

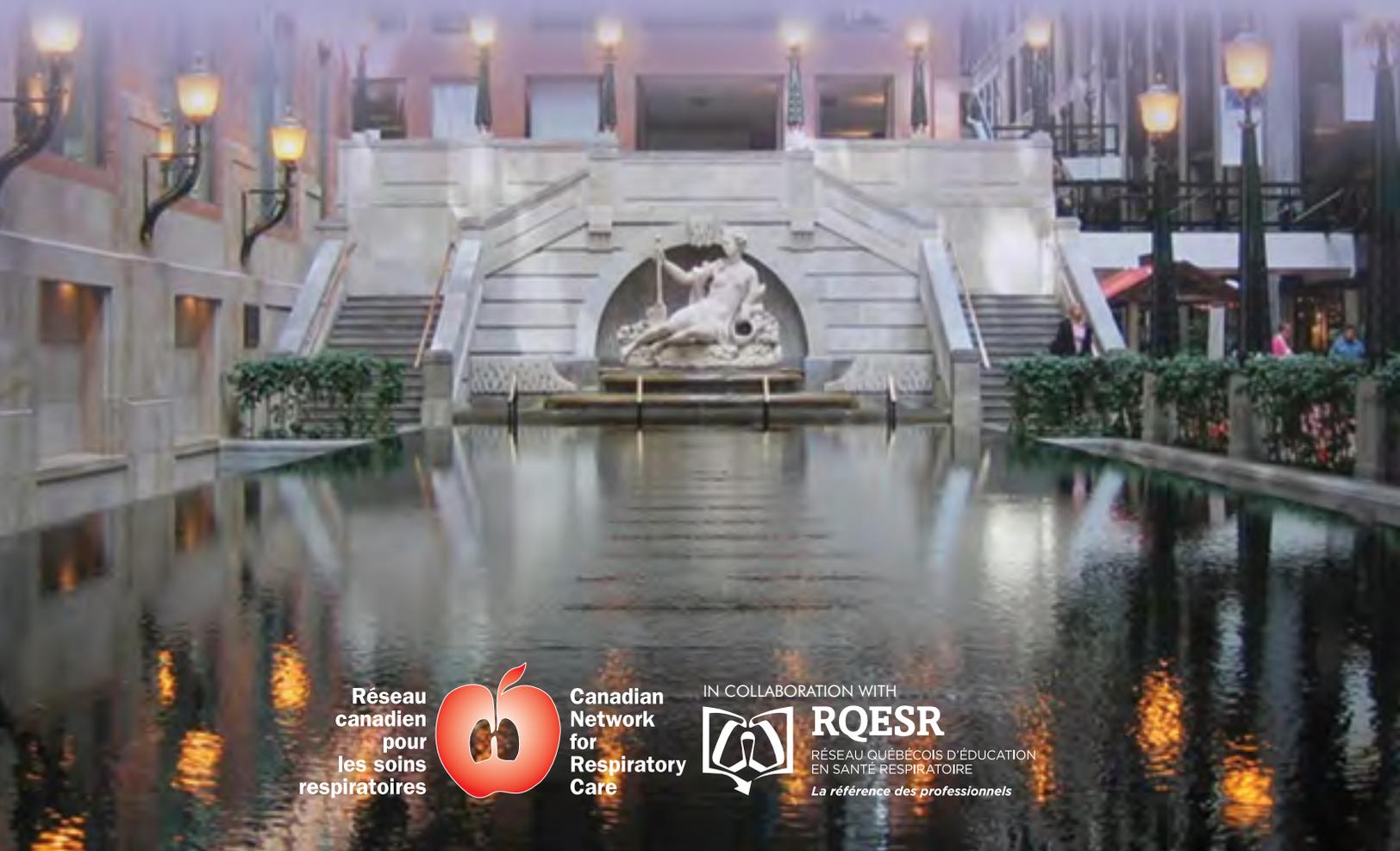
Making a Difference

**MONTREAL**

National Respiratory Care & Education Conference

November 14-16<sup>th</sup>, 2019 • Fairmont The Queen Elizabeth • Montréal • QC

REGISTRATION KIT



Réseau  
canadien  
pour  
les soins  
respiratoires



Canadian  
Network  
for  
Respiratory  
Care

IN COLLABORATION WITH



**RQESR**

RÉSEAU QUÉBÉCOIS D'ÉDUCATION  
EN SANTÉ RESPIRATOIRE

*La référence des professionnels*

# DEAR DELEGATES

We are pleased to invite you to join us at our National Respiratory Care & Education Conference in the “belle ville” of Montreal, Quebec! We can expect some of the “joie de vivre” that the city is known for!

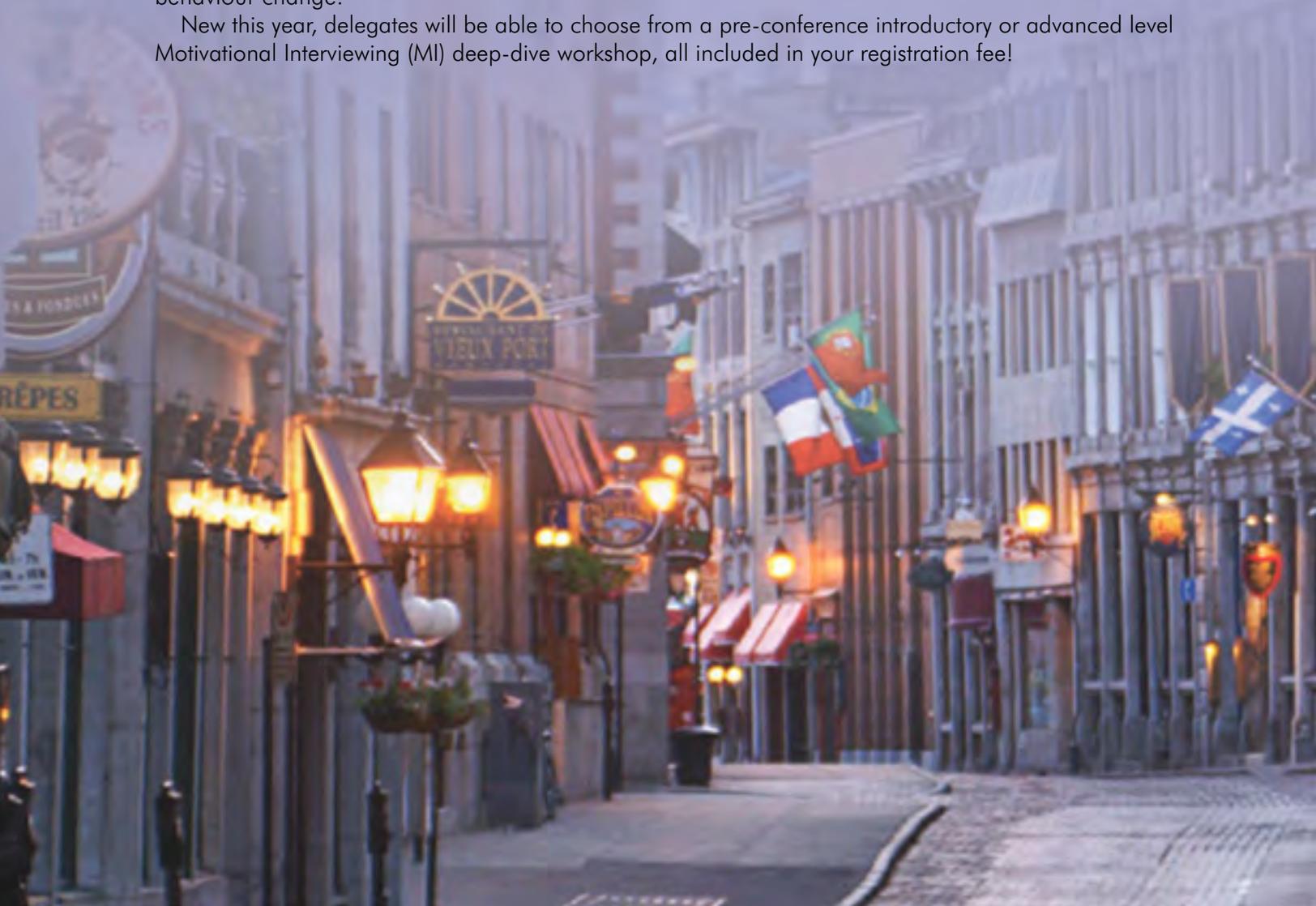
The Réseau Québécois d'Éducation en Santé Respiratoire – RQESR (the Quebec Respiratory Health Network) is collaborating with us this year. We always enjoy the opportunity to extend our network to our French-speaking educators when we offer the conference in Quebec.

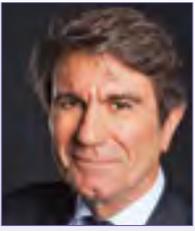
The theme of this year's conference is “Making a Difference”. We know that our respiratory and tobacco educators make a huge difference for the better in the lives of our clients with respiratory disease and tobacco addiction. This year's conference will be an opportunity to celebrate and showcase the work of our respiratory and tobacco educator community!

Our planning committee has done an outstanding job of putting together a diverse, educational and entertaining program. CNRC conference programs are created by respiratory and tobacco educators and focus on the core competencies (i.e. knowledge, skills and abilities) required. You will find the latest updates on research in respiratory care, including asthma, COPD, common comorbidities, other lung diseases, smoking prevention and cessation, as well as allergies.

However, equally important – and different from other respiratory conferences – our conference focuses on the importance of education. We have excellent sessions on many aspects of health education and behaviour change.

New this year, delegates will be able to choose from a pre-conference introductory or advanced level Motivational Interviewing (MI) deep-dive workshop, all included in your registration fee!





**Ken Chapman**



**Cheryl Connors**



**Kristine Petrasko**



**Sara-Edith Penney**

A first for CNRC, we will kick off our program with Dr. Jean Zigby, the past president of the Canadian Association of Physicians for the Environment, who will inspire us as health professionals with a “Call to Action on Climate Change and Health”, a very important and topical issue that impacts all of us. This will be followed by our very own CRE, Jill Hubrick, with an inspirational talk on “The Power of an Educator: How to Invoke Change, Hope & Inspiration”.

Friday morning keynote speaker, Dr. Robyne Hanley-Dafoe, will deliver a talk on “Resiliency though Optimal Stress, Resourcefulness and Goal Setting”. Our Saturday keynote speaker, Dr. Greg Wells, will deliver a talk on health behaviour change, “The Ripple Effect: Sleep, Eat, Move & Think Better”.

Throughout the conference, we will continue to cover one of the most challenging topics for educators with lots of talks and workshops on tobacco, vaping and cannabis. This is particularly concerning with the recent skyrocketing youth vaping and smoking rates, the reversal of a downward 50-year trend in Canada.

As always, CNRC works to showcase best principles in adult education so have included three sets of 75-minute, hands-on workshops as we know that learning is best retained when learners are permitted to participate in the learning. Diverse topics include: “Using CBT, DBT & Mindfulness to Create Smoking Cessation Plans for Tobacco, Vaping & Cannabis”, “Adapting Practice for Mental Health”, “Programs Making a Difference with Vulnerable Populations”, and “Singing to Breathe”.

We also want to take the time to thank our sponsors. You will see that they have generously sponsored several education events at the conference that allow us to bring these great speakers and topics to you.

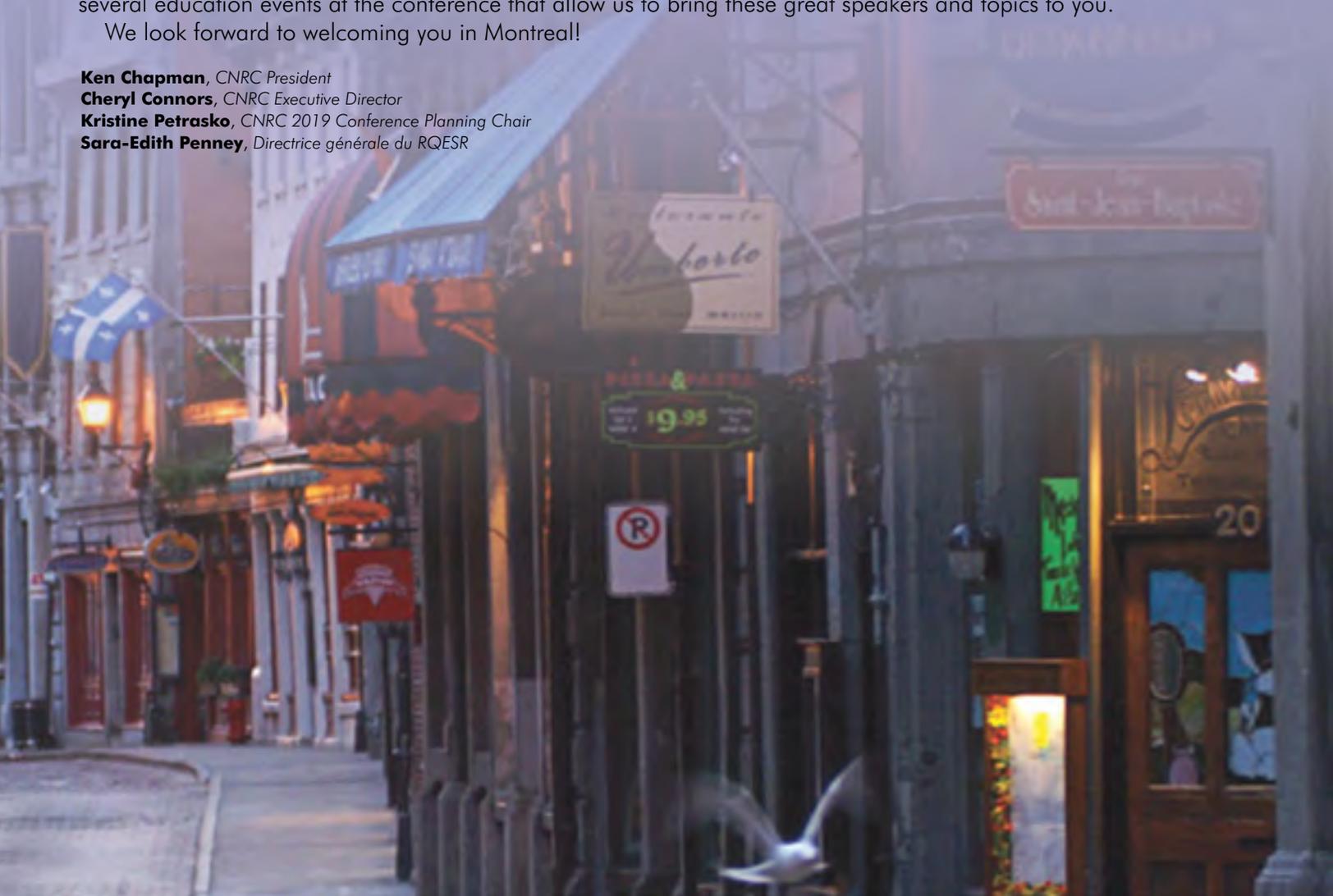
We look forward to welcoming you in Montreal!

**Ken Chapman**, CNRC President

**Cheryl Connors**, CNRC Executive Director

**Kristine Petrasko**, CNRC 2019 Conference Planning Chair

**Sara-Edith Penney**, Directrice générale du RQESR



# MONTREAL, QUÉBEC

Montreal is known as the cultural capital of Canada and one of the most beautiful and interesting tourist destinations. This world-renowned cosmopolitan city is known as the city where English and French cultures meet in harmony.

Montreal began as a missionary settlement in the 16th century but soon became a fur-trading centre. Montreal's location on the St. Lawrence River proved to be a major advantage in its development as a transportation, manufacturing, and financial centre. From the time of Confederation of Canada in 1867, Montreal was the largest metropolitan centre in the country until it was overtaken by Toronto in the 1970s. Montreal is the second largest French-speaking city in the world after Paris, with more than 4 million inhabitants. French and English coexist alongside a myriad of other languages, with no fewer than 120 nationalities found in the city, and this mix of influences gives rise to a creative exuberance that's all its own. Montrealers, who are warm and very often multilingual, are quick to strike up a conversation.

Montreal is known for wonderful museums, restaurants, entertainment and shopping. Make sure you schedule time to visit Old Montreal (about a 15-minute walk from the hotel). The cobblestoned district is lined with boutiques, galleries, restaurants, and a few kitsch souvenir shops, all housed among well-preserved buildings that date back to the 17th century. Old Montreal is also home to the Notre-Dame Basilica. With its Gothic Revival architectural style, this cathedral is an ornate and impressive example of religious art and craftsmanship. The current basilica was inaugurated in 1829 and sits near the site of the original parish church, which was built between 1672 and 1683.



# HOTEL & TRAVEL



## Fairmont the Queen Elizabeth Hotel

We have secured a fantastic **rate of \$219** per night.

The hotel is located in the heart of Montreal's shopping and business district, close to the famous

Sainte-Catherine Street, filled with unique local shops and restaurants. The hotel features a signature bar, restaurant and urban market, Wellness Centre and indoor pool.

The Queen E first opened in April 1958. Some of you may remember (or have read about) that in 1969, John Lennon and Yoko Ono staged a "Bed-In for Peace" in the hotel where they recorded the iconic song, "Give Peace a Chance".

The hotel recently underwent a massive \$140 million renovation. The design team for the "Queen E" looked to the '60s for color and pattern inspiration with rooms now featuring bright colours and fun geometrics and circles.

## Hotel Reservations

<https://book.passkey.com/go/cnrc2019conference>

Or phone (refer to the Canadian Network for Respiratory Care conference to receive the discounted room rate): **514 861-3511** or **1 866 540-4483**

## Fairmont the Queen Elizabeth Hotel

900 René-Lévesque Blvd W, Montreal, QC H3B 4A5

## Travel

We have secured discounts with two major airlines. Enter the **CNRC conference code** when booking your flight to receive a discount between 5 and 12%.

Air Canada **GNFZU8K1**

West Jet **X27GB5Z**

Porter **NRCEC19**



# PROGRAM AT A GLANCE

**Thursday, November 14, 2019**

**1:00 – 4:00 PM**      **Pre-Conference Deep Dive Workshops**  
**Motivational Interviewing** (Introduction)

Co-Facilitators: *Aaron Ladd* BMR RRT FCSRT MEd CTTS CRE CTE  
*Andrea White Markham* RRT CRE CTE

**Motivational Interviewing** (Advanced)

Co-Facilitators: *Rosa Dragonetti* MS<sup>c</sup> CTE  
*Stephanie Cohen* RSW MSW CTE

**4:30 – 5:00 PM**      **CNRC AGM &**  
**CAE/CRE Information Session**

**5:00 – 5:30 PM**      **WELCOME RECEPTION**

**5:30 – 5:45 PM**      **Welcome & Opening Remarks**

Speakers: *Dr. Ken Chapman* (CNRC President)  
*Cheryl Connors* (Executive Director)  
*Kristine Petrasko* (Conference Planning Chair)

**5:45 – 6:15 PM**      **INDUSTRY SYMPOSIUM**

**Challenge of Choice:**  
**A New Asthma Epoch**

Speaker: *Patrick Mitchell* MB BCh BAO MD MRCPI

Sponsored by: **SANOFI** 

**6:15 – 6:45 PM**      **Call to Action on**  
**Climate Change and Health**

Speaker: *Jean Zigby* MD CCFP(CP)

**6:45 – 7:30 PM**      **The Power of an Educator:**  
**How to Invoke Change,**  
**Hope & Inspiration**

Speaker: *Jill Hubick* BKin BSN RN CRE

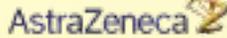
## Friday Morning, November 15, 2019

8:00 – 8:45 AM

### INDUSTRY SYMPOSIUM

#### An Update on Asthma Management in Canada

Speaker: Christopher Liciskai BSc MD FRCPC

Sponsored by: 

8:45 – 9:00 AM

### BREAK

9:00 – 10:00 AM

### KEYNOTE ADDRESS

#### Resiliency through Optimal Stress, Resourcefulness, and Goal Setting

Speaker: Robyne Hanley-Dafoe BSc BEd MEd PhD

10:00 – 10:45 AM

### Vaping: The Good, the Bad & the Ugly

Speaker: Robert Schwartz PhD

10:45 – 11:15 AM

### REFRESHMENT BREAK & VISIT EXHIBITS

11:15 AM – 12:30 PM

### WORKSHOPS

#### 101 When There is a Lot Going On: Asthma Comorbidities & Self-Management Issues

Facilitators: Christine Duterville RN BScN  
Kathy Riches RN BScN  
Marie Letourneau RN BScN

#### 102 Bronchiectasis Versus COPD: Differential Diagnosis & Management

Facilitator: Isabelle Leclerc IA/RN

#### 103 Wait Till You See My New...! Tobacco, Vaping & Cannabis Products

Facilitator: Kathy Hayward BSP CDE CRE CTE

#### 104 Spirometry Interpretation Made Easy!

Facilitators: Amin Thawer RRT CRE  
Jeanna Townsend RRT CRE

#### 105 Alpha-1 Antitrypsin Deficiency: What the Respiratory Educator Needs to Know

Facilitator: Ken Chapman MD MSC FRCPC FACP FERS

#### 106 Culturally Sensitive Approaches to Commercial Tobacco Cessation with Indigenous Peoples

Facilitator: Darrel Melvin RRT CRE CTE

#### 107 Diagnosing & Managing Asthma for Preschoolers

Facilitator: Francine Ducharme MD FRCPC(C) CAHS

#### 108 Cheminement dans l'asthme sévère : Éducateur en 2019...sans y perdre son latin!

Facilitatrices : Lyne Ringuette IA  
Livia Battisti INH ECA

## Friday Afternoon, November 15, 2019

12:30 – 1:30 PM

### LUNCH

#### CNRC Vaccine Educational Tool Launch

Speaker: Andrea White Markham RRT CRE CTE

1:30 – 2:00 PM

### Evaluating Research & Discussion

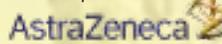
Speaker: Heather Sharpe RN MN PhD CRE CTE

2:00 – 2:45 PM

### INDUSTRY SYMPOSIUM

#### Advancements in the Management of Severe Asthma

Speaker: Christopher Liciskai BSc MD FRCPC

Sponsored by: 

2:45 – 3:00 PM

### POSTER PRESENTATIONS

3:00 – 3:30 PM

### REFRESHMENT BREAK & VISIT EXHIBITS

3:30 – 4:45 PM

### WORKSHOPS

#### 201 Chronic Disease Management: Morbidities, Multi-Morbidities & Dominant Morbidities

Facilitator: Ken Burns RPH BScPharm CDE CRE CTE

#### 202 How to Prepare a Self-Management Asthma Action Plan

Facilitator: Lana Biro BSc RRT CRE

#### 203 Adapting Practice for Mental Health

Facilitators: Rosa Dragonetti MSc CTE  
Stephanie Cohen RSW MSW CTE

#### 204 Canada Café Mentor Session: A Facilitated Coffee Talk with Experienced Educators

Facilitators: Amy Massie RRT CRE  
Adrienne Racher RRT CRE

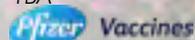
#### 205 Singing to Breathe

Facilitator: Meeran Manji RN CRE  
Hannah You MMT MTA

#### 206 Screening for Comorbidities in COPD: Tools to Identify and Manage a Comorbid State

Facilitators: Lynard Higoy BMR RRT CRE CTE  
Rena Sorensen RRT MSc CAE

#### 207 Vaccine Hesitancy

Facilitator: TBA  
Sponsored by: 

#### 208 Éduquer ou enseigner : l'importance de faire toute la différence

Facilitatrices : Martine Gagnon BSc inf  
Myriam Gagné PhD

# PROGRAM AT A GLANCE Continued

## Saturday Morning, November 16, 2019

### 8:00 - 8:45 AM **INDUSTRY SYMPOSIUM** **COPD Management**

Speaker: TBA

Sponsored by:



### 8:45 - 9:00 AM **BREAK**

### 9:00 - 10:00 AM **KEYNOTE ADDRESS** **The Ripple Effect: Sleep, Eat, Move & Think Better**

Speaker: Greg Wells PhD

### 10:00-10:30 AM **What's New in Allergy?** Harold Kim MD FRCP

### 10:30 - 11:00 AM **POSTER SESSION**

### **REFRESHMENT BREAK & VISIT EXHIBITS**

### 11:00 AM - 12:15 PM **WORKSHOPS**

#### **301 Understanding Direct and Indirect Testing in the Diagnosis of Asthma**

Facilitator: Melanie Kjarsgaard RRT CRE

#### **302 Programs Making a Difference with Vulnerable Populations**

Facilitator: Margot Underwood RN MN CRE CTE

#### **303 Exercise Anywhere, Anytime - No Gym Required!**

Facilitators: Angie Shaw RRT CRE  
Blayre Martin MA(Kin)

#### **304 Finding a BETTER Way to Chronic Disease Prevention**

Facilitator: Heidi Cheung MHS RRT CRE

#### **305 Asthma Mimickers**

Facilitator: Alan Kaplan MD CCFP(EM) FCFP

#### **306 Using CBT, DBT & Mindfulness to Create Smoking Cessation Plans for Tobacco, Vaping & Cannabis**

Facilitator: Ken Burns RPH BScPharm CDE CRE CTE

#### **307 Allergy Management for Respiratory Educators**

Facilitator: Harold Kim MD FRCP

#### **308 Faire la différence pour les personnes atteintes de MPOC en fin de vie et leurs aidants**

Facilitatrices : Josée Dagenais BSc inf  
Diane Nault BSc inf MSc  
Nathalie Painchaud BSc inf  
Lise Tremblay MD PhD

## Saturday Afternoon, November 16, 2019

### 12:15 - 1:15 PM **A. Les McDonald Awards Luncheon**

### 1:15 - 1:45 PM **INDUSTRY SYMPOSIUM** **Beyond the Prescription: A Patient's Journey to Better Asthma Control**

Speakers: Ken Chapman MD MSC FRCP FACP FERS  
Kim Lavoie PhD

Sponsored by:



### 1:45 - 2:15 PM **Cannabis & Respiratory Health** Speaker: Matthew Stanbrook MD PhD FRCP FACP

### 2:15 - 2:45 PM **What is the Buzz about Medical Cannabis?**

Speaker: Alan Kaplan MD CCFP(EM) FCFP

### 2:45 - 3:15 PM **REFRESHMENT BREAK**

### 3:15 - 4:00 PM **Tobacco/Cannabis Co-Use** Speaker: Andrea Weinberger PhD

### 4:00 - 4:45 PM **Neurobiology of Addiction: Tobacco, Vaping & Cannabis + Successful Strategies for Cessation**

Speaker: Peter Selby MBBS CCFP FCFP MHS DipABAM

### 4:45 PM **Closing Remarks**

Speakers: Dr. Ken Chapman  
Cheryl Connors  
Kristine Petrasko



# PROGRAM

Thursday Afternoon, November 14, 2019

1:00 – 4:00 PM

## Pre-Conference Deep Dive Workshops Motivational Interviewing

Motivational interviewing (MI) is a communication approach that facilitates the resolution of clients' ambivalence about changing their behaviours, e.g. taking medication, vaccination, smoking cessation. The CNRC is pleased to provide two workshops for respiratory and tobacco educators aimed at improving their skill in this essential competency. The basic workshop has been developed for participants with little to no exposure to MI, and will cover the foundations of MI with opportunity to practice basic skills. The advanced workshop has been developed for those participants who have been practicing MI and wish to hone their skills.

### Learning Objectives – Introduction

- Demonstrate how to communicate using the Spirit of MI to resolve ambivalence
- Practice MI skills to respond to client's change talk to facilitate health change behaviours



**Aaron Ladd** BMR RRT CRE CTE has been a respiratory therapist for 16 years, during which time he has dedicated much of his time and energy to working with clients in tobacco cessation. Aaron trained at Mayo Clinic as a Tobacco Treatment Specialist, and completed his Masters of Education in behavioral education from Memorial University. He was a 2015 recipient of the A Les McDonald Award for Innovation & Excellence in Respiratory Care & Education.

Aaron is a passionate supporter of Motivational Interviewing, and has been actively practicing and teaching it for over 8 years. Aaron spent a great deal of time providing one on one client counselling in tobacco cessation with over 8000 patient hours over the past 10 years, which is plenty of time to learn what NOT to do. In addition, he has been an instructor in training other healthcare providers for programs run by: the Heart and Stroke foundation, the Lung Association of Saskatchewan, the Winnipeg Regional Health Authority, the Manitoba Pharmacy Association (MPhA), and for such programs as Catalyst and "NOT on Tobacco". Aaron has been a professor in the respiratory therapy program at Thompson Rivers University and lecturer at the University of Manitoba for the School of Dentistry, Dental Hygiene, and Pharmacy.



**Andrea White Markham** RRT CRE CTE has worked as a respiratory therapist for more than 40 years, with the last half rooted in education of patients, health professionals and respiratory therapy students. She has been a team member with various organizations involved in development and delivery of asthma, respiratory and tobacco education programs since prior to the first Certified Asthma Educator exam. Although retired from full-time work, she continues to pursue her passion for respiratory health as a member of CNRC's Board of Directors and has recently accepted a temporary position developing a role for an RRT/CRE managing complex COPD in the community.

When not otherwise employed, you will find Andrea walking her dogs or relaxing with her husband on their maple syrup farm, or off on adventures with her grandchildren.

### Learning Objectives – Advanced

- Identify strategies that can effectively facilitate resolution of ambivalence with clients who have complex histories
- Practice MI skills to collaborate with clients with complex histories related to unhealthy behaviours



**Rosa Dragonetti** MSc CTE is currently the Project Director of Addictions Research and Education at CAMH. Rosa plays a key role in developing strategy for education research and programming initiatives including the TEACH project. The TEACH project delivers a Certificate program in Tobacco Cessation Counselling to healthcare professionals. While TEACH offers training in person, under Rosa's leadership, the team has been developing an extensive online program offering several courses to support the certificate program. TEACH was a key partner in the development of the Certified Tobacco Educator program for CNRC.

Rosa also supports training for the STOP Program, PREGNETS, CAN-ADAPTT and other tobacco-related projects. Rosa has several publications in gambling, tobacco and has co-authored a chapter "Assessment and Brief Interventions for Alcohol and Tobacco Problems in Primary Health Care" as well as a chapter on "Psychosocial Interventions" in *Disease Interrupted*. She has developed several manuals focused on cognitive behavioural interventions.



**Stephanie Cohen** RSW MSW CTE received a masters of social work degree from the University of Toronto in 1997. She has been working in the field of addictions and mental health ever since. Initially, she began her social worker career working with clients in the Methadone Program at the Addiction Research Foundation (ARF). Then in 2000, around the same time that ARF merged with 3 other organizations to establish the Centre for Addiction and Mental Health (CAMH). Stephanie changed her focus within the Addiction Medicine Program and accepted a social work position in the Nicotine Dependence Service where she has been working in a variety of roles over the past 19 years.

Stephanie's current social work role is largely devoted to direct clinical practice with a side of teaching. She spends the bulk of her time working on the front-lines; conducting assessments, facilitating groups and providing 1:1 counselling to clients interested in changing their commercial tobacco use and/or e-cigarette use. Stephanie is passionate about clinical work and she is equally passionate about teaching clinicians, especially those clinicians who share her enthusiasm for learning more about motivational interviewing. Stephanie joined the Motivational Interviewing Network of Trainers (MINT) in 2009 and she continues to remain an active member of the MINT. She is also an adjunct lecturer with the Factor-Inwentash Faculty of Social Work at the University of Toronto.

## Thursday Evening, November 14, 2019

**4:30 – 5:00 PM**      **CNRC AGM & CAE/CRE Information Session**

**5:00 – 5:30 PM**      **WELCOME RECEPTION**

**5:30 – 5:45 PM**      **Welcome & Opening Remarks**

Speakers: Dr. Ken Chapman (CNRC President)  
Cheryl Connors (Executive Director)  
Kristine Petrasko (Conference Planning Chair)

**5:45 – 6:15 PM**

### **INDUSTRY SYMPOSIUM SPONSORED BY** **Challenge of Choice: A New Asthma Epoch**

It is estimated that 3.8 million Canadians have asthma and the number continues to grow. Dr. Mitchell will examine changing asthma treatment while discussing the patient journey.

#### **Learning Objectives**

- Discuss patient journey exemplars – making it real
- Explain treatment options – now and in the future that will change perspective and practice while improving outcomes
- Examine the horizon of tailored or precision medicine



**Patrick D. Mitchell** MB BCh BAO MD MRCP joined the University of Calgary's respiratory team in July 2016. He trained as a specialist in Respiratory and Internal medicine in Ireland. He undertook a two-year clinical and research fellowship at McMaster University under Prof. Paul O'Byrne. This encompassed translational research in airway inflammation and servicing both general respiratory and airway inflammation clinics. Dr. Patrick Mitchell also completed a two-year Medical Doctorate thesis on the role of IL-33 in allergic asthma. He has been appointed director of the Asthma and COPD program at the Rockyview Hospital. He has authored numerous peer reviewed research manuscripts and co-authored a book chapter on asthma. His clinic interests are asthma, COPD, chronic eosinophilic airways disease, autoimmune pulmonary diseases, Sarcoidosis, Pulmonary Thromboembolic disease and airways disease in pregnancy.

Dr. Mitchell's clinical interests are: Asthma, COPD, Chronic Eosinophilic Airways Disease, Autoimmune Pulmonary Diseases, Young Adults with Asthma (YAWA), Sarcoidosis, Pulmonary Thromboembolic Disease, Airways Disease in Pregnancy. His research interests are: Asthma, COPD, Eosinophilic Pulmonary Diseases, Transitional Clinics, and Atopic and Allergic Disease. His quality and safety interests are: Education – Quality and Safety Management, Teamwork, and Systems Analysis.



**Thursday Evening, November 14, 2019** (Continued)

6:15 – 6:45 PM

### **Call to Action on Climate Change and Health**

Climate change presents a clear and present danger to human health. Health impacts are already being demonstrated in Canada, which is warming at roughly twice the global rate. Much can be done to prevent and mitigate the health impacts of climate change, and understanding and communicating these has been shown to be one of the best ways of motivating action.

Climate change is already harming the mental and physical health of Canadians with air pollution, emergency evacuations, power shortages, food insecurity, insect-borne diseases, and with floods, tornados, hurricanes, wildfires and heatwaves that are more frequent and more intense.

Educators across Canada have seen the impact, whether dealing with more frequent and urgent ER exacerbations from smoke and poor air quality. Some in our community have been personally impacted, being displaced from their homes to floods or wildfires. Dr. Zigby will discuss how healthcare professionals are in a unique position to take action.

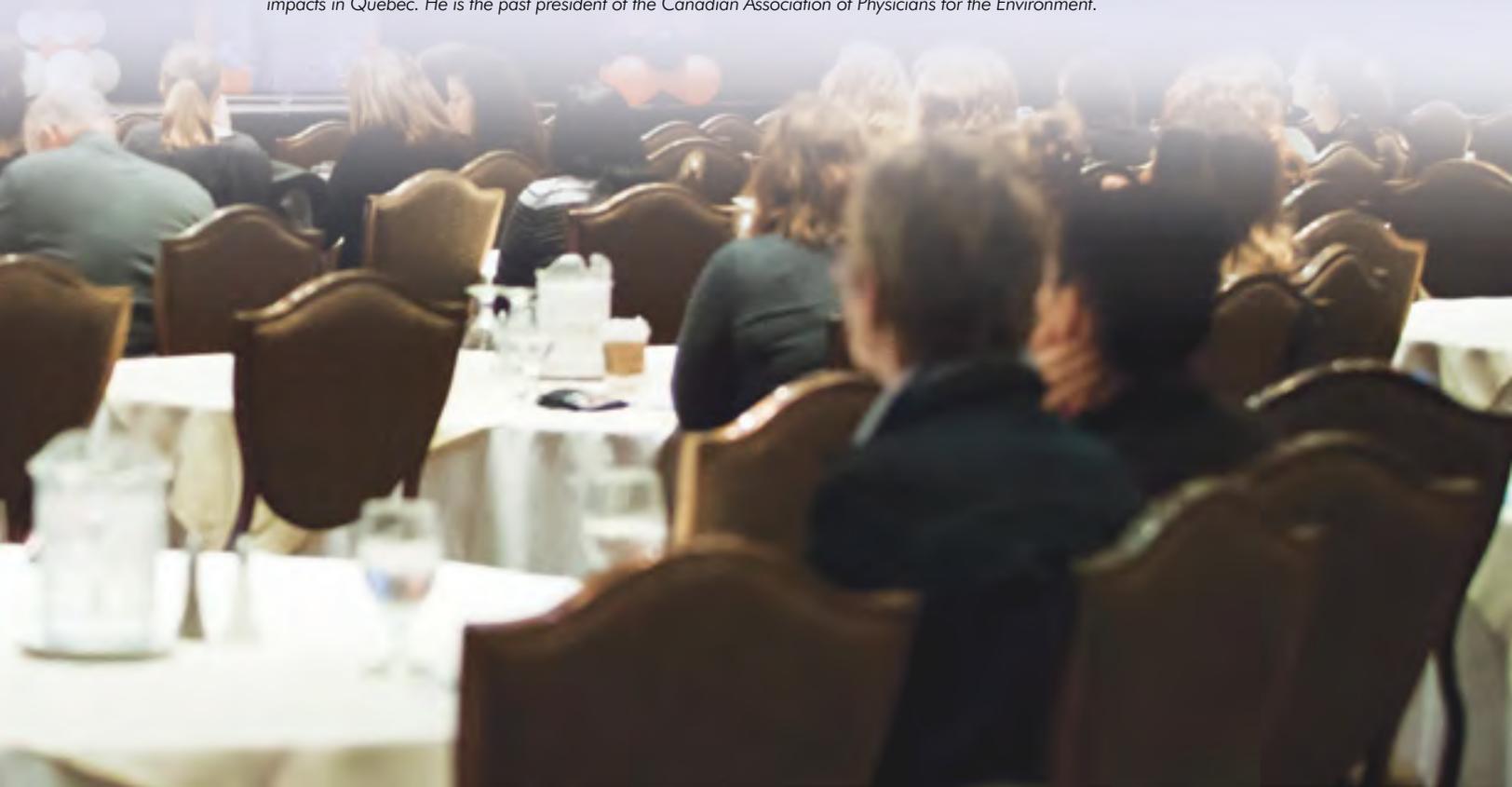
#### **Learning Objectives**

- Discuss the Climate Change Toolkit for Healthcare Professionals
- Explain how to educate our patients and the public about the actions that can and should be taken by individuals to protect themselves and their families from climate-related health risks
- Describe how to encourage our patients and the public to make behavioural changes that are healthy for them, their families, and the planet



**Jean Zigby MD CCFP(CP)** is a family physician and palliative care specialist with a broad practice base including breastfeeding, perinatal and home care. He was trained at McGill University and is currently teaching at the Jewish General Hospital and the CLSC Côte-des-Neiges in Montreal. He has practiced in hospital, clinic, rural and home-based environments for over 15 years in the province of Québec. He is the co-founder of the not-for-profit business Synergie Santé Environnement, an organization which works with healthcare institutions to improve their environmental impacts in Quebec. He is the past president of the Canadian Association of Physicians for the Environment.

While working as a palliative care physician in metropolitan Montreal, Dr. Zigby had many patients ask why they were struck with terminal cancer when they were previously so health-conscious and had no identifiable risk factors. Dr. Zigby had to explain that many known causes are environmental exposures that they may not control (like air pollution, pesticides, and radon), and that these exposures may have occurred when they were children, fetuses, or even to their parents before they were Jean Zigby MD CCFP(CP) is a family physician and palliative care specialist with a broad practice base including breastfeeding, perinatal and home care. He was trained at McGill University and is currently teaching at the Jewish General Hospital and the CLSC Côte-des-Neiges in Montreal. He has practiced in hospital, clinic, rural and home-based environments for over 15 years in the province of Québec. He is the co-founder of the not-for-profit business Synergie Santé Environnement, an organization which works with healthcare institutions to improve their environmental impacts in Quebec. He is the past president of the Canadian Association of Physicians for the Environment.



## Thursday Evening, November 14, 2019 *(Continued)*

6:45 – 7:30 PM

### The Power of an Educator: How to Invoke Change, Hope & Inspiration

To inspire means to influence, motivate, empower, move and breathe in. This interactive presentation will demonstrate how each and every one of us are catalysts for change. As educators, we have the power and gift to make others' lives better. Whether it's helping a patient manage their lung disease, advocating for stronger public health policies, or promoting wellness education initiatives, this out of the box presentation will provide practical tips and tools towards a positive change impact. This session will inspire. Jill will share her own personal journey with lung disease and how one educator decades ago influenced her life's calling.

Jill will incorporate:

- Video presentations: Participants will be motivated to become every day leaders.
- Storytelling: Participants will be empowered to incorporate the patient perspective in their work.
- Music and Dance: Participants will be on their feet moving and learning together.
- Breathing Exercises: Participants will be reminded with every breath in to never take their lung health for granted.

#### Learning Objectives

By the end of the session, participants will:

- Describe how everyday leadership is an essential part of holistic care.
- Explain how to use their own knowledge, judgement and creativity to make a difference in the field of respiratory health.
- Prepare to be inspired to commit to becoming everyday leaders in their own teaching and future practice standards.



**Jill Hubick** BKin BSN RN CRE graduated from the University of Saskatchewan's Second Degree Program with a Bachelor of Science in Nursing. She also has a Bachelor of Science in Kinesiology and received distinction for her double majors in Fitness and Lifestyle and Adapted Physical Activities from The University of Regina.

Today Jill is proud to be a Registered Nurse and Certified Respiratory Educator with The Lung Association, Saskatchewan. As the Manager of Community and Patient Engagement for the organization, Jill chairs the "Take Action on Radon Saskatchewan Coalition" and works to prevent lung cancer related to the deadly gas. Jill is also part of the St. Mary's Education and Wellness Centre's clinician team conducting youth spirometry testing and providing asthma education. She is an advocate for stronger provincial services and resources for lung transplant recipients striving to make patients' journeys an easier one. Jill is also a certified fitness instructor and finds ways to blend her love for health and fitness for many charitable causes. In 2018, she was nominated for a Women of Distinction Award in the health and wellness category and received a Lung Association, Saskatchewan Breathe Impact Award. Jill is passionate about health, wellness and breathing!



Friday Morning, November 15, 2019

8:00 – 8:45 AM

INDUSTRY SYMPOSIUM SPONSORED BY



### An Update on Asthma Management in Canada

After participating in this program, participants will be better able to

- Assess the role of anti-inflammatory relievers in mild asthma
- Personalize care for people living with asthma
- Improve asthma control asthma using optimal management strategies



**Chris Liczkai** BSc MD FRCPC completed an Honours BSc degree at McMaster University, completed his medical degree at the University of Toronto, and continued his postgraduate training in internal medicine and respiratory medicine at the University of Toronto. He entered community practice in respirology and critical care medicine in Windsor Ontario in 1994. In 2003, he accepted a full-time academic appointment at Western University's Schulich School of Medicine where he is currently an Associate Professor of Medicine, Respirologist, Researcher in the Program of Experimental Medicine and Professor of Health System innovation. Dr. Liczkai's clinical interests are focused on asthma, COPD and complex airways disease. Dr. Liczkai has a particular interest in health system innovation advancing integrated care models, building high performing health teams, and creating mHealth solutions to improve health outcomes for people with chronic respiratory disease.

Dr. Liczkai has authored numerous publications, including, "Guideline translation to improve diagnostic accuracy and health outcomes", "Using a knowledge translation framework to implement asthma clinical practice guidelines in primary care", and "Spirometry in primary care: An analysis of spirometry test quality in a regional primary care asthma program".

8:45 – 9:00 AM

**BREAK**

9:00 – 10:00 AM

## KEYNOTE ADDRESS

### Resiliency through Optimal Stress, Resourcefulness, and Goal Setting

Resiliency allows some people to recover more quickly from disappointments, hardship or disruptive change. Why do some clients have the ability to persevere after multiple smoking quit attempts to finally achieve success while others appear too quick to "throw in the towel"?

Dr. Robyne Hanley-Dafoe's talk introduces the concept of resiliency from a broad world view that incorporates five key areas. Sharing from her experiences traveling through Central America, the Middle East, and North America, Hanley-Dafoe reviews what children and adults have in common that contributes to resiliency, and what we can do when working with clients, and in our own lives, to foster resiliency within ourselves and others.

Dr. Hanley-Dafoe's talk highlights practical strategies and ideas that are grounded in optimal stress, resourcefulness, and the importance of continued goal setting. Using narrative pedagogy, Dr. Hanley-Dafoe's talk shares candid encounters with resiliency that are research informed and readily available to all of us.

#### Learning Objectives

- Explain how the five components of resiliency can be used to build resiliency
- Discuss how to be challenged to go beyond a culture of seeking out high impact rewards with the least amount of effort
- Describe how to overcome negativity to build mental toughness to find positivity, humour and fun



**Robyne Hanley-Dafoe** BSc Bed MEd Phd is a multi-award-winning psychology instructor who specializes in resiliency, navigating stress and change, and personal wellness in the workplace. Described as transformational, engaging, and thought-provoking, Hanley-Dafoe's keynotes provide practical strategies grounded in global research and case studies that help foster resiliency within ourselves and others.

As the senior educational developer for the Centre for Teaching and Learning at Trent University, Hanley-Dafoe focuses on providing professional development for the teaching community and cultivating student engagement. She is committed to finding innovative solutions for creating positive learning relationships and environments for both students and teachers. Hanley-Dafoe has also been a psychology instructor at Trent for more than 10 years.

Dr. Hanley-Dafoe's work is inspired by her interest in health and wellness and includes topics such as resiliency, optimal challenge, resourcefulness, goal setting, and self-identity.

## Friday Morning, November 15, 2019 *(Continued)*

### 10:00 – 10:45 AM **Vaping: The Good, the Bad & the Ugly**

There does not seem to be a day go by that there isn't a media report about vaping, particularly with the recent news about the US Center for Disease Control & Prevention flagging over 200 mysterious lung illnesses and even a death potentially linked to vaping.

At the same time, harm reduction advocates have promoted the use of e-cigarettes as a less harmful alternative to cigarette smoking and as a potential smoking cessation tool. Conflicting research about the efficacy of e-cigarettes for cessation adds to the challenges for educators.

What about youth vaping? The US Surgeon General has declared a health epidemic in the US, with more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently using e-cigarettes in 2018. And while Canadian numbers are not as high as the US, recent research led by Professor David Hammond of the University of Waterloo, found that among those 16-19 years old, vaping increased by a stunning 74% from 2017 to 2018, from 8.4% to 14.6%. In the same timeframe, youth smoking rates escalated by 45%, from 10.7% to 15.5%. This is the first time that youth smoking rates in Canada have gone up substantially in decades and brings their rates to the same level as the general population (approximately 15% of people in Canada aged 15+).

#### **Learning Objectives**

- Discuss current trends in e-cigarette use in Canada
- Examine the efficacy of the use of e-cigarettes for smoking cessation
- Describe the current increase in youth vaping and potential linkage to increased smoking rates



**Robert Schwartz** PhD is Executive Director of the Ontario Tobacco Research Unit, Professor at the Institute of Health Policy, Management and Evaluation in the Dalla Lana School of Public Health at the University of Toronto and Senior Scientist, Centre for Addiction and Mental Health. Dr. Schwartz is Director of the U of T Collaborative Specialization in Public Health Policy. He leads the new Strategy Design and Evaluation Initiative with work underway on municipal drug and opioid strategies. At OTRU, Dr. Schwartz directs research, evaluation, knowledge exchange and capacity building programs. His research interests include Tobacco Control Policy, E-Cigarettes, and the Evaluation of Tobacco Control Programs and Policies. He has published widely about tobacco control, strategy evaluation, accountability, public health policy, policy change, program evaluation and government – third sector relations.

### 10:45 – 11:15 AM **REFRESHMENT BREAK & VISIT EXHIBITS**



# 101

## When There is a Lot Going On: Asthma Comorbidities & Self-Management Issues

Severe asthma may affect only about 5% of patients with asthma, yet it poses a significant impact on health care utilization and quality of life (CTS 2017). Patients may have optimally controlled severe asthma yet have difficulty managing comorbid conditions (e.g. GERD, rhino-sinusitis/polyposis, vocal cord dysfunction, sleep apnea, anxiety & depression) (GINA 2017). Educators can take an active role in helping patients address associated co-morbidities and self-management issues common to those living with severe asthma.

Coping with a severe chronic illness creates many challenges for patients. In this case-based workshop, facilitators and delegates will discuss real-life issues facing patients including complex treatment plans and the impact on quality of life, family and peers.

### Learning Objectives

- Explain self-management issues associated with having a severe chronic illness
- Discuss strategies to assist patients to achieve better control of comorbid symptoms and improve quality of life
- Describe real life challenges facing respiratory educators and how to address these within the context of their practices



**Christine Duterville** RN BScN is an asthma educator at the Montreal Chest Institute of the McGill University Health Centre. She has been working in respiratory care as a nurse clinician/case manager for the past 13 years and has participated in various projects that contributed to the further development of the asthma clinic. She values family and transcultural nursing. She speaks 4 languages, enjoys learning about different cultures and is currently completing a graduate program in International Health.



**Marie Létourneau** RN BScN CCSH has worked at the Montreal Chest Institute of the McGill University Health Centre since 2004, first as a staff nurse and in 2006, assumed the position of nurse clinician/case manager of the sleep disorders clinic. In 2015, she received the credential of "Certification in Clinical Sleep Health" from the Board of Registered Polysomnographic Technologists. Marie works with chronically ill clients, referred for assistance in coping with their sleep disorders while they manage other chronic conditions. With few Québec health care institutions providing nursing support for sleep disorders, Marie identified the need to share her clinical experience with colleagues – nursing and other health care professionals. Marie is currently pursuing graduate studies in Nursing at University of Ottawa.



**Kathy Riches** RN BScN is a nurse clinician/case manager at the Montreal Chest Institute of the McGill University Health Centre, a position she has held since 2008. Her background in internal medicine prepared her to assist the patients in her adult caseload to address the comorbidities and issues influencing the self-management of severe and/or difficult to treat asthma. Kathy is currently the regional delegate for Montreal (asthma) of the Quebec Respiratory Health Education Network (RQESR).



## 102 Bronchiectasis Versus COPD: Differential Diagnosis & Management

Chronic disease self-management is an evidence-based approach to care that helps people better manage their symptoms and daily lives. While bronchiectasis is not rare, it is currently a neglected disease which poses a significant burden to the health care system. Learning to counsel patients regarding modifiable factors can affect prognosis and improve patient quality of life. Patient self-management education plays an important role in the patient's ability to reduce symptoms, prevent recurrent lung infections, decrease mortality, and prevent emergency department visits and hospital admissions.

This workshop will allow participants to acquire the knowledge needed to encourage patients to actively participate in their daily therapeutic treatments.

### Learning Objectives

At the conclusion of the workshop, participants will be able to:

- Recognize the difference between symptoms of Bronchiectasis and COPD
- Describe the goals of treatment and how to prevent deterioration
- Discuss what tools are needed to evaluate the severity of bronchiectasis and measure quality of life
- Describe how self-management education empowers patients, using case studies
- Explain a patient bronchiectasis self-management plan



**Isabelle LeClerc RN** has 33 years of nursing experience working at Bruyère Continuing Care. For the last twenty years, she has worked in an interdisciplinary academic primary care setting and has developed multiple programs in chronic disease self-management education and support.

*Isabelle's passion for helping patients manage their health has taken her around the world, from providing continuing medical education to clinicians in Ontario, to training nurses from the Shanghai School of Medicine, to attending the World Bronchiectasis Conferences in Germany, Italy and the USA. She has provided chronic disease self-management program training to physicians, nurse practitioners, registered nurses, and pharmacists. Isabelle was a presenter at the 3rd World Bronchiectasis Conference; patient session, in Washington DC in 2018.*

*Isabelle finds the most rewarding part of sharing this knowledge is observing improvements in the quality of life of those who take an active role in self-management.*

## 103 Wait Till You See My New \_\_\_\_\_ ! (Vape, Juul, Bong, Volcano, Juice, Oil, Capsules, Brownies, Gummies...)

This workshop will explore the basics of many of the new devices and products being used for consuming tobacco, nicotine, cannabis and shisha. There will be opportunity to handle some of the devices in a placebo format. Please come prepared to share devices or stories from your practice as our clients are far ahead of us with these products.

### Learning Objectives

After attending this workshop, learners will:

- Explain how 5 of the commercial devices work and how they are adapted by users
- Discuss use of these products and lower risk alternatives with clients
- Identify reliable resources for product information and standardization if clients are interested
- Describe methods to help clients understand their own personal risks and reasons to use or not, including cost



**Kathy Hayward BSP CDE CRE CTE** works with the Calgary COPD & Asthma Program. The CRE/CTEs work in outpatient respiratory clinics, educating other health professionals, in group Tobacco Cessation classes, and in community clinics – collaborating with family physicians and other professionals. Kathy finds her most interesting discussions with clients are about things outside mainstream health care – what people are doing with treatments and how they make decisions between appointments.

## 104 Spirometry Interpretation Made Easy!

This workshop will be an interactive session and use specific spirometry cases based on various respiratory disease conditions. Pitfalls and errors on different tests will also be discussed. Case studies will be provided and delegates will be encouraged to participate in small groups and have the opportunity to discuss the cases that are assigned to them.

### Learning Objectives

- Explain FEV1/FVC, FEV1 and FVC values and their role in spirometry interpretation
- Apply what is learned from the values to distinguish between tests that are normal, obstructive or restrictive in nature
- Describe common spirometry testing errors and a better understanding of ATS standards for spirometry



**Amin Thawer** RRT CRE has been part owner of Peak Medical Group in Alberta for the past 9 years. He is the Director of Clinical Services and Education of the following divisions within Peak Medical Group (Peak Pulmonary Function Laboratories, Peak Medical Specialty Centres (Respirology, Allergy, Internal Medicine, Neurology, Rheumatology, Physiatry), Peak Sleep Clinics, Peak Oxygen, Peak Research Group, and Pinnacle Medical Centres (Family Physician Clinics).

Amin is also the Director for CREate Inspiration, formed 6 years ago. CREate is a non-profit organization that supports educational events by working with pharmaceutical companies, medical equipment vendors and other health organizations.



**Jeanna Townsend** RRT CRE is the clinical manager at Peak Medical Group, a dynamic and rapidly expanding medical specialty clinic organization in Alberta. Jeanna participates in many respiratory education clinics throughout Alberta as well as the development and management of Peak's Respirology, pulmonary function, and sleep clinics. Prior to graduating from SAIT's Respiratory Therapy Program in 2014, Jeanna obtained her Bachelors of Science degree majoring in Zoology from the University of Calgary.

In the summer, Jeanna transitions from smoking cessation with patients to smoking one of her 15 honey bee hives in Calgary. Jeanna loves to keep an active lifestyle by hiking, biking and camping with her husband Tyler and beloved dog Billie.

## 105 Alpha-1 Antitrypsin Deficiency: What the Respiratory Educator Needs to Know

Alpha-1 Antitrypsin Deficiency is an autosomal codominant genetic disorder that leads to increased risk of lung and liver disease and several other conditions due to the defective production of alpha-1 antitrypsin (AAT) protein. In North America, only between 5 and 15% of individuals with A1AD have been diagnosed. The average delay between symptoms and diagnosis is 7.2 years.

After participating in this interactive workshop, delegates will be able to explain how to manage patients with Alpha-1 Antitrypsin (A1AT) Deficiency (AATD).

### Learning Objectives

- Explain the effect of A1AT deficiency
- Identify testing recommendations for A1AT deficiency
- Describe recommendations for referral and treatment
- Discuss the resources available for individuals with A1AT deficiency



**Kenneth R. Chapman** MD MSc FRCPC FACP FERS is Director of the Asthma and Airway Centre of the University Health Network, President of the Canadian Network for Respiratory Care and Director of the Canadian Registry for Alpha-1 Antitrypsin Deficiency. He is Professor of Medicine at the University of Toronto.

Dr. Chapman is an internationally respected researcher in the field of asthma and airway diseases; his publications in the field of asthma and COPD have appeared in the *New England Journal of Medicine* and the *Lancet*. The titles of more than 500 publications have been equally varied ranging from "Emergency medical services for outdoor rock music festivals" to "The effect of posture on thoracoabdominal movements during progressive hyperoxic hypercapnia in conscious man". He chaired Canada's first Consensus Conference to establish Canadian guidelines for the management of COPD and remains an active participant in guideline development processes for asthma and COPD. In 2014, Dr. Chapman was one of just five respiratory physicians named a Fellow of the European Respiratory Society.

**Culturally Sensitive Approaches to Commercial Tobacco Cessation with the Indigenous Peoples Who Live Within the Boundaries of Canada (AKA Turtle Island)**

*“Reconciliation is always about Relationships. Look at how you believe and how you behave and how you think and change that”.*

**Justice Murray Sinclair**

*“Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Central to wellness is belief in one’s connection to language, land, beings of creation, and ancestry, supported by a caring family and environment.”*

**Elder Jim Dumont**, Definition of Wellness

*We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

**Truth and Reconciliation Commission Call for Action #22**

The prevalence for commercial tobacco use among First Nations peoples is about twice as high as that of the general Canadian population and is up to three times as high with Inuit peoples. These higher smoking rates translate into equivalently higher rates of smoking related disease such as cardiovascular disease, COPD, lung cancer and diabetes. Understanding how the unique combination of historical, social, and psychological stressors related to colonization, and the historical trauma experienced by the First Nations peoples within Canada, contribute to the higher rates of smoking commercial tobacco use is also important in providing culturally sensitive cessation programs.

As a non-indigenous health care provider working with Indigenous clients who wish support to reduce and stop smoking commercial tobacco products, it is important to apply a client-centered approach and check the individuals’ preferences for a treatment approach. Would they prefer culturally sensitive commercial tobacco cessation services within their communities or a mainstream approach?

In their chapter on commercial tobacco cessation with Indigenous people\*, (Wardman & McKennitt, 2017) noted when working with Indigenous health care providers in a First Nations, Metis, or Inuit community, it is important to engage with Elders and/or knowledge keepers, within the community and align messaging with the practices and culture of the community. They also shared that the distinct culture of communities often approach wellness and wholistic health (emotion, mental, spiritual, and emotional) vs the medical model of treating illness or addiction. (Disease Interrupted, 2017)

**This workshop will ask each participant to enter into a guided respectful dialogue to explore:**

- Participants’ understanding of what is meant by cultural sensitivity
- The difference between traditional use of tobacco and commercial tobacco in relevant First Nation or Metis communities
- Indigenous worldview and culture as wholistic wellness
- Respectful partnerships with communities and reflexive allyship
- Designing culturally sensitive approaches to commercial tobacco cessation



**Darrel Melvin** RRT CRE CTE is based in Red Deer, Alberta. He has a background working in different areas of respiratory health care ranging across acute care, community based chronic disease self-management programs, homecare, pulmonary diagnostics, and public health. His current position is with the Alberta Health Services provincial tobacco reduction program a team under population, public, and indigenous health. Darrel is currently working on his capstone project for a Master of Education in Adult Education Degree through Yorkville University, New Brunswick. His capstone project is a major academic report on culturally specific approaches to commercial tobacco cessation with First Nations peoples within Canada. He appreciates the opportunities he has had as a Canadian of Settler Heritage to learn from the Indigenous Health Care Providers, Elders, and Community members he has had the privilege to work with over the last four years.

## 107 Diagnosing & Managing Asthma for Preschoolers

Asthma often starts before six years of age. However, there remains uncertainty as to when and how a preschool-age child with symptoms suggestive of asthma can be diagnosed with this condition. This delays treatment and contributes to both short- and long-term morbidity. In children <6 years of age, the forced expiratory manoeuvre required for spirometry is difficult to perform, and alternative lung function tests for preschoolers are limited to a few paediatric academic settings or are insufficiently specific. Consequently, there is controversy as to when the diagnostic label of “asthma” should be applied to preschool-age children. (Canadian Thoracic Society/Canadian Paediatric Society Position Statement, 2015)

This case-based workshop will explore how to diagnose and manage asthma in preschoolers.

### Learning Objectives

- Describe objective signs or convincing parent-reported symptoms of airflow obstruction (improvement in these signs or symptoms with asthma therapy), and no clinical suspicion of an alternative diagnosis
- Explain pharmacological management of asthma in preschoolers
- Discuss a list of suggestive symptoms; the exclusion of alternative diagnoses; and a set of features that predict asthma at six years of age
- Discuss differential diagnosis to rule out other diagnoses (e.g. congenital heart disease, congenital pulmonary airway malformation, pertussis)



**Francine DuCharme MD MSc FRCPC** is a pediatrician, clinical epidemiologist and researcher at CHU Sainte-Justine. She is a full-time professor, Department of Pediatrics, University of Montreal and Affiliate Professor at the Department of Social and Preventive Medicine, University of Montreal. She is the lead author of “Diagnosis and management of asthma in preschoolers: A Canadian Thoracic Society and Canadian Paediatric Society Position Paper.”

Dr. DuCharme has trained numerous scientists and physicians. Her research focuses on improving the treatment, management and morbidity of pediatric asthma. Dr. Ducharme has developed many research instruments specifically designed for use with children including a number that are now used in clinical work to assist healthcare professionals, researchers and children and their families in improving asthma management. Her studies focus on educational and drug interventions as well as those that are aimed at improved guideline compliance in healthcare professionals, patients and their families.

Dr. Ducharme has secured uninterrupted support through awards and research grants and won many prestigious prizes that underscore her contribution to research. Her research program has produced a number of publications and led to numerous invitations as a provincial, national and international guest speaker. Dr. Ducharme has been the Paediatric Co-Editor of the Cochrane Airways Review Group since its inception in 1995. She is also the Co-Chair of the Asthma Clinical Assembly of the Canadian Thoracic Society and been responsible for writing and publishing guidelines on asthma in Canada.



**Cheminement dans l'asthme sévère : Éducateur en 2019...sans y perdre son latin!**

Au fil des ans, le rôle de l'éducateur en maladies respiratoires a évolué d'où l'importance pour ce dernier de bien connaître, comprendre et d'être à jour dans les approches éducationnelles, les approches thérapeutiques ainsi que les approches relationnelles. La clientèle atteinte de maladies respiratoires a aussi un grand rôle à jouer dans la prise en charge de ces maladies d'où l'importance d'avoir un service éducationnel accessible.

Les organisations décisionnelles doivent être aussi impliquées dans ce processus afin de mieux répondre à cette problématique de santé qui a une bonne répercussion sur les coûts de la santé.

Effectivement, de plus en plus l'éducateur joue un rôle de premier plan dans le cheminement des personnes qui vivent avec l'asthme de très léger à sévère.

**Objectifs d'apprentissage**

- Comprendre l'évolution du rôle de l'éducateur au fil des ans, tout en assurant une bonne prise en charge de maladies respiratoires pour les personnes atteintes ainsi que leurs rôles dans le processus de la maladie
- Connaître l'évolution du plan de traitement des personnes vivant avec l'asthme (de très léger à sévère)



**Lyne Ringuette** IA est responsable du centre d'enseignement aux asthmatiques de l'IUCPQ depuis quinze ans. Elle est titulaire d'une technique en soins infirmiers du Cégep François-Xavier Gameau et d'un baccalauréat en sciences infirmières à l'Université Laval.

Après avoir œuvré dans l'unité de soins critiques de chirurgie cardiaque pendant treize ans, elle s'est spécialisée en pneumologie, volet asthme. Son engagement dans le domaine l'amène à participer à de nombreuses activités de formation. Elle porte un intérêt particulier à cibler les besoins d'apprentissage de la clientèle asthmatique.

C'est avec le même dévouement qu'elle s'investit chaque année dans la supervision des stages des étudiantes en sciences infirmières de l'Université Laval, en leur transmettant sa grande passion pour son travail. Elle s'est distinguée en remportant à deux reprises le prix de supervision clinique aux prix d'excellence en enseignement de l'Université Laval.

Mme Ringuette a été invitée à plusieurs reprises en tant que conférencière par différentes organisations.



**Livia Battisti** INH ECA a pratiqué à l'hôpital St-François d'Assise -CHUQ depuis 1984 où elle a travaillé comme inhalothérapeute, comme institutrice clinique auprès des étudiants stagiaires en inhalothérapie. Elle s'est impliquée tout au long de sa carrière que ce soit au niveau du conseil multidisciplinaire de son milieu, dans les comités régionaux pour les maladies respiratoires, en plus d'occuper le poste d'administratrice au sein du conseil d'administration d'une association syndicale ou encore du RQESR. Depuis quelques années, elle siège comme membre du comité scientifique de ce dernier en plus d'être déléguée régionale de sa région.

Aussi, elle a participé à divers projets de recherche concernant l'asthme en collaboration avec l'équipe de l'Hôpital Laval ce qui l'a amené à travailler et à l'obtention d'une certification québécoise et canadienne en éducation sur l'Asthme.

Elle s'est aussi impliquée auprès de l'Association pour l'Asthme et les Allergies Alimentaires en participant au Camp d'été pour la clientèle asthmatique/allergique en vue de permettre aux enfants porteurs de l'une ou l'autre de ces conditions médicales de bénéficier de la période estivale tout en apprenant à mieux gérer leur condition particulière.

En plus, elle agit comme conférencière que ce soit lors des congrès de l'OPIQ, du RQESR, CNAC ou encore lors d'événements organisés par les partenaires du réseau, toujours dans le but de partager les nouvelles approches aux collègues impliqués dans les maladies respiratoires.

Malgré la prise d'une retraite bien méritée du milieu hospitalier, elle s'implique maintenant dans des projets avec les médecins généralistes des cliniques médicales de la première ligne afin d'offrir un service d'éducation à la clientèle avec maladies respiratoires, en plus de rester disponible pour le RQESR ou comme conférencière pour le réseau.

## Friday Afternoon, November 15, 2019

12:30 – 1:30 PM **LUNCH**

### **CNRC Vaccine Educational Tool Launch**

Speaker: **Andrea White Markham** RRT CRE CTE

1:30 – 2:00 PM

### **Evaluating Research & Discussion**

As clinicians, we are bombarded with new information daily. Research studies, social media, news outlets all profess to have new answers. How do we know which information is most reliable? What evidence is the most trustworthy, and how do clinicians sift through the onslaught of information to determine what is best for their patients? This session will provide an overview of evaluating research to assist us in not only being better consumers of research, but how to communicate this message with patients, caregivers and the general public.

#### **Learning Objectives**

- Identify levels of evidence used to assess research quality
- Explain critical appraisal of research
- Describe how to communicate research evaluation to patients, caregivers and the public



**Heather Sharpe** RN MN PhD CRE CTE is the Assistant Scientific Director of the Respiratory Health Strategic Clinical Network, and an Adjunct Assistant Professor at the University of Calgary, Cumming School of Medicine, Department of Medicine. She completed her PhD at the University of Calgary, with a research focus on the uptake of written asthma action plans in primary care. Heather completed both her undergraduate and Master's degrees at the University of Alberta. Much of her work focuses on research facilitation, building research capacity, and she continues to be involved in respiratory research focusing on asthma, COPD and sleep disordered breathing. As a CRE and CTE, Heather has a strong interest in patient education, behaviour change, and fostering the community of Educators in Canada. She is the Vice-President of the Canadian Network for Respiratory Care and the Chair of the Certification Management Committee. Heather is also a recipient of the A. Les McDonald Award for Innovation & Excellence in Respiratory Care and Education.

2:00 – 2:45 PM

### **INDUSTRY SYMPOSIUM SPONSORED BY AstraZeneca**



#### **Advancements in the Management of Severe Asthma**

Severe asthma management has transformed in recent years, with treatment options available that better target and treat specific types of asthma. Learn how to effectively identify severe asthma in your practice and how to use phenotyping to appropriately classify the type of severe asthma. Based on the phenotype, biologic therapies can be considered to better manage severe asthma and reduce the burden of oral corticosteroid use.

#### **Learning Objectives**

- Discuss clinical strategies to differentiate between uncontrolled and severe asthma
- Explain asthma treatment based on phenotypes
- Describe new biologic therapies to severe eosinophilic asthma



**Chris Liczkai** BSc MD FRCPC completed an Honours BSc degree at McMaster University, completed his medical degree at the University of Toronto, and continued his postgraduate training in internal medicine and respiratory medicine at the University of Toronto. He entered community practice in respiratory and critical care medicine in Windsor Ontario in 1994. In 2003, he accepted a full-time academic appointment at Western University's Schulich School of Medicine where he is currently an Associate Professor of Medicine, Respiriologist, Researcher in the Program of Experimental Medicine and Professor of Health System innovation. Dr. Liczkai's clinical interests are focused on asthma, COPD and complex airways disease. Dr. Liczkai has a particular interest in health system innovation advancing integrated care models, building high performing health teams, and creating mHealth solutions to improve health outcomes for people with chronic respiratory disease.

Dr. Liczkai has authored numerous publications, including, "Guideline translation to improve diagnostic accuracy and health outcomes", "Using a knowledge translation framework to implement asthma clinical practice guidelines in primary care", and "Spirometry in primary care: An analysis of spirometry test quality in a regional primary care asthma program".

## Friday Afternoon, November 15, 2019 *(Continued)*

2:45 – 3:00 PM **POSTER PRESENTATIONS**

3:00 – 3:30 PM **REFRESHMENT BREAK & VISIT EXHIBITS**

3:30 – 4:45 PM **WORKSHOPS**

# 201

## **Chronic Disease Management: Morbidities, Multi-Morbidities & Dominant Morbidities**

Managing comorbidities, multi-morbidities, and dominant morbidities can be challenging for educators. Do you often feel that some of the barriers that frustrate and sometime compromise a clinician's good work come from these other morbidities when you are working with your clients to manage their respiratory disease and assist with smoking cessation?

This workshop will help you learn how to create a care plan for your complex clients to help you collaborate with your clients to create SMART health goals that will help improve outcomes.

### **Learning Objectives**

At the end of the workshop, delegates will be able to:

- Identify how to engage clients in creating care plans for health that identify their conditions and health challenges with priorities and goals and define how their providers will interact with that plan
- Discuss how to engage clients in collaborating to create SMART health goals, including consideration of enabling their own preferred methods of effective change
- Describe how to integrate other members of your clients' care teams to share care and optimize health outcomes



**Ken Burns** RPH BScPharm CDE CRE CTE is a pharmacist working at the Complex Care Diabetes Centre (CCDC) at Health Sciences North in Sudbury. The CCDC is one of several programs in Ontario to help people living with diabetes and multiple comorbidities. The program serves the population from Sudbury to the James Bay coast and the northern Ontario population and has one of the highest rates of respiratory disease and smoking in the country. Ken also works in outreach at the Wikwemikong Reserve on Manitoulin Island, assessing and case managing complex patients in underserved areas.

Ken became interested in respiratory care when he saw that many of his diabetes clients were also smoking and had respiratory disease and realized the common factor was his client's health behaviours. Ken was one of the authors of the Pfizer CATALYST smoking cessation pharmacist training program. He was very involved in the development of CNRC's Certified Tobacco Educator program. He is the past Chair of the Ontario Pharmacists Association Board of Directors.

Ken has participated and worked as a trainer and faculty for the Institute for Healthcare Communication - Canada. This has added to the clinical process from gathering more fulsome information from the patient to creating a format of assessment through recommendations to follow-up that not only engages the patient in decisions, but considers health behaviours as a driving component of outcomes. He is currently co-chair of the clinical working group for eHealth Ontario with a mandate including optimizing access to electronic health information for clinicians providing care through vehicles such as the Connecting Ontario Clinical Viewer and portal. This process is to benefit patients by giving clinicians better access to clinical information including medications, labs, clinical notes, and more.

This experience illustrates better than ever not only the needs for collaboration with patients and other providers through changing access to information and how we communicate and interact, but also points to gaps in these processes. One of the most obvious and needed gaps to address is patient care plans for the patient, assembled from the care plans of their various providers, but also prioritized and driven by the patient.

*And despite how boring the above sounds, Ken has his ideal job and loves every minute of it. Well, mostly.*

Friday Afternoon, November 15, 2019 (Continued)

202

## How to Prepare a Self-Management Asthma Action Plan

An asthma action plan is a simple self-management tool that reduces healthcare utilization, improves quality of life and has been recommended for each patient with asthma in Canadian and international guidelines for over 25 years. However, fewer than 2% of patients receive an action plan in practice. This is partially due to practical challenges in determining recommendations for escalation of therapy in the yellow zone (acute loss of asthma control) of the asthma action plan.

This workshop will allow the participants to practice filling out the asthma action plan for their patients, while applying the updated asthma management continuum for the green zone maintenance therapy and the new yellow zone escalation tool for the loss of asthma control.

After the participants are introduced to an asthma management continuum and a new point of care tool, they will be encouraged to participate in interactive case study discussion in small groups and to reflect on their real life practice experiences. Participants are then encouraged to use their gained knowledge to apply the new bedside point-of care tool for yellow zone recommendations based on various baseline medications to several common scenarios that they are likely to encounter in their practice.

In addition to group learning and interactive case study discussion, the workshop will make use of the interactive polling through the use of Turning Point polling technology/handheld “clicker” devices to submit their responses and facilitate further group discussion.

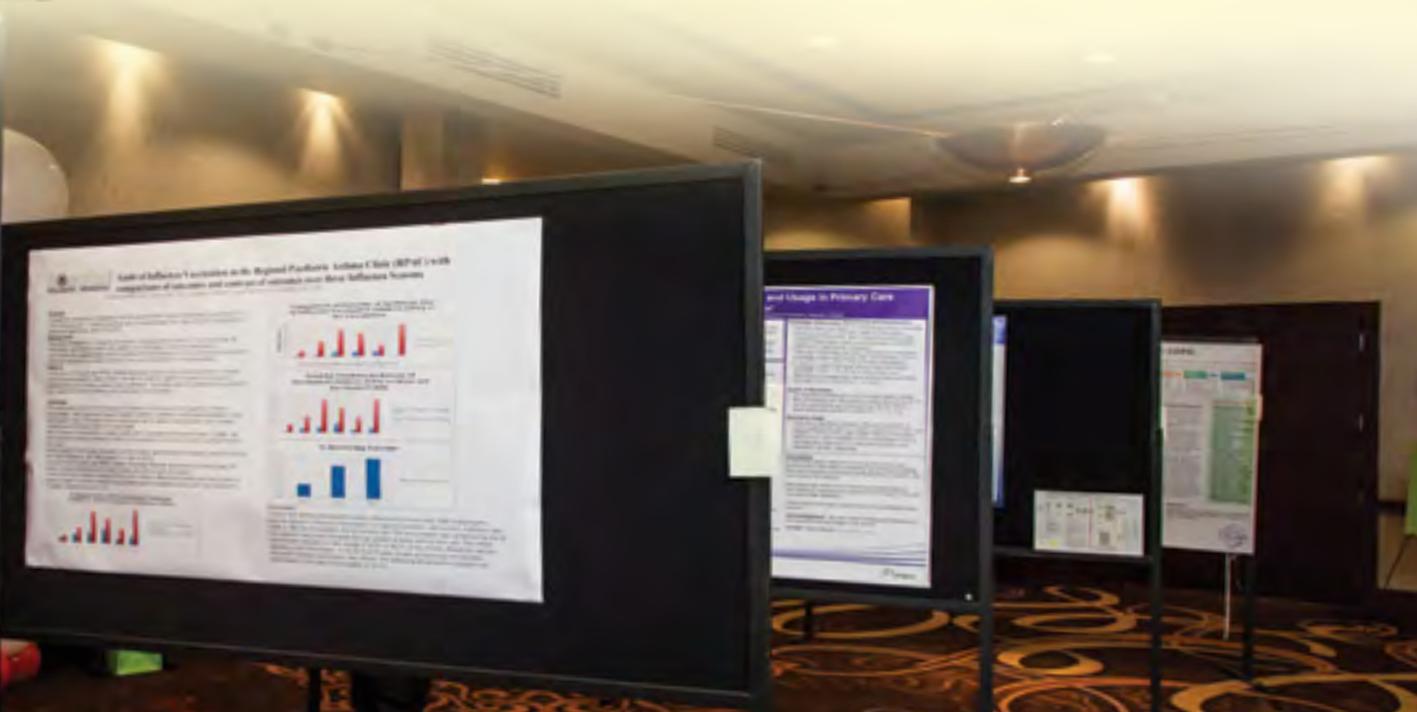
### Learning Objectives

At the conclusion of this workshop, participants will be able to:

- Describe the evidence supporting the use of asthma action plans
- Address the barriers to the use of asthma action plans in practice
- Apply best evidence regarding dosing recommendations for asthma maintenance (the green zone) and for an acute loss of asthma control (the yellow zone of the asthma action plan)
- Use a practical point of care tool to guide controller escalation in the yellow zone of an asthma action plan in real-world settings



**Lana Biro** BSc RRT CRE is the Curriculum Developer for the Ontario Lung Association Provider Education Program. Lana is involved with facilitating a variety of workshops and webinars for healthcare providers. She has been a facilitator for SpiroTrec®, AsthmaTrec® and COPDTrec® and Chronic Disease Education workshops in Ontario for the last 14 years. She is also a CAMH/TEACH-trained Motivational Interviewing workshop facilitator and facilitated many MI workshops, including one at the CNRC conference in 2015.



## 203 Adapting Practice for Mental Health

The leading cause of death in individuals with comorbid mental health and substance use disorders appears to be tobacco-related disease. Clients with concurrent mental health and addiction disorders smoke two to four times as much as the general population. Not only does this lead to more cases of COPD, other mental health issues also impact this group. An average of 40% of Chronic Obstructive Pulmonary Disease (COPD) patients suffer from clinical depression and anxiety disorders, at least twice as much as reported by the general population. In COPD patients, comorbid mental health problems significantly predict more frequent symptom exacerbation, inpatient admissions, poorer functional status and quality of life due to reduced self-care. (Chan et al., 2017)

Many health professionals believe that mental health disorders are too complex to deal with themselves and simply refer. But wait times to see mental health professionals are lengthy across the country and many clients cannot afford private mental health services. Is there more that a respiratory or tobacco educator can do to adapt practice to better serve the needs of these clients?

This case-based, interactive workshop will examine how to adapt practice for some of the common mental health disorders educators deal with. Bring your questions!

### Learning Objectives

- Identify assessment tools used to measure mental health disorders
- Discuss how to adapt your practice to meet the needs of these clients (e.g. MI adaptations, pharmacotherapy, drug interactions, referrals)



**Rosa Dragonetti** MSc CTE is currently the Project Director of Addictions Research and Education at CAMH. Rosa plays a key role in developing strategy for education research and programming initiatives including the TEACH project. The TEACH project delivers a Certificate program in Tobacco Cessation Counselling to healthcare professionals. While TEACH offers training in person, under Rosa's leadership, the team has been developing an extensive online program offering several courses to support the certificate program. TEACH was a key partner in the development of the Certified Tobacco Educator program for CNRC.

Rosa also supports training for the STOP Program, PREGNETS, CAN-ADAPTT and other tobacco-related projects. Rosa has several publications in gambling, tobacco and has co-authored a chapter "Assessment and Brief Interventions for Alcohol and Tobacco Problems in Primary Health Care" as well as a chapter on "Psychosocial Interventions" in *Disease Interrupted*. She has developed several manuals focused on cognitive behavioural interventions.



**Stephanie Cohen** RSW MSW CTE received a master's of social work degree from the University of Toronto in 1997. She has been working in the field of addictions and mental health ever since. Initially, she began her social worker career working with clients in the Methadone Program at the Addiction Research Foundation (ARF). Then in 2000, around the same time that ARF merged with 3 other organizations to establish the Centre for Addiction and Mental Health (CAMH), Stephanie changed her focus within the Addiction Medicine Program and accepted a social work position in the Nicotine Dependence Service where she has been working in a variety of roles over the past 19 years.

Stephanie's current social work role is largely devoted to direct clinical practice with a side of teaching. She spends the bulk of her time working on the front-lines; conducting assessments, facilitating groups and providing 1:1 counselling to clients interested in changing their commercial tobacco use and/or e-cigarette use. Stephanie is passionate about clinical work and she is equally passionate about teaching clinicians, especially those clinicians who share her enthusiasm for learning more about motivational interviewing. Stephanie joined the Motivational Interviewing Network of Trainers (MINT) in 2009 and she continues to remain an active member of the MINT. She is also an adjunct lecturer with the Factor-Inwentash Faculty of Social Work at the University of Toronto.

**Canada Café Mentor Session: A Facilitated Coffee Talk with Experienced Educators**

It's not easy being a CRE. It is even harder when you are new to the role, and are limited in your ability to connect with mentors.

This workshop will provide you with a unique opportunity to attend a facilitated coffee talk with experienced respiratory educators – veterans of asthma, COPD and tobacco cessation. The respiratory educators from the St. Mary's General Hospital (SMGH) Airway Clinic in Kitchener, Ontario have been performing in the role for over 15 years, in a hospital clinic setting and in primary care offices.

They will share experiences, strategies, case discussions, and best tips and tricks. The workshop will assist respiratory educators in making connections. See it as an in-person TimedRight discussion! Participants will have the opportunity to seek guidance on challenges they are having in their roles.

**Who should attend?**

This is for new educators, and those who identify as mentors. Come share your queries, knowledge, and experience!

**Learning Objectives**

After discussion with experienced CREs and CTEs, participants will:

- Identify proven strategies for working as a CRE or CTE in primary care to facilitate problem solving in your environment
- Develop relationships with potential mentors
- Develop a network of educators working in primary care to support best practice in your respiratory and tobacco education
- Strengthen your confidence and competence in your provision of respiratory and tobacco education



**Amy Massie** RRT CRE has been working both in the hospital and primary care setting for over 15 years providing asthma education. She has worked with the Ontario Lung Association and the Saskatchewan Lung Association on various spirometry-related projects.



**Adrienne Racher** RRT CRE has been providing COPD and asthma education in the hospital and primary care setting since 2011. She has worked in both Alberta and Ontario.

**Friday Afternoon, November 15, 2019** (Continued)

## 205

### **Singing to Breathe**

Singing is a complex activity that requires supportive breathing and airflow, allowing for an engaging way for patients to strengthen muscles to help with breathing. “Singing to Breathe” is a group for patients living with chronic lung disease with the goal of improving overall health and well-being while exercising the lungs. This group is facilitated by two music therapists that lead patients in breathing and vocal exercises, and singing of meaningful songs to incorporate breathing and vocal techniques. Benefits of the group also include social well-being, decreased isolation, and community building amongst people living with lung disease.

This workshop will demonstrate how the “Singing to Breathe” group is run and participants will have the opportunity to engage in various breathing and vocal exercises.

#### **Learning Objectives**

The workshop will enable participants to:

- Discuss current evidence as it relates to the practice of singing for individuals with chronic lung disease as a physical activity that promotes the use of active diaphragmatic breathing, proper posture, and breathing coordination
- Examine the potential benefits of singing as a health outcome to support breathing, overall lung health, and quality of life



**Meeran Manji RN CRE** is a nurse educator who has worked in health promotion for more than twenty years. She has vast experience in delivery of education for positive lifestyle change. Her past contributions include being a facilitator for the COPD Program at the Michener Institute of Technology, Education Chair for the Ontario Respiratory Care Society, Ontario Lung Association and also a contributor for the Nursing Best Practice Guidelines for both COPD and Asthma at the Registered Nurses Association for Ontario (RNAO). Her primary focus of interest has been in caring for individuals with chronic lung disease where they are able to optimize their quality of life by learning better self-management strategies. She is passionate about giving patients options to consider improving the impact of living with lung disease and has been able to initiate a support group (Lung Issue Support Toronto) and a “Singing to Breathe” Program.



**Hannah You MMT MTA** holds a Masters of Music Therapy (MMT) degree and is a certified music therapist (MTA). Hannah supports people living with chronic lung issues through a “Singing to Breathe” group in the Pulmonary Rehabilitation Clinic at Toronto Western Hospital. She also works in paediatrics and palliative care, working as a music therapist at SickKids Hospital and Emily’s House Hospice/Philip Aziz Centre.



# 206

## Screening for Comorbidities in COPD: Tools to Identify and Manage a Comorbid State

The workshop will use an interactive, small group, case-based approach to learn about common comorbidities that exist with patients living with COPD. Resource materials will be provided to participants to support immediate implementation into practice. Participants will be asked to share their experiences and expertise.

### Learning Objectives

At the end of the workshop, participants will be able to:

- Describe screening tools & techniques that can help identify common comorbidities: dysphagia, frailty, metabolic syndrome, lung cancer, sleep disordered breathing, opioid-induced GI dysfunction, CHF, cognitive impairment, anxiety, & dysfunctional breathing
- Use strategies that will support treatment and/or system navigation for non-COPD issues that impair clinical stability
- Identify Pan-Canadian interprofessional referral practices and opportunities



**Lynard Higoy** BMR(RT) RRT CRE CTE is a community respiratory therapist in a rural community about 100 km east of Edmonton under the Alberta Health Services – Central Zone. To keep his ventilator skills up to date, he works as a casual respiratory therapist for Capital Care Norwood Chronic Ventilator Unit in Edmonton. He has a total of 6 years work experience as an RT with the Winnipeg Regional Health Authority and Alberta Health Services. He graduated in 2013 with a bachelor's degree in Medical Rehabilitation in Respiratory Therapy from the University of Manitoba. Lynard is currently pursuing a Graduate Diploma in Leadership and Management through Athabasca University, Faculty of Business. His focused interests include rural respiratory therapy, Rural Based Pulmonary Rehabilitation Program, Supine Spirometry for early detection of ALS, the role of social media on smoking cessation and Allied Health Leadership.



**Rena Sorensen** RRT CAE MSc FCSRT is a respiratory therapist who practiced in critical care, community care, pulmonary function diagnostics, as well lectured for Augustana University before becoming the Professional Practice Lead for Respiratory Therapy in Central Zone with Alberta Health Services in 2014. She was grateful to receive her masters in respiratory science before having kids, and has a passion for respiratory therapy service provision in isolated and rural areas.



**Friday Afternoon, November 15, 2019** (Continued)

**207**

**Vaccine Hesitancy**

Sponsored by  **Pfizer Vaccines**

Vaccine hesitancy, which is defined by the World Health Organization (WHO) as a “*delay in acceptance or refusal of vaccines despite availability of vaccination services*”, has been reported in more than 90% of countries in the world. In many areas, immunization for measles, a vaccine-preventable disease that was largely eliminated following widespread use of the measles-mumps-rubella (MMR) vaccine, has decreased to less than the 95% threshold set by WHO as that required for herd immunity, with reports of measles outbreaks commonly reported now. UNICEF has reported that there are 287,000 Canadian children unvaccinated for measles in Canada with many jurisdictions reporting school districts not achieving herd immunity levels.

Respiratory educators deal with vaccine hesitancy when encouraging patients to get the flu and pneumonia vaccines. There is an abundance of misinformation spread on the internet and through social media. This interactive workshop will use case studies and role-play, to allow educators to discuss the challenges they see in practice dealing with their vaccine-hesitant clients.

**Learning Objectives**

- Demonstrate how to use MI (Motivational Interviewing) skills to improve conversations with vaccine hesitant clients
- Explain pneumonia, flu & shingles, based on NACI (National Advisory Committee on Immunizations) recommendations and other guidelines
- Discuss the WHO Vaccine Model:
  - What people think & feel (perceived risk, worry, confidence, trust & safety concerns)
  - Social processes (provider recommendation, social norms, gender norms & equity, information sharing, rumour)
  - Motivation (readiness, willingness, intention, hesitancy)
  - Practical issues (vaccine availability, convenience, costs, service quality and satisfaction, intervention fatigue)

**Facilitator: TBA**



## Éduquer ou enseigner : l'importance de faire toute la différence

Si la formation initiale des professionnels de la santé les outille certainement à comprendre et expliquer les maladies chroniques, elle ne leur apprend pas nécessairement à éduquer un patient atteint d'une telle maladie. Or, éduquer un patient atteint d'une maladie chronique nécessite de bâtir une relation avec lui, de le guider dans l'apprentissage de ses compétences d'autogestion. L'éducation des patients incombe à tous les professionnels, dans une approche interdisciplinaire collaborative. Elle engage aussi professionnels et patients dans un cheminement à long terme, un cheminement qui, données probantes à l'appui, a le potentiel d'améliorer la qualité de vie des patients et de diminuer les hospitalisations qui coûtent cher à notre société.

Ainsi, l'objectif de cet atelier est d'amener le professionnel ou la professionnelle de la santé à faire une différence entre enseigner et éduquer un patient dans un contexte d'autoprise en charge des maladies chroniques. À travers une série d'activités d'apprentissage – une courte présentation magistrale et des mises en situation focalisant sur la collecte des données, l'utilisation de l'agenda des symptômes et du plan d'action – nous amènerons les participants à réfléchir sur :

- leur conception de l'éducation
- la place qu'ils laissent aux patients durant les interventions éducatives
- l'importance d'amener les patients à jouer un rôle actif dans les programmes de soutien à l'autoprise en charge des maladies respiratoires chroniques



**Martine Gagnon** BSc INF a consacré sa carrière à l'amélioration de la qualité des soins aux personnes atteintes de maladies chroniques que ce soit comme infirmière, assistante du supérieur immédiat ou conseillère au sein du Réseau québécois d'éducation en santé respiratoire. Éducatrice en asthme depuis plus de 20 ans, elle a défendu avec ardeur l'importance de l'éducation aux patients atteints de maladies chroniques. Selon elle, tous peuvent apprendre à gérer leur santé avec le soutien d'une équipe de professionnels qualifiés. Son expertise et ses aptitudes pour le transfert des connaissances lui ont attiré le respect de ses pairs et elle s'est vue décerner en 2018 un Prix Florence de l'Ordre des infirmières et infirmiers du Québec, un prix qui souligne sa contribution exceptionnelle pour améliorer les conditions de santé des populations.



**Myriam Gagné** PhD détient un baccalauréat en enseignement. Très tôt dans sa formation initiale, elle a été sensibilisée à l'importance de mettre en œuvre des méthodes éducatives fondées sur la participation active des apprenants. Depuis 2016, elle travaille en collaboration avec le Réseau québécois d'éducation en santé respiratoire pour améliorer les formations destinées aux professionnels et professionnelles de la santé et ainsi contribuer à optimiser les soins donnés aux personnes atteintes d'une maladie respiratoire chronique. Elle vient de compléter un doctorat en épidémiologie à l'Université Laval, dont l'objectif était d'ailleurs d'outiller les éducateurs et éducatrices en santé respiratoire.



**Saturday Morning, November 16, 2019**

**8:00 - 8:45 AM**

**INDUSTRY SYMPOSIUM SPONSORED BY  
COPD Management**



**Speaker: TBA**

**8:45 - 9:00 AM**

**BREAK**

**9:00 - 10:00 AM**

## **KEYNOTE ADDRESS**

### **The Ripple Effect: Sleep, Eat, Move & Think Better**

Every day, we work with clients to try to inspire them to healthy behaviour change. Many of us also struggle with our own health behaviour change as we strive to lead healthier, more productive lives. Whether we are collaborating on smoking quit plans, or plans for our clients to eat healthier, exercise more or manage the stress of their diseases, there are many problems standing in the way of making those dreams a reality.

The modern world has changed the way people eat, move, sleep, and think. Advances in science and medicine have camouflaged the negative effects of a poor diet, a sedentary lifestyle, and a lack of sleep, helping us ignore how our bodies are designed and the powerful relationships between diet, exercise, sleep and mental health.

The world is faced with four inter-related epidemics – sleeplessness, obesity, inactivity, and mental illness. Fortunately, the scientific answers to these problems are available today. Sleep soundly. Eat Smarter. Move More. Think Clearly.

In this keynote address, Dr. Greg Wells will present the scientific solution to these global challenges. Using stories, research, and simple tactics, Dr. Wells clearly outlines how to improve your and your clients' health, supercharge your life and theirs, and ultimately help everyone reach their full potential.

This presentation is based on Dr. Wells' bestselling book *The Ripple Effect*.

#### **Learning Objectives**

- Discuss how a better understanding of neuroscience can lead to healthier behaviours
- Explain the connections between sleep, diet, exercise, and mental health to lead to a healthier life



**Greg Wells** PhD has worked for more than 25 years with some of the highest-performing individuals on the planet, including Olympic and World champions.

A veteran endurance athlete himself, Wells has participated in the grueling Nanisivik Marathon 600 miles north of the Arctic Circle; Ironman Canada; and the Tour D'Afrique, an 11,000 km cycling race that is the longest in the world.

Dr. Wells is the author of three bestselling books: *Superbodies*, *The Ripple Effect*, and *The Focus Effect*. He also hosted the award-winning *Superbodies* series, which aired on Olympic broadcasts worldwide in 2010 and 2012. As a speaker, Dr. Wells has travelled the world speaking at events such as TEDx and The Titan Summit.

Dr. Wells earned his PhD in Respiratory Physiology, served as an Associate Professor of Kinesiology at the University of Toronto, and is currently an exercise medicine researcher in respirology at the Hospital for Sick Children in Toronto. As a researcher, Dr. Wells is working in a field of investigation called exercise medicine, where he uses specific exercise protocols to test the limitations of the human body in various diseases – mostly related to muscle and lung conditions.

## Saturday Morning, November 16, 2019

10:00-10:30 AM

### What's New in Allergy?

Allergy symptoms occur when your immune system overreacts to an allergen—something that usually is harmless, such as plant pollen, dust mites, molds, insect stings or food. People with asthma often have allergies. Triggers for asthma are often the same for other allergies.

In this entertaining session, Dr. Kim will cover a potpourri of allergy topics to update educators on what's new in allergy management. He will also dispel some of the common myths around allergy testing and management.

#### Learning Objectives

- Discuss the allergy hot topics including: food OIT (oral immunotherapy), sublingual tablets, and allergy vaccines
- Explain common misconceptions around Complementary & Alternative allergy testing and treatment



**Harold Kim MD FRCP** has been in private practice in Kitchener for over twenty years. He has an appointment at McMaster as an Assistant Clinical Professor and at the University of Western Ontario (UWO) as an Adjunct Professor.

He graduated with his MD from UWO and completed Internal Medicine and Allergy training at UWO. His clinical interests include allergic conditions including: asthma, allergic rhinitis, food allergy, atopic dermatitis, drug allergy and sinusitis. Although clinical research has been an interest for Dr. Kim, his "extra-practice" activities include participating in the Canadian Asthma Guidelines and Canadian Rhinitis Guidelines and the Canadian Immunotherapy Guidelines. Dr. Kim is currently the president of the Canadian Society of Allergy and Clinical Immunology. He is the past president of the Canadian Network for Respiratory Care. Dr. Kim is happily married with five daughters.

10:30 – 11:00 AM

### POSTER SESSION

### REFRESHMENT BREAK & VISIT EXHIBITS

11:00 AM – 12:15 PM

### WORKSHOPS

# 301

### Understanding Direct and Indirect Testing in the Diagnosis of Asthma

In Canada, asthma is the third most common chronic disease. It continues to be a leading cause of illness and absenteeism with an annual economic burden of \$2.1 billion. Despite the availability of objective diagnostic testing, asthma continues to be both under- and over-diagnosed. This workshop will review current direct and indirect diagnostic tests, pros and cons for each and an overview of related airway physiology.

Asthma diagnosis and assessment of control is achieved with the use of objective testing. These tests are specified by their action on the airway smooth muscle being either direct or indirect. Direct testing such as the methacholine inhalation challenge acts directly on the airway smooth muscle fibers causing bronchoconstriction. It is primarily indicated to determine if current symptoms are due to asthma. Indirect challenges such as exercise, cold air and mannitol act via cellular stimulation. The downstream signaling cellular response releases specific mediators that act on the airway smooth muscle, resulting in bronchoconstriction. Although these objective tests are widely used, many factors can interfere – affecting interpretation and diagnosis. A review of airway physiology involved with pulmonary function testing hopes to resolve and troubleshoot.

#### Learning Objectives

- Explain different methodologies used to diagnose asthma:
  - Methacholine challenge, Mannitol challenge, Pre/Post spirometry/Reversibility
- Discuss the airway physiology related to asthma and airway hyper-responsiveness
- Interpret spirometry results related to asthma diagnosis



**Melanie Kjarsgaard BSc RRT CRE** is the manager of the Airway Inflammometry Research laboratory at the Firestone Institute for Respiratory Health at St Joseph's Healthcare Hamilton. She graduated with a Bachelor of Science from the University of Guelph in 1997, a diploma in Respiratory Therapy in 2000 from the Michener Institute for Health Sciences and is a current Graduate student in the Medical Sciences program at McMaster University. She joined the research team of the late Professor Freddy Hargreave in 2005 and, since 2007, she has been co-ordinating a cutting-edge translational airway research program in Professor Parameswaran Nair's laboratory. In addition to her expertise in evaluating biologics for the treatment of severe complex airway diseases, she also trains technologists in Canada and globally in sputum inflammometry and was the National Co-ordinator for the AllerGen NCE in Severe Asthma. As part of this research team, she has contributed to 15 peer-reviewed manuscripts including in the *New England Journal of Medicine*, *American Journal of Respiratory & Critical Care Medicine*, *European Respiratory Journal*, and the *Journal of Allergy & Clinical Immunology*.

## Saturday Morning, November 16, 2019

### Programs Making a Difference with Vulnerable Populations

# 302

The workshop will use an interactive and case-based approach to learn about respiratory educators that are making a difference through collaborating with vulnerable populations (e.g. low-income, indigenous, refugees). Resource materials will be provided to participants to support the use of effective strategies (e.g. determinants of health, population health strategies) in practice. Participants will be encouraged to share their experiences and expertise.

#### Learning Objectives

At the end of the workshop, participants will be able to:

- Describe effective approaches for working with clients living in vulnerable contexts
- Use collaborative strategies to improve the lung health of low-income, low resource clients
- Apply a determinants of health framework in their respiratory educator programs



**Margot Underwood RN MN CRE CTE** serves on the CNRC board and on the certification and recertification committees. She has enjoyed teaching post-secondary nursing students, respiratory educators and global health field school students. She was a founding manager, educator and research member in the Calgary COPD & Asthma Program. She is actively engaged in community development programs and health initiatives in the Dominican Republic.

# 303

### Exercise Anywhere, Anytime – No Gym Required!

For anyone working in the world of COPD, you know motivating those with COPD to exercise can be challenging! There are many reasons people can find to not exercise, some popular reasons being “I can’t afford a gym membership” or “I can’t afford gym equipment”.

Angie and Blayre are going to share how the St. Mary’s General Hospital’s COPD Activation Program helps participants build safe, effective exercise programs with no gym membership required! Learn to do by doing! Come learn about and practice exercises you can share with your COPD patients in any setting.

#### Learning Objectives

- Explain exercise options in the community outside of the typical gym setting
- Demonstrate a full body strengthening and flexibility routine



**Angie Shaw RRT CRE** has been a registered respiratory therapist for 19 years, working in Ontario and Alberta. Angie has been the coordinator of the St. Mary’s General Hospital COPD Activation Program for 12 years.



**Blayre Martin MA(Kin)** has been a kinesiologist with St. Mary’s General Hospital for 11 years involved in both the COPD Activation Program and the Hearts in Motion Cardiac Rehabilitation Program.

Saturday Morning, November 16, 2019

## 304 Finding a BETTER Way to Chronic Disease Prevention

The BETTER Program proactively and comprehensively screens for cancer (e.g. breast, cervical, colorectal, lung), cardiovascular disease, diabetes, obesity (e.g. waist circumference, BMI), mental health and family history as well as lifestyle risk factors (e.g. smoking, alcohol, nutrition and physical activity).

The BETTER approach has been evaluated by two national-level Canadian studies. This approach has been demonstrated to improve patients' cancer and chronic disease prevention and screening outcomes by 37% when compared to usual care.

The 75-minute workshop will involve an interactive, patient case review using our evidence-based tools to assess a patient's risk for chronic disease. Participants will review and apply the BETTER tools to determine the patient's chronic disease risk for several of the above-mentioned screening actions.

### Learning Objectives

Following the workshop, participants will:

- Discuss BETTER: an innovative approach to integrate preventive care for cancer and chronic diseases into primary care
- Describe how a tailored intervention provided by a healthcare professional, the Prevention Practitioner, can help patients reach their chronic disease prevention and screening goals
- Practice applying the BETTER tools to a patient case



**Heidi Cheung** MHS RRT CRE is the Prevention Practitioner™ Trainer for the western branch of the BETTER Training Institute. She graduated from Thompson Rivers University as a Respiratory Therapist in 2000 and has been practicing as a Certified Respiratory Educator since 2007. She completed her Masters in Health Science in 2015 with a focus on clinical teaching. Heidi is passionate about chronic disease prevention and the health of the patient as a whole. In her spare time, she is one half of a St. John's Ambulance Dog Therapy team with her golden retriever, Ginger.

## 305 Asthma Mimickers

Though asthma is the most common condition causing cough and wheeze, +/- reversible obstruction of the airway, there are a large number of conditions which can cause similar symptoms and even abnormal spirometry. These conditions are sometimes called asthma mimics or asthma mimickers. These asthma mimics can present as clinical problems requiring prompt recognition and optimal case management to ensure best outcomes for these patients.

This interactive, case-based workshop will examine some of the common asthma mimickers so you are prepared when these "zebras" get sent to you for advice.

### Learning Objectives

Following the workshop, participants will be able to:

- Define what is not asthma
- Explain how to diagnose and treat these "asthma mimickers"



**Alan Kaplan** MD CCFP(EM) FCFP is a family physician with a special interest in respiratory medicine. He is the Chair of the Family Physician Airways Group of Canada and the Communities of Practice in Respiratory Medicine for the College of Family Physicians of Canada. He is the lead physician for the Pulmonary Rehabilitation clinics in his LHIN (Local Health Integration Network). He is a senate member of the International Primary Care Respiratory Group. He is the past-Chairperson of the Respiratory Section of the College of Family Physicians of Canada and a Member of Past Canadian Consensus Guidelines for Asthma, COPD and Sinusitis. Dr. Kaplan is Co-Chair, Health Quality Ontario COPD Community Management Standards committee. He is the international editor for Nature's Primary Care Respiratory Journal as well as the Italian Journal of Primary Care. Dr. Kaplan is married with four children and four dogs and is an ardent baseball player.

Saturday Morning, November 16, 2019

306

### Using CBT, DBT & Mindfulness to Create Smoking Cessation Plans for Tobacco, Vaping & Cannabis

This workshop will explore how educators can incorporate the use of Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and mindfulness to collaborate with clients to create smoking cessation plans for tobacco, vaping and cannabis. Learn practical tools and new language to help clients reframe approaches to stop smoking and create different ways for clients to think about stopping smoking.

#### Learning Objectives

- Explore foundational concepts in psychotherapy as applied to behaviour interventions
- Examine how elements of psychotherapies (e.g. CBT, DBT & mindfulness) can be used to create new ways for our clients to explore self-knowledge, communicate and make decisions about changing smoking status
- Discuss reframing techniques that can be used by clients to achieve more positive outcomes and to create a toolbox of samples and analogies to attach a familiar frame of reference for unfamiliar clinical terms and concepts
- Explain the difference between the emotional brain and the logical brain and a patient-friendly approach using this concept to reframe the process and value of psychotherapies



**Ken Burns** RPH BScPharm CDE CRE CTE is a pharmacist working at the Complex Care Diabetes Centre (CCDC) at Health Sciences North in Sudbury. The CCDC is one of several programs in Ontario to help people living with diabetes and multiple comorbidities. The program serves the population from Sudbury to the James Bay coast and the northern Ontario population and has one of the highest rates of respiratory disease and smoking in the country. Ken also works in outreach at the Wikwemikong Reserve on Manitoulin Island, assessing and case managing complex patients in underserved areas.

Ken became interested in respiratory care when he saw that many of his diabetes clients were also smoking and had respiratory disease and realized the common factor was his client's health behaviours. Ken was one of the authors of the Pfizer CATALYST smoking cessation pharmacist training program. He was very involved in the development of CNRC's Certified Tobacco Educator program. He is the past Chair of the Ontario Pharmacists Association Board of Directors.

Ken has participated and worked as a trainer and faculty for the Institute for Healthcare Communication - Canada. This has added to the clinical process from gathering more fulsome information from the patient to creating a format of assessment through recommendations to follow-up that not only engages the patient in decisions, but considers health behaviours as a driving component of outcomes. He is currently co-chair of the clinical working group for eHealth Ontario with a mandate including optimizing access to electronic health information for clinicians providing care through vehicles such as the Connecting Ontario Clinical Viewer and portal. This process is to benefit patients by giving clinicians better access to clinical information including medications, labs, clinical notes, and more.

This experience illustrates better than ever not only the needs for collaboration with patients and other providers through changing access to information and how we communicate and interact, but also points to gaps in these processes. One of the most obvious and needed gaps to address is patient care plans for the patient, assembled from the care plans of their various providers, but also prioritized and driven by the patient.

And despite how boring the above sounds, Ken says he has his ideal job and loves every minute of it. Well, mostly.

307

### Allergy Management for Respiratory Educators

Dr. Kim will continue a deeper dive into the allergy diagnosis and management topics covered in his plenary session. This informal, interactive workshop will allow plenty of time for you to ask questions about the wide range of allergy management issues that respiratory educators see in practice, including food allergy, EPI injectors, and the latest allergy treatments.

#### Learning Objectives

- Discuss allergy hot topics including: food OIT (oral immunotherapy), sublingual tablets, Epinephrine Auto-Injectors
- Explain common misconceptions around Complementary & Alternative allergy testing and treatment
- Discuss common allergy myths around testing and treatment



**Harold Kim** MD FRCP has been in private practice in Kitchener for over twenty years. He has an appointment at McMaster as an Assistant Clinical Professor and at the University of Western Ontario as an Adjunct Professor.

He graduated with his MD from UWO and completed Internal Medicine and Allergy training at UWO. His clinical interests include allergic conditions including asthma, allergic rhinitis, food allergy, atopic dermatitis, drug allergy and sinusitis. Although clinical research has been an interest for Dr. Kim, his current "extra-practice" activities include participating in the Canadian Asthma Guidelines and Canadian Rhinitis Guidelines and the Canadian Immunotherapy Guidelines. Dr. Kim is currently the president of the Canadian Society of Allergy and Clinical Immunology. He is the past president of the Canadian Network for Respiratory Care. Dr. Kim is happily married with five daughters.

## Faire la différence pour les personnes atteintes de MPOC en fin de vie et leurs aidants

La mortalité par MPOC est à un taux épidémique; elle dépasse même celle due au cancer du sein chez la femme et constituera en 2020 la troisième cause de mortalité aux États-Unis (11). Vivre avec une MPOC très sévère, c'est être dyspnéique et fatigué à tout moment et ne plus pouvoir sortir de son domicile. Or, la phase palliative de la MPOC a été estimée à environ deux ans, alors comment faire la différence au niveau des soins pour toutes ces personnes y compris leur proches aidants? Cet atelier vise à mieux connaître les approches probantes qui font une différence pour ces personnes.

Il a été reconnu que l'offre des soins palliatifs et de fin de vie est moindre auprès des gens atteints d'une MPOC que des gens atteints d'insuffisance cardiaque, de démence et bien sûr de cancer (1, 19). Au cours des dernières années, des efforts substantiels ont été déployés afin de permettre à un plus grand nombre de patients en phase très avancée de leur MPOC de bénéficier des meilleures approches cliniques.

La composante qui fait la différence est l'approche collaborative conjugant les efforts de tous les acteurs du continuum de soins à travailler vers un objectif commun, celui de répondre aux besoins de la clientèle MPOC atteinte sévèrement et d'assurer son confort le plus longtemps à domicile.

Au cœur de l'approche préconisée, il importe de situer rapidement le patient dans la trajectoire de la MPOC. Il s'avère tout aussi important de contrôler optimalement ses symptômes (dyspnée et anxiété) ainsi que de l'accompagner lui et ses proches aidants dans toutes les étapes de la fin de vie. Un enjeu majeur demeure dans la prise en charge de la MPOC en phase très avancée, c'est la gestion de la dyspnée réfractaire.

### Objectifs d'apprentissage

- Situer le patient atteint d'une MPOC dans la trajectoire de soins pour mieux le soigner
- Offrir le soutien à la famille / proches aidants en soins palliatifs
- Aborder la médication en fin de vie



**Josée Dagenais** BSc inf est infirmière clinicienne et consultante clinique au RQESR. Elle détient une formation de 2<sup>ème</sup> cycle en soins infirmiers et elle a pratiqué plusieurs années comme conseillère cadre en soins infirmiers pour différents volets (médecine, gériatrie, pneumologie) et plus récemment pour celui des maladies chroniques au CEMTL. Tout au long de la trajectoire de ces maladies, la meilleure qualité de vie possible des gens atteints et celle de leurs proches de même que le souci éthique dans plusieurs situations, animent profondément sa motivation personnelle et professionnelle à leur offrir les soins optimaux et ce, aux moments où leurs besoins doivent être répondus.



**Lise Tremblay** MD PhD est pneumologue depuis 2006 à l'IUCPQ et fellowship en oncologie thoracique et en médecine palliative.



**Diane Nault** BSc inf travaille depuis plus de 25 ans dans le domaine des maladies respiratoires, plus particulièrement dans la MPOC (infirmière clinicienne, coordonnatrice de recherche, infirmière clinicienne spécialisée et gestionnaire de soins). Mme Nault est Présidente du comité scientifique et conseillère clinique au RQESR (Réseau québécois d'éducation en santé respiratoire). Elle croit profondément que guider les patients atteints d'une MPOC vers l'autogestion de la maladie est la clé pour qu'ils puissent maintenir leur santé et la meilleure qualité de vie possible.



**Nathalie Painchaud** BSc inf est infirmière clinicienne et travaille depuis 2007 au Service régional de soins à domicile pour malades pulmonaires chroniques (SRSAD) de l'Hôpital Maisonneuve-Rosemont. Au sein de ce service, elle assure la fonction de monitrice clinique depuis 2010 et travaille activement au développement des soins de fin de vie dans une approche interdisciplinaire. En début de carrière, elle a pratiqué en Suisse, à l'Hôpital Saint-Luc et Royal-Victoria. En 1987 elle a obtenu un baccalauréat en sciences infirmières de l'Université de Montréal. De 1990 à 2007 elle assume ses fonctions d'infirmière clinicienne aux Soins intensifs de l'Hôpital Maisonneuve-Rosemont.

## Saturday Afternoon, November 16, 2019

12:15 – 1:15 PM

A. Les McDonald Awards Luncheon

1:15 – 1:45 PM

INDUSTRY SYMPOSIUM SPONSORED BY



### Beyond the Prescription: A Patient's Journey to Better Asthma Control

#### Learning Objectives

- Discuss the current state of asthma control in Canada
- Discuss the barriers and opportunities to achieving asthma control
- Discuss the impact of psychological and lifestyle factors on the development and progression of asthma
- Review techniques for motivating asthma patients to self-manage their disease



**Kenneth R. Chapman** MD MSc FRCPC FACP FERS is Director of the Asthma and Airway Centre of the University Health Network, President of the Canadian Network for Respiratory Care and Director of the Canadian Registry for Alpha-1 Antitrypsin Deficiency. He is Professor of Medicine at the University of Toronto.

Dr. Chapman is an internationally respected researcher in the field of asthma and airway diseases; his publications in the field of asthma and COPD have appeared in the *New England Journal of Medicine* and the *Lancet*. The titles of more than 500 publications have been equally varied ranging from "Emergency medical services for outdoor rock music festivals" to "The effect of posture on thoracoabdominal movements during progressive hyperoxic hypercapnia in conscious man". He chaired Canada's first Consensus Conference to establish Canadian guidelines for the management of COPD and remains an active participant in guideline development processes for asthma and COPD. In 2014, Dr. Chapman was one of just five respiratory physicians named a Fellow of the European Respiratory Society.



**Kim Lavoie** BSc MA PhD is a Full Professor at the Department of Psychology, University of Quebec at Montreal (UQAM), Adjunct Professor in the Department of Medicine, University of Montreal and an Affiliate Professor, Department of Exercise Science, Concordia University. She is the Chair of Behavioral Medicine and FRQS Chercheur-Boursier Senior, Department of Psychology, UQAM.

Dr. Lavoie's work focuses on research in three areas: (1) the impact of psychological stress (e.g., depression, anxiety) and lifestyle factors (diet, exercise, smoking, adherence) on the development and progression of chronic illnesses (e.g., cardiovascular disease, asthma, COPD, obesity); (2) psychophysiological and behavioral mechanisms linking psychological stress to disease; and (3) behavioural medicine (e.g., behavioral interventions for chronic illnesses, including motivational communication and cognitive-behavioral therapy).

Dr. Kim Lavoie, co-Director of the MBMC and co Lead of the International Behavioural Trials Network (IBTN), is a researcher in the Chronic Disease Research Division at Hôpital du Sacré-Coeur de Montréal. She is the Chair of Health Psychology and Behavioural Medicine at the Canadian Psychological Association, Chair of the Canadian Network for Health Behaviour Change and Promotion (CAN-Change) and an active member of the CHEP recommendation panel (Adherence Subcommittee). She is an internationally recognized expert in motivational communication; over 10,000 health professionals across Canada, the US, Europe (France, Spain, Germany, The Netherlands, Belgium, Switzerland, Portugal, Italy, Estonia, the UK), Australia and New Zealand have attended her professional training workshops. She currently holds FRQS and CIHR Investigator Awards and multiple grants in the area of motivational communication training and efficacy for behaviour change in chronic disease.

## Saturday Afternoon, November 16, 2019

1:45 – 2:15 PM

### Cannabis & Respiratory Health

Since the introduction of medical cannabis (marijuana) legislation in Canada and the legalization of recreational cannabis, respiratory and tobacco educators have expressed concern about the respiratory health implications for clients smoking and vaping cannabis. Many clients mistakenly believe that not only is cannabis without harm, it is actually good for them because it is prescribed for medical reasons. Further, recent media reports out of the US are showing clusters of mysterious lung disease that may be linked to vaping cannabis.

Dr. Stanbrook is leading the Canadian Thoracic Society assembly that will be producing a statement on the respiratory effects of cannabis. The statement is expected to be released in early 2020.

#### Learning Objectives

- Review the current evidence regarding the effect of smoking or vaping cannabis
- Discuss the use of cannabis for palliative care in late-stage COPD



**Matthew Stanbrook MD PhD FRCPC FACP** graduated from medical school at the University of Toronto and completed his residency in Toronto in internal medicine and respiratory, followed by several years of additional research training in the Royal College Clinician Investigator Program. From 2001-2002, he moved to Boston to undertake a research fellowship with Dr. Jeffrey Drazen at The New England Journal of Medicine, where he was the first person to hold the position of Editorial Fellow. He then returned to Toronto to complete his PhD in clinical epidemiology.

Dr. Stanbrook is currently appointed as an associate professor in the Department of Medicine with cross-appointment to the Institute of Health Policy, Management and Evaluation at the University of Toronto. He is a staff respirologist at the Asthma & Airway Centre of the University Health Network. In addition, he has served as deputy editor of the Canadian Medical Association Journal since 2007 and is also an associate editor for ACP Journal Club. He is a core member of Health Canada's Scientific Advisory Committee on Respiratory and Allergy Therapies.

His research interests include the clinical epidemiology of COPD and asthma, the health and public policy implications of e-cigarettes and the role of medical journals in knowledge translation.

2:15 – 2:45 PM

### What is the Buzz about Medical Cannabis?

Cannabis is a plant that contains biologically active substances in its leaves, flowers, and buds and their extracts. Medical cannabis can help treat symptoms like pain, spasticity, nausea, and lack of appetite. It may be used by people who have conditions like cancer, epilepsy, chronic pain, or multiple sclerosis.

The two most biologically active chemicals in cannabis are THC (Tetrahydrocannabinol) – the psychoactive compound, responsible for the “high” people feel and CBD (Cannabidiol) – thought to be responsible for the medical benefits. A simple google search or social media scan will show hundreds of unsubstantiated or exaggerated health claims about its efficacy.

Dr. Kaplan will explore the scientific evidence regarding medical use of cannabis.

#### Learning Objectives

- Discuss the pros and cons of prescribing medical cannabis
- Explain the difference between CBD and THC
- Describe where to place medical cannabis in your patient's management strategies
- Discuss what educators should do when their patients with asthma or COPD have been prescribed medical cannabis and are smoking or vaping it



**Alan Kaplan MD CCFP(EM) FCFP** is a family physician with a special interest in respiratory medicine. He is the Chair of the Family Physician Airways Group of Canada and the Communities of Practice in Respiratory Medicine for the College of Family Physicians of Canada. He is the lead physician for the Pulmonary Rehabilitation clinics in his LHIN (Local Health Integration Network). He is a senate member of the International Primary Care Respiratory Group. He is the past-Chairperson of the Respiratory Section of the College of Family Physicians of Canada and a Member of Past Canadian Consensus Guidelines for Asthma, COPD and Sinusitis. Dr. Kaplan is Co-Chair, Health Quality Ontario COPD Community Management Standards committee. He is the international editor for Nature's Primary Care Respiratory Journal as well as the Italian Journal of Primary Care. Dr. Kaplan is married with four children and four dogs and is an ardent baseball player.

2:45 – 3:15 PM

### REFRESHMENT BREAK

## Saturday Afternoon, November 16, 2019

3:15 – 4:00 PM

### Tobacco/Cannabis Co-Use

Tobacco-cannabis co-use is prevalent, creating unique challenges for educators. The prevalence of cigarette smoking is nearly three times higher among persons who use cannabis and have cannabis use disorders (CUDs), relative to those who do not. Cigarette smoking quit ratios remain dramatically lower among people who use cannabis and have CUDs. As cannabis use is increasing, perception of cannabis use risk is declining. (Weinberger, 2018)

Now that cannabis use is legal in Canada, educators will increasingly need to learn new tools to assist their clients with cessation – of both tobacco and cannabis.

#### Learning Objectives

- Discuss the prevalence of co-use of tobacco and cannabis as well as factors related to tobacco-cannabis co-use
- Examine epidemiologic data on the relationship of cannabis to cigarette smoking transitions including cigarette smoking initiation among those who do not smoke, smoking cessation among individuals who smoke cigarettes, and smoking relapse among clients who formerly smoked
- Describe potential clinical implications of co-use of cannabis and cigarettes for health care professionals



**Andrea H. Weinberger** PhD is an Associate Professor in the Clinical Psychology Health Emphasis PhD program at Yeshiva University's Ferkauf Graduate School of Psychology with a secondary appointment as an Assistant Professor in the Department of Epidemiology and Population Health at the Albert Einstein College of Medicine. Dr. Weinberger is a licensed clinical psychologist and her research focuses on the epidemiology of addictive behaviors with an emphasis on tobacco use and quitting; disparity groups related to tobacco use including women, racial/ethnic minorities, and persons with comorbid psychiatric, substance use, and medical conditions; and behavioral smoking cessation treatment development. Dr. Weinberger has published over 100 peer-reviewed papers and received grant funding from the National Institute on Drug Abuse and Women's Health Research at Yale. She is a co-chair of the Society for Research on Nicotine and Treatment Research Network Advisory Committee, a Deputy Editor at *Nicotine & Tobacco Research*, and a Consulting Editor at *Psychology of Addictive Behaviors*.

A large, stylized graphic of an apple in shades of pink and red, positioned behind the text box.

The Canadian Network for Respiratory Care (CNRC), through its certified educators and member organizations, works to improve the quality of life for Canadians and their families living with respiratory diseases, and tobacco use disorder, by developing, promoting and advocating the highest standards of education in health promotion and care.

## Saturday Afternoon, November 16, 2019

4:00 – 4:45 PM

### Neurobiology of Addiction: Tobacco, Vaping & Cannabis + Successful Strategies for Cessation

Now that cannabis has been legalized in Canada, there is widespread belief that cannabis use is without harm and that addiction is not likely to occur as it is believed to be far less addictive than tobacco and nicotine. In fact, cannabis use can lead to the development of problem use, known as cannabis use disorder, which takes the form of addiction in severe cases. As many as 30% of cannabis users may have some degree of cannabis use disorder. This is particularly concerning for youth who smoke cannabis, who are 4 to 7 times more likely to develop a cannabis use disorder than adults. (*National Institute on Drug Abuse, 2019*).

Dr. Selby will explore the differences between tobacco, nicotine and cannabis addiction as well as discuss what the current evidence shows are the best methods for cessation.

#### Learning Objectives

- Explain the differences in neurobiological addiction to tobacco, nicotine (through vaping), and cannabis
- Discuss different strategies for cessation for clients who use tobacco, vape, or use cannabis (or use these products in combination on concurrently)



**Peter Selby** MBBS CCFP FCFP MHS Sc DipABAM is the Chief of Medicine in the Psychiatry Division and a Clinician Scientist at the Centre for Addiction and Mental Health (CAMH). He is a Professor in the Departments of Family and Community Medicine, Psychiatry, and the Dalla Lana School of Public Health at the University of Toronto. He is also a Clinician Scientist in the Department of Family and Community Medicine.

Dr. Selby's research focus is on innovative methods to understand and treat addictive behaviours and their comorbidities. He also uses technology to combine clinical medicine and public health methods to scale up and test health interventions. His cohort of 240,000 treated smokers in Ontario is an example. He has received grant funding totaling over 85 million dollars from CIHR, NIH, and Ministry of Health and has published 38 research reports prepared for the government.

He is the Chair of the Medical Education Council for the American Society of Addiction Medicine. Dr. Selby mentors Fellows in Addiction Medicine and Addiction Psychiatry, junior investigators and medical students. The use of innovative methods to communicate messages makes Dr. Selby a sought-after speaker for various topics including addictive disorders, motivational interviewing, and health behavior change at individual and system levels. Dr. Selby has published 150 peer-reviewed articles, 37 books or book chapters, and 125 international presentations.

4:45 PM

#### Closing Remarks

Speakers: Dr. Ken Chapman  
Cheryl Connors  
Kristine Petrasko

#### Conference Planning Committee

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#### Conference Registration Fees

Registration fees include the Thursday night Welcome Reception, Friday & Saturday breakfasts and luncheons, refreshment breaks and admittance to all sessions.

	<b>Early Bird</b> Payment received by September 30, 2019	<b>Regular</b> Payment received on or after October 1, 2019
<b>Member</b> Current CAE, CRE, CCE, CTE	<b>\$ 375</b>	<b>\$ 400</b>
<b>RQESR membre</b>	<b>\$ 375</b>	<b>\$ 400</b>
<b>Non-Member</b>	<b>\$ 400</b>	<b>\$ 425</b>

Additional Thursday Welcome Reception Tickets \$40



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