



Thunder Bay Regional
Health Sciences
Centre

WELCOME TO SCOPE: Surgical Care Optimization & Primary Care Education

May 4th, 2026

Time	Event
Cortisone Injection Workshop Ballroom #2 Skills Session #1 7:30 am – 8:15 am (45 minutes)	<p>From Assessment to Injection: Cortisone Therapy in Primary Care Speaker: Dr. Tracy Wilson Moderator: Shana Magee APP</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> Understand the purpose and expected benefits of cortisone injections, including indications, mechanism of action, and typical timeline for symptom relief. Recognize the potential risks and adverse effects of cortisone injections (local and systemic). Demonstrate aseptic technique, patient positioning, anatomical landmark identification, needle selection, and safe injection practices for common joints and soft-tissue sites. Demonstrate knowledge of pre- and post-procedure instructions, activity restrictions, injection site care, and follow-up planning. Identify indications for specialist referral (e.g., failure of repeated injections, diagnostic uncertainty, suspected structural injury, or need for image-guided injection)
8:00 am – 8:30 am	Conference Registration & Light Breakfast
Main Ballroom Opening Remarks 8:30 am – 8:45 am	<p>Welcome & Opening Remarks Dr. Travis Marion – Orthopaedic Surgeon, SCOPE Chair Scientific Planning Committee & Caroline Fanti – Director Regional Surgical Services</p> <ol style="list-style-type: none"> A review of the growth and development of Centralized Intake in Northwestern Ontario and the Provincial mandate for eReferral and Central Intake <p>Conference Learning Objectives:</p> <ol style="list-style-type: none"> Learners will be able to practice and learn new surgical skills and assessment techniques to enhance patient care. Learners will be able to develop their critical thinking skills and consider appropriate investigations and diagnostic tests, for the investigation of various medical-surgical conditions. Learners will be able to identify, diagnose, and develop care plans for patients including conservative management, pharmacologic, or surgical consultation for various general surgery and orthopedic conditions. Learners will be able to design and implement processes and system- level strategies to optimize surgical referrals and improve access to specialized care through a Centralized Intake and digital health e-referral system.
Main Ballroom Session # 1 8:50 am – 9:20 am (30 minutes)	<p>1. Pancreatic Puzzles: Case-Based IPMN Decisions for Primary Care Speaker: Dr. William Harris & Dr. Colin Rumbolt Moderator: Dr. J.Cole</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> Apply evidence based criteria to identify patients at risk for IPMN, integrating symptoms, imaging findings, and risk factors according to current Ontario and national guidelines.



	<ol style="list-style-type: none"> Apply evidence-based diagnostic strategies through patient cases, including interpretation of imaging (CT, MRI, EUS) and laboratory findings, to guide the decision to monitor or refer. Use case-based scenarios to determine timely referral and management, coordinating care with gastroenterology or surgical specialists, discussing surveillance intervals, and providing patient counselling in line with current guidelines.
<p>Ballroom #2</p> <p>Skills Session #1 8:50 am – 9:30 am (30 minutes)</p>	<p>Shoulder Assessment: Mastering Precision in Shoulder Evaluation Speaker: Dr. Michael Riediger Moderator: Shana Magee, PT APC</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> Perform a comprehensive shoulder evaluation to localize pathology and generate an appropriate differential diagnosis. Interpret common clinical patterns and diagnostic findings (subjective and physical examination, imaging) to distinguish among frequently encountered upper extremity conditions. Review conservative versus surgical management options and when to refer for surgical consultation.
<p>Main Ballroom</p> <p>Session # 2 9:25 am – 9:55 am (30 minutes)</p>	<p>2. Spot It Early: Melanoma Assessment and Management for Primary Care Speaker: Dr. Laura Kerr Moderator: Dr.T. Marion</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> Participants will be able to assess melanoma risk, recognize clinical and dermoscopic features of common melanoma subtypes, and apply current guideline recommendations using case - based scenarios. Participants will be able to explain and incorporate in-office surgical procedures, including appropriate biopsy techniques (excisional, punch, or shave where indicated), interpret pathology reports (Breslow depth, ulceration, margins), and initiate evidence-based treatment planning, including indications for wide local excision, sentinel lymph node biopsy, and timely referral to dermatology or surgical oncology. Participants will be able to implement appropriate follow-up and surveillance strategies according to guidelines, provide patient education, recognize recurrence or metastatic disease, and identify clear indications for specialist referral and multidisciplinary management, including medical oncology for advanced disease.
<p>Main Ballroom</p> <p>Session #3 10:00 am – 10:30 am (30 Minutes)</p>	<p>3. From Scope to Surgery : Case-Based Colon Cancer Care Speaker: Dr.Mohammed Kalan Moderator: Dr.J.Cole</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> Analyze common and high-risk clinical cases to identify symptoms, screening results, and risk factors suggestive of colon cancer in primary care using case-based scenarios. Apply evidence-based diagnostic and referral decisions using case scenarios, including appropriate use of FIT testing, imaging, colonoscopy, and interpretation of pathology findings. Evaluate management, follow-up, and survivorship care integrating current guidelines for treatment coordination, surveillance, patient counselling, and shared care with specialists.
<p>Ballroom #2</p> <p>Skills Session #3 10:00 am – 10:30 am (30 minutes)</p>	<p>Hip & Knee Assessment: Mastering Precision in Lower Extremity Evaluation Speaker: Dr.Travis Marion Moderator: Karen Murphy, PT APC and Shayda McCurdy, PT APC</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> Perform a comprehensive lower extremity evaluation to localize pathology and generate an appropriate differential diagnosis. Interpret common clinical patterns and diagnostic findings (subjective and physical examination, imaging) to distinguish among frequently encountered upper extremity conditions. Review conservative versus surgical management options and when to refer for surgical consultation.



10:35am – 11:00 am	Coffee & Washroom Break, Network with Vendors
Main Ballroom Session # 4 11:05 am – 11:35 am (30 minutes)	4. When the Pelvic Rebels: Case-Based GSM, LUTS, and Prolapse Management Speaker: Dr.Frank Potestio Moderator: Dr.T. Marion After attending this session, participants will be able to: <ol style="list-style-type: none">1. Apply a systematic clinical assessment to menopausal patients presenting with genitourinary syndrome of menopause (GSM), LUTS, and pelvic organ prolapse, including focused history, pelvic examination, and appropriate initial investigations in primary care (e.g., urinalysis, pelvic ultrasound, endometrial assessment when indicated) and recognize when investigations are not routinely required.2. Implement evidence-based management strategies, including: local vaginal estrogen and non-hormonal options for GSM and LUTS, and conservative management of pelvic organ prolapse (e.g., pelvic floor physiotherapy, pessary use) while counselling patients on the risks, benefits, contraindications, and ongoing management to monitor symptom response, treatment tolerability, and evolving care needs over time.3. Identify indications and when to refer or co-ordinate with specialists for to gynecology, urogynecology, urology, or pelvic floor specialists (e.g., refractory symptoms, high-grade prolapse, recurrent UTIs, abnormal bleeding, suspected malignancy) in alignment with Ontario based screening and surveillance programs.
Main Ballroom Session # 5 11:40 am – 12:10 pm (30 minutes)	5. From Sneezes to Sinuses: A Primary Care Guide to Rhinitis Etiology's Speaker: Dr.Kristina Pulkki Moderator: Dr.J.Cole After attending this session, participants will be able to: <ol style="list-style-type: none">1. Accurately assess and differentiate rhinitis subtypes (allergic, non-allergic, infectious, drug-induced, and occupational) using targeted history and physical examination, and identify alarm features that necessitate further investigation or specialist referral.2. Select and interpret appropriate investigations for rhinitis, including indications for allergy testing and imaging, and implement guideline-based strategies incorporating pharmacologic and non-pharmacologic therapies individualized to symptom severity, comorbidities, and patient preferences.3. Able to evaluate treatment response and disease control over time, optimize therapy, provide patient education to improve adherence, and determine appropriate timing and indications for referral to allergy or ENT specialists.
12:10 pm – 1:10 pm	Lunch & Networking with Vendors
Main Ballroom Session #6 1:15 pm – 1:45 pm (30 minutes)	6. Safe Stops and Smart Restarts: Managing Anticoagulants for Surgery and Procedures Speaker: Dr. Lise Mozzon Moderator: Dr.T.Marion After attending this session, participants will be able to: <ol style="list-style-type: none">1. Assess thromboembolic and procedure-related bleeding risk to guide periprocedural anticoagulation management. Providers will be able to apply guidelines to stratify thromboembolic risk, classify bleeding risk and develop individualized management plans for warfarin, DOACs, including appropriate interruption, continuation and/or bridging.2. Apply evidence-based periprocedural anticoagulation strategies, including appropriate use of bridging, DOAC interruption, and coordination of care for endoscopic procedures, using guidelines to minimize thrombotic and bleeding risk and communicate management plans to patients and specialists.3. Determine appropriate timing for post-procedure resumption of anticoagulants, monitor for thrombotic complications, provide longitudinal follow-up for patients and collaborate with specialists to ensure guideline-concordant management.



<p>Ballroom #2</p> <p>Skills Session #4 2:00pm – 2:30 pm (30 minutes)</p>	<p>Cervical & Lumbar Spine Assessment: Mastering Precision in Spinal Evaluation Speaker: Dr. Sheri Robertson & Orthopedic Surgeon Moderator: Dr. Sheri Robertson, DC, APC</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Perform a comprehensive spine evaluation to localize pathology and generate an appropriate differential diagnosis. 2. Interpret common clinical patterns and diagnostic findings (subjective and physical examination, imaging) to distinguish among frequently encountered spine conditions. 3. Review conservative versus surgical management options and when to refer for surgical consultation.
<p>Main Ballroom</p> <p>Session #7 1:50 pm – 2:20 pm (30 minutes)</p>	<p>7.Right Referral, Right Context: Optimizing Centralized Intake in Northern Communities Speaker: Dr.Sean Bryan Moderator: Dr.J.Cole</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Explore how contextual factors shape referral quality, triage processes, and access to specialty care in Northern Ontario, including how geography, travel logistics, and diagnostic access influence referral pathways and triage decisions in northern practice. 2. Apply practical strategies to strengthen referral decision-making when practicing in northern and remote communities. 3. Review considerations that help intake systems perform well in northern and remote settings while Identifying elements of high-quality referrals that improve triage and reduce downstream delays in care.
<p>2:25 pm – 2:55 pm</p>	<p>Coffee & Washroom Break, Network & Visit with Vendors</p>
<p>Main Ballroom</p> <p>Session #8 3:00 pm – 3:30 pm (30 minutes)</p>	<p>8. Red Flags in Red Eyes: Diagnosing Common and Serious Eye Conditions Speaker: Dr.Vishal Bhambwani Moderator: Dr. T.Marion</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Perform a comprehensive and structured evaluation of a patient presenting with red eye, to differentiate urgent from non-urgent red eye etiologies, conducting focused components of the eye exam in the primary care setting, and using screening criteria to recognize sight-threatening presentations such as corneal ulceration, acute angle-closure glaucoma, scleritis, or uveitis. 2. Distinguish between inflammatory, allergic, and trauma-related causes, initiate appropriate first-line therapy and establish safe follow-up intervals. 3. Identify indications for urgent or routine ophthalmology referral and communicate effectively with specialists, coordinating interdisciplinary care and follow-up for chronic or recurrent conditions and educating patients on long-term monitoring and complication prevention.
<p>Main Ballroom</p> <p>Session #9 3:35 pm – 4:05 pm (30 minutes)</p>	<p>9. Right Exam, Right Image, Right Referral: Orthopedic Care in Primary Care Practice Speaker: Dr. D. Puskas & Dr.T.Marion Moderator: Dr.J.Cole</p> <p>After attending this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Perform a focused, musculoskeletal assessment and select appropriate imaging (e.g., X-ray, ultrasound, MRI, CT) based on clinical presentation, red flags, and current Choosing Wisely Canada recommendations, to optimize diagnostic accuracy while avoiding unnecessary investigations. 2. Apply monitoring and management strategies (e.g., activity modification, pharmacologic therapy, physiotherapy, injections) while identifying clinical thresholds that indicate failure of conservative care and the need for surgical referral. 3. Identify the correct RAC referral pathway for musculoskeletal conditions— differentiating between RAC Low Back and Surgical Spine streams, and reviewing RAC referral pathway requirements for shoulder, hip, and knee to optimize access to specialist care while reducing system burden.



Thunder Bay Regional
**Health Sciences
Centre**

Conference Wrap-up &
Evaluations
4:10 pm – 4:30 pm

Conference Closing Remarks – Caroline Fanti & Dr. T. Marion