

THE TADDLER

"A Visit to the Emergency Department-Do I Need One? (part 1 of a series)

Millions of Canadians visit the Emergency Department (ED) each year and Canadians have been shown to use their ED more frequently than other countries. Studies demonstrate that many conditions seen in the ED would have been best managed at their primary care provider's office or could have potentially been avoided altogether. In fact, a 2014 study by the Canadian Institute for Health Information (CIHI) found that this was the case in 1 in 5 patients who visited the ED. Understandably, it can be difficult to decide what merits an ED visit; so, how *does* one decide if one should stay home, get an appointment with their primary care provider's office or go to the ED?

The purpose of an ED is to provide high-level and timely care for critical and lifethreatening situations, as well as urgent care for serious conditions with the most pressing cases receiving top priority. Going to the ED for less urgent matters comes with its disadvantages, such as the potential for long wait times and contracting an illness from other patients/visitors. Some issues seen in the ED identified as being best managed

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elsewhere include, but are not limited to: urinary tract infections, acute upper respiratory infections (chest colds), antibiotic therapy seeking, throat inflammation (sore throat), ear infections, dressing changes/removal of sutures, conjunctivitis (pinkeye) and prescription renewals.

In this series, I will provide general information about these non-urgent conditions and the appropriate home management in an effort to help you identify when you should be seen at your primary care provider's office and to avoid unnecessary visits to the ED.

Throat Inflammation (Acute pharyngitis)

Sore throats are a common problem and can be caused by either viruses or bacteria. Most often, the cause of a sore throat in an adult is a virus, which means that it will usually resolve on its own without the need for treatment and without complications. However, in children, sore throats caused by bacteria are also a likely possibility.

Regardless of the cause, things you can try at home to help relieve a sore throat are:

- * Gargling with salt water
- * Lozenges
- * Cold liquids or cold/frozen foods (e.g. smoothies, freezies, ice cream)
- * Tylenol or Advil (Please check with your primary care provider if either of these options is safe for you to take)



Cont'd from page 1 (Physicals or Check-Ups?)

You should seek care at your primary care provider's office, though, if you or your child note one or more of the following:

- * Fever $> 38^{\circ}C$
- * Enlarged lymph nodes/glands in the neck
- * White patches of pus at the back of the throat
- * Absence of a cough, runny nose or irritation/redness of the eyes
- * Rash
- * Stiff neck
- * Exposure to someone with "Strep throat"



**You should seek emergent help if you or your child is having significant difficulty breathing, if your child is having difficulty opening their mouth or if your child's voice sounds muffled.

<u> Pinkeye (Conjunctivitis)</u>

Pinkeye is an inflammation of the conjunctiva, which is a membrane that lines the inner surface of your eyelids and the white part of your eye. Several possible causes for the inflammation exist, including bacteria and viruses. Regardless of the cause, in most cases, the inflammation will resolve on its own without treatment. Common symptoms of pinkeye are redness, discharge, itching, discomfort, gritty/irritated feeling and the eyelids being glued shut upon waking.

Things to remember:

- * Pink eye will often resolve on its own, regardless of the cause
- * Wash your hands well and refrain from sharing personal items as pinkeye is highly contagious for 48-72 hours
- * Cleanse your eye by wiping it with a damp washcloth from the inner part of the eye to the outer part. Be sure to use a different part of the washcloth for each eye.
- * Cleanse your eyelashes several times a day with no-tears baby shampoo and warm water
- * Contacts lenses should not be worn until your symptoms have completely resolved. Discard used, disposable contact lenses and disinfect non-disposable contact lenses. (Contact lens wearers should be seen if symptoms do not improve within 12-24 hours after removing contacts.)

You should seek urgent care if you note the following:

- * Significant eye pain
- * Sensitivity to the light
- * Difficulty seeing clearly despite wiping away discharge from the eye
- * Recent trauma to the eye
- * Severe headache with nausea



As a Taddle Creek Family Health Team patient, there are services in place to help prevent a visit to the ED. Please consider the following options in the following order when you feel you have a condition or issue that needs to be addressed:

- 1. Call the office to book an appointment with your physician, nurse practitioner, physician assistant or your office's registered nurse
 - Same-day appointments are available
- 2. Attend a Taddle Creek Family Health Team After Hours Clinic, available Monday-Thursday 5-8pm and Saturday mornings (times vary)



I'm seriously thinking about suicide. What should I do?

If you are thinking about suicide, you are not alone. Many people have thoughts of suicide, for a number of reasons. Thoughts of suicide can be very scary. You probably feel hurt, confused, overwhelmed and hopeless about your future. You may feel sadness, grief, anger, guilt, shame, or emptiness. You may think that nothing can be done to change your situation. It is important to know that thinking about suicide does not mean that you will lose control or act on these thoughts. Having thoughts of suicide does not mean you are weak, or 'crazy'. Many people think about suicide because they are looking for a way to escape the pain they are feeling.

Even though your situation seems hopeless and you wonder if you can stand another minute of feeling this bad, there are ways to get through this and feel better. You don't have to face this situation alone. You don't have to face this situation alone. Help is available. Here are a few ideas that you can use right now.

Connect with others: If you are worried that you may lose control or do something to hurt yourself, tell someone. Make sure you are around someone you trust. If you live alone, ask a friend or family member to stay with you. If you don't know anyone or can't reach friends or family members, call the Distress Centre at 416-408-HELP (4357).

Keep your home safe by getting rid of ways to hurt yourself: It is important to get rid of things that could be used to hurt or kill yourself, such as pills, razor blades, or guns. If you are unable to do so, go to a place you can feel safe.

Develop a safety plan: It is very helpful to have a written safety plan when you have thoughts of hurting yourself. Have a trusted family member, friend, or professional help you to

complete this safety plan. Keep this plan somewhere you can see or find easily. Write down steps you will take to keep yourself. Follow the steps. If you follow these steps and still do not feel safe, call a crisis line, get yourself to a hospital you emergency room or call 911.

Patients of Taddle Creek FHT who are suicidal may be high priority for counseling. Talk to your primary care provider.

Some other things that may lead you to think of suicide are:

Mental health problems: Some mental health problems, such as depression or anxiety, can increase feelings of suicide. Mental health problems are treatable. It is important to talk to your doctor if you feel low, depressed, or anxious. Counseling or medication may help. There are also free resources that can help (e.g., the Antidepressant Skills Workbook, at <u>www.carmha.ca</u>, ecouch.anu.edu.au).

Conflict with loved ones: You may feel that your family or friends would be better off without you.

It is important to remember that conflict with others doesn't last forever. Ending your life is not a way to solve that conflict. We know that people who lose a loved one to suicide say that their lives are not better off.

Loss: Many different types of loss can increase the chances you may feel suicidal. Some examples that may set off feelings of suicide include: a break-up; losing a job; losing social status; or losing a loved one or friend. Knowing someone who has died by suicide can increase the chance that you think of suicide as an option. As difficult as your loss may seem, there are people and services that can help you get through difficult times, such as Bereaved Families of Ontario at 416-440-0290.

Financial/legal problems: Financial or legal problems, such as overwhelming debt, gambling problems, or problems with the law, can be very stressful. It is important to know that there may be free services that can help you deal with financial or legal problems. These include the Credit Counseling Society (1-647-776-0485), the Ontario Problem Gambling Help Line (1-888-230-3505), or Legal Aid Ontario (1-800-668-8258).

Lack of connection to friends and others: Thoughts of suicide can increase if you spend a lot of time alone, or don't feel you can tell anyone your problems. Talk to someone, like a professional, about ways that you can increase social supports in your life. You may feel that the people that are in your life don't understand the pain you are

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Cont'd from page 4 (Coping with Suicidal Thoughts)

feeling. Talk to a professional about ways that you can let others know of the pain and unhappiness you are feeling. The Social Supports wellness module at <u>www.heretohelp.bc.ca</u> gives ideas for how to improve your social supports.

Drug and alcohol problems: Using alcohol or drugs can make feelings of depression, anxiety, and thoughts about suicide worse. Drugs and alcohol can change the way you think about problems in your life. If drugs or alcohol are causing your problems, you can get information on treatment from the Ontario Drug and Alcohol Helpline (1-800-565-8603) or the Metro Toronto Addiction Assessment Referral Service (416-599-1448).

Medical problems: Medical problems such as diabetes, thyroid problems, chronic pain, or multiple sclerosis can increase chances that you may think about suicide. Make sure you have proper medical care for health problems. Some medications can increase feelings of suicide. It is important to speak to your doctor about this.

Sexual identity issues: People who are lesbian, gay, bisexual, or transgender may have a higher risk of suicide. Confusion about sexual identity and fears of possible or real rejection from family or friends can make things worse. There is support available. The Lesbian Gay Bi Trans Youth Line 1-800-268-9688) is a peer support and information phone line. Sunday to Friday, 4:00pm-9:30pm.

What else can I do to decrease thoughts of suicide?

Problem-solve: It is always helpful to think of ways other than suicide that you can solve your problems. First, make a list of all the problems you are dealing with in your life. Second, make a list of all the solutions you can think of to those problems. You can ask someone you trust to help you with this. Dealing with 1 or 2 small problems can help to put an end to immediate feelings of suicide. Once you are thinking more clearly, you can tackle other bigger problems. You can find worksheets on Problem-Solving and Healthy Thinking in the Antidepressant Skills Workbook (<u>www.carmha.ca</u>) or at <u>www.heretohelp.bc</u>.

Think of reasons for living: Most people who think about suicide want to escape their pain, but they do not always want to die. When you feel low, it's easy to stay focused on things that are negative and upsetting in your life. This makes it easy to think of suicide as the only option. Start thinking about some reasons you have for living. For example, many people have relationships with loved ones, pets they love, religion, goals and dreams, or responsibilities to others in their life that give them reasons to live and prevent them from acting on their suicidal thoughts.

(Cont'd on page 7)

WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, Executive Director

This column lets you know about TC FHT programs, events and announcements.

Programs

Please refer to the table in this newsletter outlining TC FHT's Group/Clinic Offerings from Feb-Sept 2016. We have some great one-day workshops and multi-week groups. For some you need a physician referral and for others you simply need to contact the number provided.

For those who wish to see a social worker on short notice, our Mental Health Team continues to offer Friday morning drop-in sessions between the hours of 9am and noon. If you are interested, these are first come, first served in Suite 306 at the 790 Bay St. location.

If you want to learn more about groups, visit our new website <u>www.taddlecreekfht.ca</u>, contact 416-260-1315 (main Administration Office) or 416-204-1256 (Diabetes Education Program).

Events

The 2015 Patient Care Survey results are in (n=1900). Here are the results from a quantitative standpoint:

- 82% responded that they were able to see their primary care provider either on the same or next day, when needed (last year 72%)
- 97% always or often felt they had the opportunity to ask questions (last year 87%)
- 93% always or often felt they had enough time with their primary care provider (last year 86%)
- 96% always or often felt they were involved in decisions about their care (last year 84%)
- 79% always or often were able to contact the office by telephone easily
- 86% always or often had their phone messages returned in a timely manner
- 91% always or often had a reasonable wait time when in the office
- 75% always or often, upon arrival, were greeted warmly
- 90% always or often could book an appointment within a reasonable time
- 89% always or often felt the practice followed up on serious problems

WHAT'S HAPPENING AT TADDLE CREEK

Cont'd from page 4

We are happy to see an improvement from last year for the first 4 results (Note: results 5-10 were not previously asked). A surprise was that only 61% of respondents were aware of our After Hour Clinics (see website for location of our After Hour Clinics).

We also did a thematic analysis of the comments (n=990). This analysis revealed the following themes requiring improvement:

Theorem	
Themes	% Neg.
	Comments
Appointment (i.e. want to book an appoinment when I want it)	19.7%
Phones (i.e. being put on hold, not returning VM, inability to leave message)	16.2%
Reception (i.e. rudeness, manners)	10.7%
eBooking/Online Communication (patients want it, those who have it want ease of use)	7.6%
Programs/Information/Reminders (i.e. want to know when to get preventive care and when to have physicals - want reminders, want information re: programs/services, information about After Hour Clinics)	6.3%
Follow up (i.e. any tests done, want to know results)	6.1%
Enough time with provider	5.5%
Wait times (in reception)	3.3%
Parking	3.2%
Continuity of care	3.2%

Thank you for completing the survey. Your comments provide great insight into how we can better serve you and how we can improve your patient experience. As well, you will be glad to hear your feedback will help shape our Quality Improvement Plan for the coming year.

Taddle Creek FHT annually chooses a charity to collectively contribute to during the holiday season. This year the team participated in 'Be A Santa to a Senior,' a community program run by 'Home Instead.' The team carefully selected and beautifully wrapped 22 gifts for delivery this year. Great work!

We launched our new website on Friday, Feb 5, 2016. Check it out,

http://taddlecreekfht.ca/home/

Some key areas of interest are the daily location of our

After Hour Clinics, Calendar of Upcoming Events and Frequently Asked Questions. Feel free to email your comments and suggestions to <u>comments@tcfht.on.ca</u>.

Announcements

Since our last Taddler Newsletter (Fall/Winter 2015), we have had a new physician join us - Dr. Erika Frasca. Dr. Frasca replaced Dr. Trudy Chernin as of Jan. 2, 2016. We wish Dr. Trudy Chernin all the best in her well-deserved retirement.

Cont'd from page 2 (A Visit to the Emergency Department)

• Information for the current/next After Hours Clinic is listed on the home page of our website at <u>www.taddlecreekfht.ca</u>*

*If you do not have computer access, please call your primary care provider's office for this information

- 3. Call the Telephone Health Advisory Service (THAS) at 1-866-553-7205
 - Available after clinic hours, 7 days a week
 - You will speak with a nurse who will provide counsel and will have access to the on-call physician

<u>References</u>

Anti-infective Review Panel. *Anti-infective Guidelines for Community-acquired Infections*. Toronto, ON: MUMS Guidelines Clearinghouse; 2012.

Canadian Institute for Health Information. *Sources of Potentially Avoidable Emergency Department Visits*. Ottawa, ON: CIHI; 2014.

Nearly 1 in 5 Patient Visits to Emergency Could Potentially Be Treated Elsewhere. Available: <u>https://www.cihi.ca/en/types-ofcare/hospital-care/emergency-and-ambulatory-care/nearly-1in-5-patient-visits-to-emergency</u>.

UpToDate. *Patient information: Sore throat in adults (Beyond the Basics)*. Available: <u>http://www.uptodate.com/contents/sore-throat-in-adults-beyond-the-basics?source=see_link</u>.

UpToDate. *Patient information: Conjunctivitis (pinkeye)* (Beyond the Basics). Available: <u>http://www.uptodate.com/</u> contents/conjunctivitis-pinkeye-beyond-the-basics.



Foundations of Healthy Sexuality

This month, you may have relationships on your mind. Last week was Canada's National Sexual and Reproductive Health week, not to mention Valentine's Day. This provides an opportunity to honestly reflect on sexual health. It shouldn't need to be said: sexual pleasure is healthy and normal. It is part of being human! And when it comes to expressing sexual pleasure in a healthy way, it is important to start with the right foundation.

Healthy sexual pleasure starts with two things: safety and comfort. It is paramount that you feel safe and comfortable in your sexual relationship(s). Whether that means the right location, the right mood or the right position - it's up to you! Mutual consent needs to be clearly communicated from the beginning and re-checked whenever there are mixed signals or if uncharted territory emerges. Remember, consent is not a one-time statement but an ongoing conversation. What was O.K. yesterday may not be O.K. today. Communicating consent cultivates safety and comfort, so if you are not clear about what the other person wants, *ask*.

Another key feature of building safety and comfort is the knowledge that you and your partner(s) are infection-free. Sexually transmitted and bloodborne infections (STIs or STBBIs) are infections that are passed through bodily fluids such as blood, vaginal fluid, semen, pre-ejaculate and saliva. These infections can be spread through vaginal, oral or anal sex, as well as through sharing toys. Some infections have no symptoms, so you could have one without knowing it, and even worse, you could be sharing it!

That is why it is a good idea to have regular STI/STBBI testing for you and your sexual partner(s). It's easy: a quick blood test and swabs from your primary care provider, nurse or physician assistant. Don't forget to ask for throat swabs if you also practice oral sex. For future protection against STIs, barriers such as condoms are best.

Finally, while we are on the subject of healthy relationships, take a moment to ponder these questions, consider your response and how it makes you feel.

- How is it contributing to my quality of life?
- Does it give me pleasure?

- Are my boundaries being respected? Am I respecting my partner(s)'s boundaries?
- Is it putting me, or others, at risk of harm (for example, an STI)?
- Am I and my partner(s) freely consenting?
- Am I or is my partner being coerced into engaging in sexual activity (being intimidated, tricked, or forced with or without physical force)?
- Do I lie about sex?
- Is it causing me, or anyone else, physical or emotional pain?
- Is my relationship equal, honest and respectful?
- How does it make me feel about myself?
- Does it follow my personal values?

(Adapted from Action Canada for Sexual Health & Rights, 2016)

Thank you for taking the time to reflect on this important aspect of your health. I hope you find yourself proud of the relationship(s) of which you are a part. If not, please know we are here to support you at Taddle Creek Family Health Team. Book in with your primary care provider or drop in to our Friday morning single-session drop-in counselling clinic in Suite 306 at 790 Bay St. If you have an anonymous question or just want to talk with someone, you can call 1-800-668-2437 which is Toronto's Sexual Health Infoline. This Infoline can connect you with a counsellor in up to 18 languages. There are many supports available, all you need to do is ask.



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Think of all of the reasons you have for living. Write them down. Remind yourself of them when you are feeling low.

Remember things that have helped in the past: Many people have had thoughts of suicide before. Think of some of the things that helped you feel better when you faced the same types of problems in the past. Some examples are: having faith and trust that time always helps; reaching out to friends and family; seeing a professional; going to a support group; following a safety plan; doing something you enjoy; not being alone; keeping a journal; or not drinking or using drugs.

Talk to a trusted friend, family member, or professional: It

is important to speak to someone you trust about how you feel. Sometimes just talking about how you feel can help. It is important to be open about all of your thoughts. If you have a suicide plan, it is important to tell someone what your plan is. People often say they are relieved that they shared how they felt with someone. Talking can help you feel less alone.

Get treatment for mental health problems: It is important to get treatment for depression, anxiety, and alcohol and drug problems. Just seeing your family doctor may not be enough. It can help to see a mental health specialist, such as a psychologist or a psychiatrist. You can get referrals from your doctor or learn how to find a specialist from one of the referral lines listed on the last page. If you are already receiving treatment, speak up if your treatment plan is not working.

Do the opposite of how you feel: When you have thoughts of suicide, it can be helpful to do the opposite of how you feel. For example, when

people feel depressed they usually want to be alone. Doing the opposite, for example getting in touch with others, can help with feelings of depression

How can I decrease chances that I will feel suicidal in the future?

Get professional support: You can get help and referrals from your doctor or from referral lines listed on the following page. If the first referral doesn't work for you, ask for another.

Identify high-risk triggers or situations: Think about the situations or factors that increase your feelings of despair and thoughts of suicide. Work to avoid those situations. For example, going to a bar and drinking with friends may increase feelings of depression. If this is a trigger for you, avoid going to a bar or seeing friends who drink.

Self-care: Taking good care of yourself is important to feel better. It is important to do the following: eat a healthy diet; get some exercise every day; get a good night's sleep; or

decrease or stop using alcohol or drugs, as these can make feelings of depression and suicide worse.

Follow through with prescribed medications: If you take prescription medications, it is important to make sure you take them as your doctor directed. Speak to your doctor if medications aren't working or if side effects are causing you problems. If you have just begun taking antidepressants, it is important to know that symptoms of depression resolve at different rates. Physical symptoms such as energy or sleep may improve first. Improvement in mood may be delayed. Speak to your doctor if you are feeling worse.

Structure and routine: Keep a regular routine as much as possible, even when your feelings seem out of control. Here are some tips for creating structure in your life: wake up at a regular time; have a regular bed time; have planned activities in your day, such as going for a walk or going to the gym; or continue to go to work or school.

Do things you enjoy: When you are feeling very low, do an activity you enjoy. You may find that very few things bring you pleasure. Think of things you used to enjoy doing at times you didn't feel so depressed or suicidal. Do these things, even if they don't bring you enjoyment right now. Giving yourself a break from suicide thoughts can help, even if it's for a short time.

Think of personal goals: Think of personal goals you have for yourself, or that you've had in the past. Some examples are: to read a particular book; travel; get a pet; move to another place; learn a new hobby; volunteer; go back to school; or start a family.

What can I do to learn more?

Useful Phone Numbers (24 hrs/day, 7 days/week)

Distress Centre: 416-408-HELP (4357) offers access to emotional support from the safety and security of the closest telephone. Callers can express their thoughts and feelings in confidence. Callers' issues can include problems related to domestic violence, social isolation, suicide, addictions, mental and physical health concerns. The Distress Centre offers emotional support, crisis intervention, suicide prevention and linkage to emergency help when necessary.

Gerstein Centre: (416) 929-5200 provides crisis intervention to adults, living in the *City of Toronto*, who experience mental health problems. The service has three aspects; telephone support, community visits and a ten-bed, short-stay residence. All three aspects of the service are accessed through the crisis line.

Kids Help Phone: 1-800-668-6868 is a free, anonymous and confidential phone and on-line professional counseling service for youth. Big or small concerns. 24/7. 365 days a year.

Zika Virus FAQ'S

What is Zika virus and how is it transmitted?

Zika virus is a mosquito-borne "flavivirus" that has been around for years. In 2015, Zika virus emerged in the Caribbean and South America and caused widespread outbreaks. Zika virus infection is transmitted primarily by *Aedes aegypti* mosquitoes, which are not native to Ontario. To date, local transmission of Zika virus infection has not been documented in the continental United States or Canada; however, travellers to countries where Zika virus is circulating are at risk of infection. Though the mosquitoes are the primary mode of transmission, transmission may also occur from a pregnant mother to her fetus, through blood transfusion or through sexual contact. The possibility of transmission through saliva and urine is still being studied.

What are the symptoms of Zika virus infection?

Symptoms usually appear 3–12 days following the bite of an infected mosquito and include fever, joint and muscle pain, skin rash, conjunctivitis (pink eye) and headache. Zika virus infection is considered a mild illness that generally resolves within 2–7 days and 75–80% of people infected with Zika virus do not display symptoms.

Public health officials are currently investigating an increase in the number of children born with microcephaly (abnormally small head and incomplete brain development), as well as the occurrence of Guillain-Barré syndrome (a rare autoimmune disorder affecting the nervous system), in connection with the Zika virus outbreak, but researchers have yet to establish a direct causal relationship. Pesticides used to control mosquito populations have been ruled out as the cause of microcephaly.

How can Zika virus be treated and prevented?

There is no vaccine or antiviral treatment for Zika virus infection. Treatment options are supportive and include medications to control fever, fluids to prevent dehydration, and rest.

Travellers to affected countries should assess the risks of transmission at their destinations, should try and determine if mosquito control measures are being implemented (if they are staying at a resort or hotel), and are advised to practice appropriate personal protection measures against mosquito bites during the day and night. Personal protection measures include: wearing light-coloured pants, long-sleeved shirts and hats; using insect repellant on exposed skin; protecting living areas from mosquito entry; and using netting if entry into living quarters cannot be prevented.

What if I am pregnant or planning a pregnancy and have travelled to a Zika-affected area?

Based on current information, women wishing to become pregnant should wait at least two months after their return from an affected area before trying to conceive. Additionally, it is also recommended that men who have travelled to an area with widespread transmission of Zika virus should use condoms with any partner who is or could become pregnant for two months after their return. Pregnant women who have travelled to an area where Zika virus is circulating should speak to their health care provider.

DISCLAIMER

The information presented in The Taddler is for educational purposes only and should not be used as a substitute for the professional advice, treatment or diagnosis from your health care provider. Contact your physician, nurse practitioner or other qualified health care professional if you have any questions or concerns about your health.

The purpose of the TC FHT Newsletter, "The Taddler" is to provide:

Education on varied health-related topics
Regular communication about what is happening at TC FHT
Information on issues that impact TC FHT and its patients
A means for patients to get acquainted with TC FHT team members
An avenue for patient contribution
We hope you enjoy reading it!



THE TADDLER

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Reader contributions are welcome! Please send any comments or suggestions to the editor at: <u>vcharko@tcfht.on.ca</u>

<u>Taddle Creek Family Health Team</u> January 2016 – June 2016 - Group/Clinics Offerings

All Groups/Clinics are open to all TC FHT patients, Diabetes Programs are open to the public. All programs are held at 790 Bay St., Toronto, Ontario. For additional information go to <u>www.taddlecreekfht.ca/patients/event-calendar/</u>. Dates are subject to change.

Group/Clinic	Date(s)	Time	Learn About:
Suite 306 Call 416-260-1315 Note: MD referral needed	for 10 weeks) March 30 (Wed for 10 weeks) April 4 (Mon	4:00-6:00pm 5:30-7:30pm 5:00-7:00pm	 To be able to identify, evaluate & balance distress related thoughts To learn techniques for relapse prevention
CBT for Depression	for 10 weeks) April 7 (Thu for 11 weeks with full day Sat, Apr 30	1:00-3:00pm 3:00-5:00pm	 Increasing behavioral activation Adaptive ways of thinking to decrease depression How thoughts & beliefs are connected to our mood, behaviors, physical experiences & event in our lives
Mindfulness Skills Suite 306 Call 416-260-1315 Note: MD referral needed	Feb 3 (Wed for 9 wks)	5:30-8:00pm	 Learn specific techniques to work with the mind and body Raising awareness on the present moment, while acknowledging feelings, thoughts, and bodily sensations Developing resources to help your feel more alive in everyday life
CBT for Insomnia Workshop Suite 306 Call 416-260-1315 Note: MD referral needed	Mar 31 (Thu) Jun 22 (Wed) Nov 4 (Fri)	9:30-4:30pm	 To learn about how cognitive behavioral therapy is used when treating insomnia Learn techniques to help you get quality sleep that will promote good physical and mental health Understand how our minds & thoughts contribute to insomnia Practice mindfulness to reduce stress and help you with getting to sleep
Assertiveness Workshop Suite 306 Call 416-260-1315 Note: MD referral needed	May 17 Tues	9:30-4:30pm	 This is a workshop for people who are either passive, aggressive, or passive aggressive, or who bounce back between these options, and who want to learn some practical understanding of what it means to be assertive and some assertiveness skills. This is not a group for people who struggle with being violent or abusive.

Group/Clinic	Date(s)	Time	Learn About:
Hypertension		9:30-12pm	Blood Pressure (BP), hypertension & risk factors
Clinic (Blood		5:00-7:30pm	
Pressure Education)	(Mon)	9:30-12pm	 Physical exercise & weight reduction Distance approaches to stan hypothesian
Education) Suite 306	April 12 (Tues)	5:00-7:30pm 9:30-12pm	 Dietary approaches to stop hypertension
Call	May 16 (Mon)		
416-260-1315	June14		
	(Tues)		
Lifestyle	April 4 to Nov		WHAT you eat and WHY you eat
Balance Group	28 (Mondays)	6:30pm	WHY it is hard to change
-12 Sessions	First 6		 Recognize and manage emotional eating
-MD referral	sessions		Learn essentials of nutrition and exercise
needed	Bi weekly		 Includes weekly food records, pedometer tracking and tools to avoid emotional eating
-Suite 508	And last 6		and develop healthy coping skills
-Call	sessions are		
416-260-1315 Diabetes Do It	monthly Feb 4 (Thu)	5-7:30pm	The basics of diabetes self-management
Yourself	Feb 4 (110) Feb 17 (Wed)		 Healthy eating, getting active & setting achievable goals
Suite 508	Mar 3 (Thu)	5-7:30nm	 Maintaining healthy changes
Call	Mar 23 (Wed)		
416-204-1256	April 7 (Thu)	5-7:30pm	
	April 20(Wed)		
Let's Get Moving	Mar 9 (Wed)	5:00-7:00pm	 Benefits of being physically active
 Diabetes 			 Tips to reduce sedentary time
Exercise			 At home resistance band program (band provided)
Workshop			
Suite 508			
Call			
416-204-1256 Let's Talk	Feb 25 (Thu)	5·00-7·00pm	 Diabetes self-management skills by engaging in open & meaningful discussions about
Diabetes	Mar 31 (Thu)		
Suite 508	Apr 28 (Thu)		
Call	May 26 (Thu)		
416-204-1256			
Supermarket	Feb 18 (Thu)		
Safari – Diabetes	April 21 (Thu)	5:00-7:00pm	 Best food choices for diabetes management
Suite 508	June 23 (Thu)	5:00-7:00pm	60 min grocery store tour
Call			
416-204-1256			