6 days post-op, patient sees Plastic Surgeon for the first time
- She is now completely blind in her left eye
- Diagnosed with a retrobulbar hematoma
- Patient suffered permanent blindness

Informed Discharge. (n.d.). Retrieved August 27, 2018, from https://www.cmpa-acpm.ca/serve/elas/InformedDischarge/informed_discharge-e.html?id=gpg

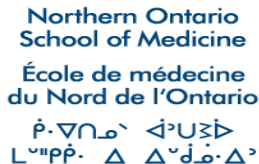
What are ways in which the communication between surgeon and patient could have been improved immediately following the surgery?

What methods of communication could have been implemented in order to prevent the patient's outcome?

What changes in office protocol can ensure that an adverse event does not happen in the post-operative period?



Section #2



Adverse Events

“Adverse Events include harm from:

- Recognized risks inherent in investigation or treatment
- System failures
- Performance issues of an individual provider”

“Patient Safety Issues include harm from:

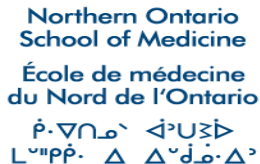
- System failures
- Performance issues of a single provider”

Adverse Events- When thing go wrong. (n.d.). Retrieved August 31, 2018, from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/adverse_events/adverse_events-e.html



Role-Playing Adverse Event Disclosure

56 year old undergoing a TKA and had a subsequent cardiac arrest intraoperatively. There was an administration of Ancef which was felt to precipitate the arrest and the patient had a known anaphylactic allergy to penicillin. You are the ICU resident providing disclosure to his wife.



THE INITIAL DISCLOSURE MEETING (TAB 4)

- ☐ Introduce the topic for discussion with words such as “something has happened and we need to talk about it”
- ☐ Present the existing facts. Don’t speculate
- ☐ Describe both the clinical condition as it now exists and any future care requirements
- ☐ Express your regret as appropriate
- ☐ Find out what your patient already knows and is experiencing
- ☐ Be sensitive to how much information is being provided; try not to overload your patient
- ☐ Communicate in a clear, sensitive and empathetic manner
- ☐ Welcome questions
- ☐ Impress on your patient how seriously you are taking the situation

- ☐ Confirm the clinical next steps
- ☐ Summarize the discussion and again test for understanding
- ☐ As appropriate, define what the next steps will be to answer any questions about how or why the event occurred
- ☐ Provide contact information about how you or others can be reached
- ☐ Consider arranging a follow-up meeting with your patient

- ☐ Make other members of the health care team (in particular, the family physician) aware of your patient's clinical condition
- ☐ As appropriate, continue to monitor your patient's condition



Section #3



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Twitter: A Short Guide

How to sign up for Twitter in 5 easy steps:

1. Open your browser and head to www.twitter.com
2. Click **“Get started now”**.
3. **Complete the signup form.** Your selected user name will become your Twitter “address.” so put a little thought into it. (If your desired name is already taken, you’ll have to think of something else.)
4. Click **“Create my account”** and you’re good to go!
5. Make sure to follow **@OntariosDoctors** first



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Twitter: A Short Guide



Tweet

It all begins with a Tweet.
Join or start any
conversation in the world
with a simple Tweet. Find
more tips about posting a
Tweet.

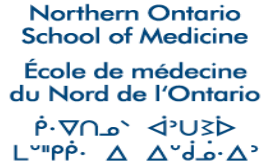


Retweet

See something you like?
Retweet it to spread the
word instantly. Read more
about Retweeting another
Tweet.



Wondering what everyone's talking about? Click on a hashtag and find out. Hashtags connect Tweets that talk about the same thing in one place. Learn more about how to use hashtags.



Twitter can be a benefit to medical learners and faculty by:

1. Allowing connection before, during, or after conferences.
2. Connecting with experts - twitter makes it possible to follow and actually connect with field experts
3. Following and disseminating current research
4. Sharing information and data




Even makes it possible to follow conferences remotely, through the use of #Hashtags


9:44 AM 30%

< #NOSMNC2018


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 **Dr. Sarah Newbery** @s... · 2018-04-21 ✓
 This w/e at [#NOSMNC2018](#), in 3 separate convos w/ docs who work in remote communities it came up that [@orange](#) is making a diff. thru programs like iSTAT and [#RCCR](#) (virtual critical care) in the [@NorthWestLHIN](#). Thx Dr. Homer Tien and [@AndrewMcCallum2](#) for extending reach of care.

6 16

 **Dr. Sarah Newbery** @s... · 2018-04-21 ✓
[@thenosm](#) [#nosmnc2018](#) comes to a close. Good energy, great connections, terrific engaged faculty. I am grateful.

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 **Sol Mamakwa MPP** @s... · 2018-04-21 ✓
 Dave VanderBurgh speaking about pre-nursing station care that does not exist in remote First Nations in Northwestern Ontario. [#NOSMNC2018](#)

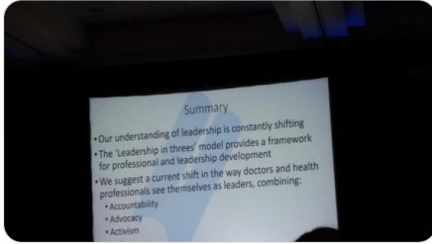


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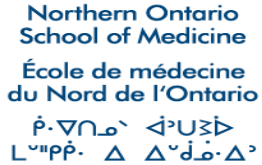
 **Erica Di Ruggiero** @ed... · 2018-04-20 ✓
 Health leadership needs to combine accountability with advocacy and activism [#NOSMNC2018](#)



4 8

 **Barb Zelek** @bzelek · 2018-04-20 ✓
[#NOSMNC2018](#) [@adambluedryden](#) with Saara who said "the sessions today were amazing".





Twitter makes it possible to follow and connect with experts.

[Tweets](#)
[Tweets & replies](#)
[Media](#)
[Likes](#)

 Dr. Adam Moir Retweeted



Dr. Sarah Newbery @s... · 2018-05-02 ✓

I agree Ritika... and I also think that there are few schools that bring rural faculty in. I think that there is huge opportunity to increase the visibility of rural docs within the urban settings (guest lectures, fireside chats, co-teaching...)

Ritika Goel @RitikaGoelTO

Worthwhile read. Also not mentioned here is the dynamics of the messages medical students receive steering them towards careers in academic centres and away from fa...

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 Dr. Adam Moir Retweeted



Chris Stone @cjl_stone · 2018-05-01 ✓

My street credit just went through the roof...thanks for bestowing the honour @adambluedryden @KirlawMichael



[Tweets](#)
[Tweets & replies](#)
[Media](#)
[Likes](#)

 Dr. Adam Moir Retweeted



André Picard @pica... · 2018-04-05 ✓

This is how you write a public health advisory!

Kelly Motadel, MD @KellyMotadel...

As of 3/29 there have been 947 mumps cases in Hawaii-->29 people w/hearing loss or orchitis (inflamed testicles). But, hey, Hawaii is just an island - no one visiting there, right?...

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 Dr. Adam Moir Retweeted



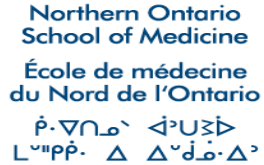
Chad Hayes, MD @ch... · 2018-04-04 ✓

If I won't prescribe/refill medications on the phone, it's not because I'm mean. I don't prescribe antibiotics without seeing a patient because: 1) most kids don't need them, 2) antibiotics have side effects, and 3) some are sick enough that they need other things as well. (1/x)

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Sharing your own research with your followers,
and retweeting the research others share.

Tweets Tweets & replies Media Likes

community. siouxbulletin.com/nosm-students-...

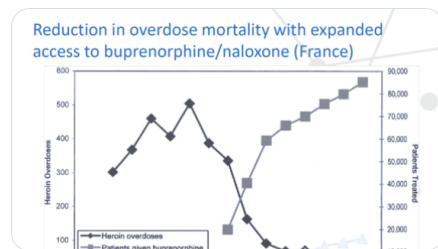
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Dr. Adam Moir Retweeted



Joshua Tepper @DrJo... · 2018-03-20

Impressive appearing results in reducing [#opioid](#) mortality with access to buprenorphine/naloxone



13 34 49



Dr. Adam Moir @adam... · 2018-03-20

My week on Twitter 🎉: 5 Mentions, 2.01K Mention Reach, 12 Likes, 3 Retweets, 725 Retweet Reach. See yours with sumall.com/performance-twe...

Tweets Tweets & replies Media Likes

Dr. Sarah Newbery Retweeted



Julie Drury @SolidFoot... · 2018-08-10

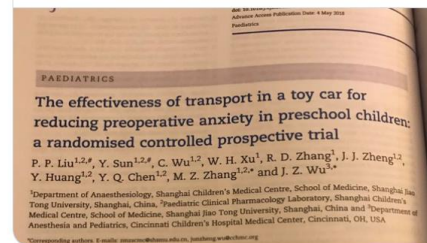
I love this.

[#Pediatrics](#) [#kidsmatter](#)
[#PatientExperience](#)

Paul Southall @pjsouthall

Forget about your multinational groundbreaking studies - in anaesthesia we do studies on the effectiveness of toy cars.

Beat that, rest of medicine



3 24 64



Dr. Sarah Newbery @s... · 2018-08-09



Sharing relevant articles from news orgs, tweeting about events

Tweets
Tweets & replies
Media
Likes

Dr. Adam Moir Retweeted



Alex Anawati @aanawati · 2018-04-10 ▾
[#Shoutout](#) to [@RoyKirkpatrick9](#) for your
 tireless [#GlobalHealth](#) work. Did you
 know that students who do global health
 are more likely to be generalists, switch
 to primary care and work with vulnerable
 populations? [@thenosm](#) What a great
 member of our faculty!



From Huntsville to Pakistan: local
 physician provides care overseas -...
[doppleronline.ca](#)

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Dr. Adam Moir Retweeted



Dr. Sarah Newbery @s... · 2018-04-10 ▾
 I'm looking forward to being there with

Tweets
Tweets & replies
Media
Likes

Dr. Adam Moir Retweeted



Stacy Desilets @stacy... · 2018-05-30 ▾
 CAEP using this language will only
 worsen manpower problems. Every day
 in Ontario 210 ER departments are
 staffed by CFPC certified physicians with
 no enhanced skills training. Thanks
[@DrKateJMiller](#) for standing up for us!

Kate Miller @DrKateJMiller

Incorrect. Half of ER docs do not
 have specific emergency
 certification. ALL of us are certified,
 in my case in family medicine. We
 are half the ER workforce and it offe...

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Dr. Adam Moir Retweeted



Dryden Hospital @Dry... · 2018-05-23 ▾
 Dryden Rotary Club donates \$7146 from
 beverage sales for Shake Your Booty
 2018 to CT Scan Fund. Thx to a great
 committee that ran a great event for
 health care! [#bootifulgiving](#)