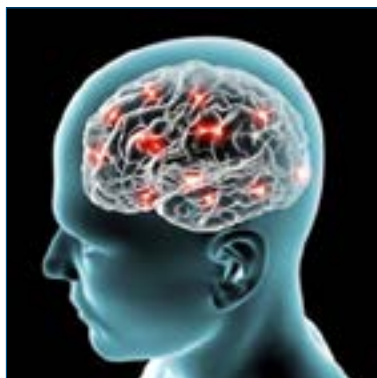

Scientific Tracks & Abstracts

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International Conference on

FAMILY MEDICINE AND FAMILY PHYSICIANS

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ECG Interpretation-A review of STEMI patterns and their mimics


Gregory D Chapman
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St elevation MI is a medical emergency and prompt recognition and treatment saves lives. Current strategies for prompt recognition and treatment will be presented, as well as a validated (via cardiac catheterization) ecg module that demonstrates ecg findings with STEMI, as well as conditions that mimic STEMI.

Speaker Biography

Gregory D Chapman, MD, FACC is a Professor of Medicine/Cardiovascular Disease at the University of Alabama at Birmingham. He has published commentaries and research papers in The New England Journal of Medicine, Circulation, the American Journal of Cardiology, and the American Journal of Medicine. He is now in his third decade of practice as a cardiologist, with experience in academic and private practice settings. His interests include STEMI recognition and treatment, as well as the diagnosis of acute coronary syndromes and their mimics. In addition to an active clinical role, he enjoys teaching residents in internal medicine, emergency medicine, and cardiology.”

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 Notes:

Use of abbreviations and acronyms among healthcare workers in a resource limited setting

Billy M Tsimba, Deogratias O Mbuka Maxwell Mungisi and Eva Lephirimile

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Context: Abbreviations and acronyms (A&A) are commonly used in both general and clinical settings to simplify and facilitate communication as well as means of saving time, space and effort. However, the use of abbreviations has been linked to patient safety issues. District hospitals operate with a heterogeneous community of healthcare workers presumably with diverse set of A&A in use. The use of A&A in these settings assumes that all have common understanding regarding the A&A used in patient records. We therefore aimed to assess the frequency, nature and healthcare workers' understanding of the meaning of the abbreviations and acronyms used in medical records at a district hospital in Botswana.

Methods: A cross-sectional study was conducted over one month using inpatient medical charts at a district hospital in Botswana to produce a self-administered questionnaire assessing healthcare workers' understanding of abbreviations.

Results: A total of 57 charts were included in the study. The total count of abbreviations, acronyms and symbols was 1693 representing 86 different groups. The score of correctly identified abbreviations was different among the three cadres of healthcare workers ($P=0.001$) assessed. Overall, the healthcare workers correctly identified 73% of the abbreviations. In fifty of the collated abbreviations (58,1%), participants suggested alternative meaning of the abbreviation.

Conclusion: There is evidence that abbreviations are frequently used in medical notes at a district hospital in a resource limited setting. There is need to standardize abbreviations and acronyms used in clinical care to minimize the potential danger of compromised patient safety in district hospitals and similar settings.

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 Notes:

Abusive vs non-abusive head injury in children: A systematic review

Shalea J Piteau

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Context & Objective: To systematically review the literature to determine which clinical and radiographic characteristics are associated with abusive head trauma (AHT) and non-abusive head trauma (nAHT) in children?

Data Sources: We searched Medline, Embase, PubMed, conference proceedings and reference lists to identify relevant studies. Study Selection & Data Extraction: Two reviewers independently selected studies that compared clinical and/or radiographic characteristics including historical features, physical exam and imaging findings and presenting signs or symptoms in hospitalized children less than or equal to six years of age with AHT and nAHT.

Results: Twenty-four studies were included. Meta-analysis was complicated by inconsistencies in the reporting of characteristics and high statistical heterogeneity. Notwithstanding these limitations, there were 19 clinical and radiographic variables that could be meta-analysed and odds ratios were determined for each variable. In examining only studies deemed to be high quality, we found that subdural haemorrhage (s), cerebral ischemia; retinal haemorrhage (s), skull fracture (s) plus intracranial injury, metaphysical fracture (s), long bone fracture (s), rib fracture (s), seizure (s), apnoea, and no adequate


history given were significantly associated with AHT. Epidural haemorrhage (s), scalp swelling, and isolated skull fracture (s) were significantly associated with nAHT. Sub-arachnoid haemorrhage (s), diffuse axonal injury, cerebral oedema, head and neck bruising, any bruising, and vomiting, were not significantly associated with either type of trauma.

Conclusions: Clinical and radiographic characteristics associated with AHT and nAHT were identified, despite limitations in the literature. This systematic review also highlights the need for consistent criteria in identifying and reporting clinical and radiographic characteristics associated with AHT and nAHT.

Speaker Biography

Shalea Piteau is the Chief/Medical Director of Pediatrics at Quinte Health Care and an Assistant Professor at Queen's University. She went to Queen's University and graduated with a Bachelor of Science Honors Degree, and then she did a Masters of Science in Physiology at the University of British Columbia (UBC). Shalea went to Medical School at UBC and then she completed a Residency in Pediatrics at Queen's University. She enjoys doing on missionary work, and has done missions in various places including Africa, Asia, South and Central America, and the Native Reserves in northern Canada.

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 Notes:

A health equity perspective on mHealth applications for the self-management of diabetes

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Statement of the problem: Diabetes is among one of the leading cause of morbidity and premature mortality in Canada. Given the clinical and economic burden of caring for pre-diabetic and diabetic patients, healthcare providers and organizations are seeking new ways of caring for this large population of patients. They are turning to digital health specifically mobile health applications to help them proactively manage these patients. In addition, they are seeking to empower these patients to proactively self-manage their condition. However, concerns have risen about the feasibility of these new modes of patient engagement to actually reach the patient populations that can benefit the most from them. The purpose of this study is to highlight these concerns and propose ways to address them.

Methodology & Theoretical Orientation: A scoping review utilizing the Arksey & O'Malley framework was conducted with peer reviewed journal articles published between 2010 and 2016. A health equity lens was utilized to focus on the interaction between the clinicians, healthcare organizations, patients and mobile diabetes applications to understand these relationships and the context in which it takes place. Findings: Mobile diabetes applications have the potential to be valuable to patients with pre-diabetes and diabetes,

however because of a lack of considerations by clinicians and healthcare organizations, the patients that can benefit the most from mobile diabetes applications are not able to do so due to several factors.

Conclusion & Significance: Clinicians and healthcare organizations must recognize and acknowledge the diverse needs of marginalized and vulnerable pre-diabetic and diabetic patients in order to effectively engage them in self-management of their conditions through the use of mobile diabetes applications. Recommendations are made to help clinicians and healthcare organizations recognize the barriers to the effective utilization of mobile diabetes applications by marginalized and vulnerable patient groups.

Speaker Biography

Reshma Prashad has expertise in the implementation and evaluation of digital health technologies in Canada. Her utilization of a health equity lens in this area of research is unique and adds a critical perspective on engaging marginalized and vulnerable patient

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