

THE TADDLER

Getting the Most from Your Appointment

By: TC FHT Senior Advisory Volunteer Committee (SAVI)

Good communication with your physician/nurse practitioner is critical to your health and effective appointments are crucial to delivering that care. To help you get the most from your visit, consider these 10 tips.

1. Let the medical secretary know your health needs so they can book accordingly

You may have heard that physicians/nurse practitioners prefer you bring only one medical issue to your appointment. Sometimes this is necessary depending on the severity of the issue, however this is not always the case. Appointments are usually 15 minutes with physicians and 30 minutes with nurse practitioners. If you think you need more time, alert the medical secretary of your needs. Then, please respect the time allotted. If need be, you can always make a follow-up appointment. Remember, too, that the physician/nurse practitioner may also want to cover other items such as blood work, cancer screening or diabetes counselling.



2. Create a list of health concerns

Before you book an appointment, make a list of questions you have for your physician/nurse practitioner. Then, list those questions in order of most to least urgent so that you can address what is affecting your discomfort and quality of life.

3. Keep a symptom diary

It is easy to forget from day to day what has been happening with your body, so a symptom diary may help you remember. Be specific. If you are having frequent headaches, for example, note the time of day and their severity. List the remedies you tried to alleviate the pain such as rest, medication or compresses. Also make a separate list of things or circumstances that seem to make your symptoms worse.

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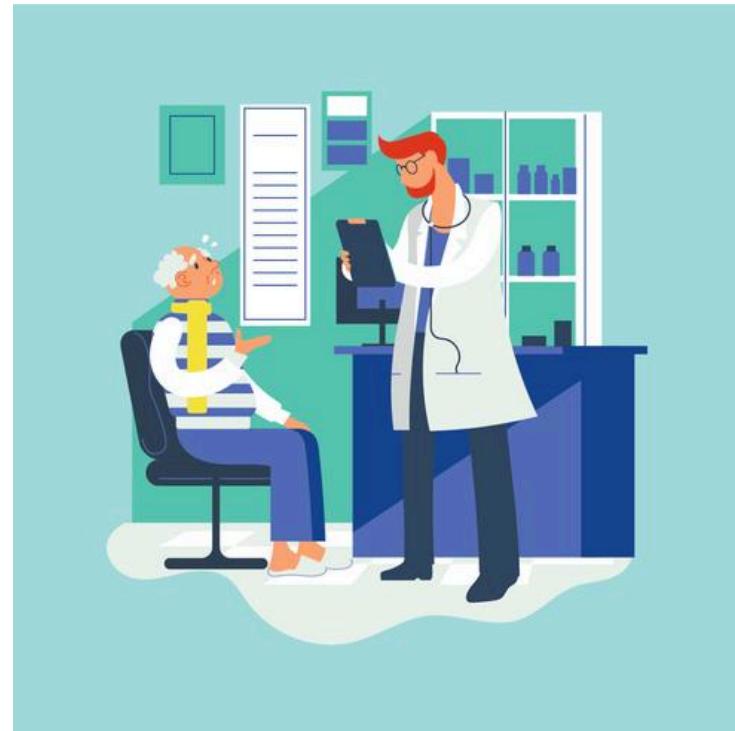
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4. Make your questions specific

Once you have figured out what issue is most urgent, you may want to consider making your queries about it as focused as possible. For example, you could ask what your symptoms mean. What caused the condition you are experiencing? What are the side effects to the prescribed treatment and how long may the treatment take? What is your short- and long-term prognosis?

5. Show your list of concerns at the beginning of the appointment

Let your physician/nurse practitioner know what is concerning you most at the outset so that your questions can be addressed appropriately. That way you will not leave the appointment frustrated that you did not get the answer to your key health worry.



6. Aim for full disclosure

It is best to be honest with your physician/nurse practitioner. They can only help you when they have all the information. Tell them about your mood, appetite, stress, sleeping habits, as well as your aches and pains. Ask the embarrassing questions – your doctor has likely heard them all. What's more, everything that is discussed during your appointment is strictly confidential.

7. Bring your medications to the appointment

Your physician/nurse practitioner might want to go over what medications and doses you are taking to make sure you are complying with your prescriptions. The best way to do that is to bring your pill bottles. Be sure to ask for refills and make sure you have enough medication while on extended vacations. Also let them know if you are taking any new herbal remedies or over-the-counter medications such as antacids or pain relievers. Inform them if you are using marijuana or other substances as these can interact with prescription medications and have other impacts on your health.

8. Have a notebook and pen handy

It is always helpful to take notes while discussing medical issues with your physician/nurse practitioner. That way, you will be able to remember what advice you have been given regarding your treatments and you will know what you need to do to follow up later. Another option is to bring a family member or close friend to your appointment to take notes for you (see helpful resource at the end of this article).

9. Ask about test results

You may be sent to have tests or lab work done. Individual physicians/nurse practitioners have their own method of alerting you to the results. At the appointment, ask how results are communicated.

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In many instances, if results are normal, the office may not call you. However, it is recommended that if there are results that you are concerned about, such as a stress test or a CT scan, that you contact the office 1 to 2 weeks after having the test done, if you have not heard back from them, to ensure that the result was received. You may wish to contact them sooner for matters that are more time sensitive, such as urine culture reports or throat swabs which take at least 48 hours to be reported. This ensures that nothing falls through the cracks.

If there are results that require follow-up, depending on the nature and complexity of the result, you may get a phone call from either the medical secretary, the registered nurse or the physician assistant. Rest assured that if there are serious or complicated test results, the physician/nurse practitioner will call you to schedule an appointment to discuss your options.

10. Take stock

At the end of your appointment, take a minute to think over the discussion you had with the physician/nurse practitioner. Make sure you understand what you were told and how to move forward. If you have any doubts, bring them up at that time. However, if you think of a question later, please follow up with your physician/nurse practitioner for clarification.

Resource

GET THE MOST FROM YOUR APPOINTMENT Date: _____

Medical Concern #1 _____

Physician/Nurse Practitioner Recommendation _____

My Action Plan _____

Timeline _____

Follow-up/next appointment _____

Medical Concern #2 _____

Physician/Nurse Practitioner Recommendation _____

My Action Plan _____

Timeline _____

Follow-up/next appointment _____

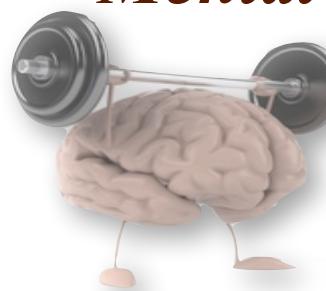
Other notes _____

***For personal use only. This template is not to be considered part of the patient's official medical record.

Mental Health Corner

Impermanence

by: Julia Kundakci, Social Worker



Any life is a life of change. Whether we experience transitions in work, relationships or changes in our physical/mental health, change is an essential fact of life. Sometimes we know a change will occur, while other times it comes suddenly and unexpectedly. Maybe it is a disappointment or maybe a wonderful surprise. Certainly, when things are going poorly for us, we can take solace in the fact that, no matter what, things are not going to stay the same. They might get better or they might get worse, but they are definitely going to be different. If change is unavoidable, what is the point of even talking about it? Well, we are all not only affected by change, we are affected by how we feel about change. Do we embrace it? Fear it? Resist it? One of the cornerstones of Buddhist teachings that help us understand change is the practice of impermanence. All that exists is impermanent. Nothing lasts, therefore, nothing can be grasped or held onto. Impermanence is inescapable and as the Buddha said in his final teaching, "All compounded things are subject to vanish." Whether it is the last cookie in the jar or your first romantic relationship, all conditioned things – big or small, brief or long-lived, eventually change.

When we find ourselves clinging to what feels familiar and safe or wishing for change with bated breath, it helps to step back and recognize that impermanence is fundamental to existence. Acknowledging impermanence is one way of accepting that "this too shall pass." Friends will move away and relationships will change, reminding us that joyful moments are fleeting and ought to be cherished. A natural part of life that, even when refreshing, always entails loss. Nothing new appears unless something old ceases. So, you see, there is despair and equanimity at the same time. Impermanence is both.

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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 at the end of this newsletter for an outline of TC FHT's Groups/Workshops that are being offered for Spring 2020. For some you need a referral and for others you need to contact the number provided. These are also posted on our website calendar (<http://taddlecreekfht.ca/patients/event-calendar/>).

Events/Announcements

Our Oct. 21, 2019 Senior Seminar titled, 'When You Have to Leave Your Own Home' was a great success by all accounts. More than 70 seniors attended and evaluations were positive. For those in attendance, 88% rated the quality of the seminar as excellent and 90% felt they got the information they were seeking. A special thank you to Women's College Hospital for donating the space and TC FHT's SAVI (Senior Advisory Volunteer Initiative) Committee for supporting the seminar. If you are interested in viewing the slides, they can be found on our website under Patients/HealthCare Resources – Downloads – SAVI Seminar Oct 2019.

A quick update regarding Ontario Health Teams (OHTs). At this time, TC FHT's Board is still considering endorsing the Mid-West Toronto OHT. We are currently supporters, meaning I, as Executive Director, will keep abreast of what is happening and will attend their meetings with an eye for future partnerships. I will provide you, our patient population, with regular updates. The link below, from the Association of Family Health Teams of Ontario, provides an excellent overview of OHTs.

<https://www.afhto.ca/sites/default/files/2019-09/OHT%20Handbook%20for%20Boards.pdf>

Personnel Announcements

Since my last column, there has been a maternity leave, a few resignations and a few new hires.

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WHAT'S HAPPENING AT TADDLE CREEK

Cont'd from page 4

Julia Stanislavskaya, our generalist Dietitian, is on maternity leave and Jennifer Schneider has been hired to replace Julia while she is away. Jennifer is not new to TC FHT, having done Julia's first maternity leave in 2017. Jennifer has a Master of Public Health in Community Nutrition and over 4 years of community experience as a dietitian. More recently, Jennifer worked at SickKids Centre for Community Mental Health where she developed education for Canadian Prenatal Nutrition Programs and facilitated group nutrition parenting programs.

Martin Vera, a Social Worker on our Mental Health Team (MHT), resigned in Jan. 2020 to spend more time honing his psychotherapy skills for private practice and to focus on professional development to further advance his career as a psychotherapist. Thank you, Martin, for your 5 years of dedication to TC FHT. Julia Kundakci, another Social Worker on our MHT, will be resigning in Apr. 2020 to spend more time and energy developing her psychotherapy skills in her private practice as well as broadening the scope of her practice. Thank you, Julia, for your 9 years of dedication to TC FHT.

Elsa Monteiro, will be replacing Martin. Elsa comes to us with a Master of Social Work and years of experience working at the Child Development Institute. More recently, Elsa has been providing private individual and family therapy. Alexandra Kobayashi will be replacing Julia. Alexandra comes to us with a Master of Social Work and close to 4 years' experience working for Morneau Shepell providing crisis management and single session, solution-focused therapy to clients. She also has 2 years' experience working as a Child & Youth Counsellor for Kids Help Phone.

We have also hired Helen Ogden, RN for our Bloor site starting Mar. 2020. Helen comes to us with a Bachelor of Science in Nursing earned from the British Columbia Institute of Technology in 2015. She also has 3 years of experience working as a Public Health Nurse at the South Vancouver Community Health Centre & at Gibson Health Unit. Welcome aboard Helen.

Cont'd from page 4 (Impermanence)

Alan Watts talks about living with non-attachment, keeping us from grasping onto things around us in an attempt to find comfort or happiness; realizing that true peace comes from living amidst everything, recognizing their fundamental truth and letting go. Alan Watts said it best, "we hold on too hard and so take the life out of this transient and beautifully fragile thing that life is". To have life, to have its pleasure, you must at the same time let go of it.

While change constantly unravels what we know, it also ties us together. Norman Fischer writes, "change is never lonely; it is always all-inclusive. We're all in this together." There is comfort in knowing that while everything vanishes, impermanence goes on. In fact, change is not just a fact of life we have to accept and work with; to feel the pain of impermanence and loss can be a profoundly beautiful reminder of what it means to exist. Finally, what helps me bear witness to the changing world around me without flinching and turning away are the lessons of impermanence and interconnection that keep us grounded in a state of cherishing what is here now and appreciating what rises to take its place.



What is a Nurse Practitioner?

By: Victoria O'Neill, Nurse Practitioner

A Nurse Practitioner (NP) is a Registered Nurse with advanced university education who provides personalized, quality health care to patients. Ontario nurse practitioners provide a full range of health care services to individuals, families and communities in a variety of settings including hospitals and community-based clinics in both cities and smaller towns. We work in partnership with physicians, nurses and other health care professionals such as social workers, midwives, mental health professionals and pharmacists to keep you, your family and your community well. NPs have demonstrated high levels of efficacy, safety and cost-effectiveness.

Registered Nurses in the Extended Class [RN(ECs)], more commonly known as Nurse Practitioners (NPs), are graduate-prepared Registered Nurses in the Extended Class by the College of Nurses of Ontario (CNO), regulated since 1998. NPs must meet rigorous requirements and standards to enter and maintain ongoing registration in Ontario. NPs independently, and in collaboration with health care professionals, provide health care services for all ages and across the health spectrum (e.g., primary care, acute care and long-term care). In Ontario, NPs are authorized to:

- Complete a comprehensive health history and assessment
 - Formulate and communicate a diagnosis, taking a differential diagnosis into consideration
 - Prescribe all medications including controlled drugs and substances
 - Dispense, sell, and compound medications
 - Set and cast fractures and dislocated joints
 - Order and interpret all laboratory tests
 - Admit, treat and discharge patients from hospitals
 - Order some diagnostic imaging tests
- (CNO, 2016)



To gain access and authority to autonomously and safely perform additional controlled acts such as communicating a diagnosis, prescribing medications, and ordering treatments and diagnostic tests, the RN must become an NP. Today, to be eligible to become an NP in Ontario, the RN must be a graduate of a four-year Baccalaureate degree in Nursing and must have at least two years of full-time clinical practice experience (although the average is 17 years according to CRaNHR, 2012). This is followed by successful completion of a Master's program. The program includes courses in advanced health assessment, advanced pathophysiology, therapeutics, and roles and responsibilities, as well as up to 800 clinical hours. The completion of the course work and integrated clinical practicum leads to the final exam and Objective Structured Clinical Evaluation (OSCE). These final exams ensure that students have acquired the necessary knowledge and skills to be competent, safe and ethical NPs.

Following successful completion of the NP program, graduates are then eligible to write and must successfully complete the NP exam for the specialty area of practice, as designated by the College of Nurses (CNO), to become registered as an NP.

COVID-19

Information regarding COVID-19 is changing rapidly. For the most current information and resources, please refer to the following websites:

- Ministry of Health and Long-Term Care
<https://www.ontario.ca/page/2019-novel-coronavirus>
- Public Health Agency of Canada
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- World Health Organization
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

A reminder to all patients:

If you have a fever and/or new onset of cough or difficulty breathing AND:

- You have been to a COVID-19 impacted area in the 14 days before your symptoms started
OR
- You have been in close contact with a confirmed or probable case of COVID-19
OR
- You have been in close contact with a person with an acute respiratory illness who has been to a COVID-19 impacted area in the 14 days before their symptoms started

Please remain at home and call the office to speak with your primary care provider. If you have severe symptoms, please go to the Emergency Department and inform them of your concerns regarding COVID-19.

Prioritizing Patient Safety in Prescribing Opioid Medications for Pain Management at Taddle Creek FHT

By: Jessica Lam, Pharmacist

Why:

See infographic on pages 8 and 9, published by Choosing Wisely Canada.

What:

Your team of Primary Care Providers (PCPs) at Taddle Creek FHT has recently updated the Policy & Procedure to guide the prescribing of opioids for the management of chronic, non-cancer pain. The goal of this update is to optimize pain management strategies while ensuring that opioids are used safely and that patients are well-informed of the potential risks and benefits before starting and continuing therapy.

If your PCP assesses that opioid therapy is appropriate for you, the updated Policy & Procedure and accompanying Treatment Agreement ensure that your PCP is prescribing opioids at safe and effective doses with regular follow-up appointments so that the benefits of using these high-risk medications continue to outweigh their risks. Taddle Creek FHT strives to foster a partnership between you and your PCP to better manage your pain while minimizing the risk of harm.

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Where:

The recently updated Policy & Procedure and accompanying Treatment Agreement can be reviewed on the Taddle Creek website at www.taddlecreekfht.ca under the “Patients” tab —> “Patient Policies and Procedures” —> “Prescribing Opiates”.

Opioids: When you need them - and when you don't.



If you just had surgery or are experiencing a health problem, pain is a natural and expected part of the process. Pain medicines may help you function better and cope with the amount of pain you are experiencing, but will not eliminate it entirely.

Opioids are common pain medicines. They can help if you have bad short-term pain — like pain after surgery for a broken bone. They can also help you manage pain if you have an illness like cancer.

But opioids are strong drugs. And usually they are not the best way to treat long-term pain, such as arthritis, low back pain, or frequent headaches. This kind of pain is called “chronic” pain. Before getting opioids for these problems, you should discuss other options with your health care provider. Here's why:

Opioids are prescribed too often.

Chronic pain is one of the most common reasons people see their health care provider. However, for most types of chronic pain, opioids should only be used as a last resort.

Common opioids include:

- Hydromorphone (Dilaudid®)
- Morphine (Kadian®, M-Eslon®, MS-Contin®, Stax®)
- Codeine (Tylenol No. 3®)
- Oxycodone (OxyNeo®, Percocet®)
- Tramadol (Ralivia®, Tridural®, Zyram®)

Short-term use of these medicines may help. But there is no proof that they work well over time.



Opioids have serious side effects and risks.

Over time, the body gets used to opioids and they stop working as well. To get the same relief, you need to take more and more. This is called “tolerance.” Higher doses can cause serious side effects:

- Nausea
- Vomiting
- Itching
- Constipation
- Not being able to urinate (empty your bladder)
- Slowed breathing, which can be deadly
- Confusion and mental disturbance

Opioids can be addictive. Long-term use of opioids can lead to “physical dependence” — if you stop using them abruptly, you will experience withdrawal symptoms, such as strong cravings, sweating, muscle aches and insomnia. People who take opioids long-term can become addicted, sometimes with dangerous results. In 2017, 4000 Canadians died from an opioid overdose.

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Other pain treatments may work better and have fewer risks.

Pain medicine specialists say that usually you should try other treatments first

- Over-the-counter medicines:
 - Acetaminophen (Tylenol® and generic)
 - Ibuprofen (Advil®, Motrin IB®, and generic)
 - Naproxen (Aleve® and generic)
- Topical non-steroidal drugs (NSAIDs):
 - Heat rubs
- Non-drug treatments:
 - Exercise
 - Physical therapy
 - Spinal manipulation
 - Massage therapy
 - Acupuncture
 - Cognitive behavioural therapy
- Injections (such as steroids)
- Other prescription drugs (ask about risks and side effects):
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Anti-seizure drugs
 - Gabapentinoids
 - Antidepressants
 - Cannabinoids

About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

How this pamphlet was created:

This pamphlet was adapted with permission from a similar pamphlet used in the US Choosing Wisely campaign, organized by the ABIM Foundation. were made to ensure relevance for a Canadian audience. The Canadian reviewer of this pamphlet was Dr. Tania Di Renna, Women's College Hospital, Toronto, ON, Canada.

This pamphlet is for you to use when talking with your health care provider. It is not a substitute for medical advice and treatment. Use of this pamphlet is at your own risk.

When Might Opioids be Appropriate:

You have cancer with severe pain:

Opioids may be the right choice if pain is a bigger concern than the possibility of addiction and the need to keep increasing the dose.

You just had surgery: If needed, you might be prescribed opioids, but they should not be used beyond the immediate period after surgery. This period is typically three days or less, and rarely more than seven days.

You have chronic pain: Ask your health care provider about different options for managing pain, including non-opioid and non-drug alternatives before considering an opioid prescription. And ask about the risks and benefits among the options.

What should you do if your health care provider prescribes opioids?

Talk to your health care provider about the possible side effects and risks. Watch for side effects and signs of addiction. These include unusual moodiness or bursts of temper, cravings, and risk-taking.

References:

1. Opioid Wisely Campaign, 2018. Choosing Wisely Canada. <https://choosingwiselycanada.org/wp-content/uploads/2018/02/Opioids-When-you-need-them-and-when-you-dont.pdf>
2. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. May 2017.
3. Michael G. DeGroote National Pain Centre, McMaster University & Centre for Effective Practice. Opioid Manager. November 2017.

It's Time to Get Moving!

By: Andrea Filip, Physician Assistant

A recent study by Statistics Canada revealed that Canadians believe we are getting more daily exercise than we actually are (1). Data was collected between 2015 and 2016 with the use of accelerometers – devices that measure physical activity. The study revealed that people estimate they get 49 minutes of physical activity daily, but in actuality, it is less than half that time – just 23 minutes. It also showed that those least active were most likely to overestimate their activity levels. Only 17% of Canadians aged 18-64 are meeting the recommended 150 minutes per week of moderate to vigorous aerobic exercise recommended in the Canadian Physical Activity Guidelines created by the Canadian Society for Exercise Physiology. Children and youth aged 5-17 should be getting 60 minutes daily of moderate exercise and only 40% of this population are meeting this target, with boys twice as likely to meet this guideline compared to girls (2).



According to the Government of Canada, the benefits of physical activity include (3):

- Healthy growth and development
- Increased energy
- Decreased stress
- Improved strength
- Prolonged independence as we age
- Help in the prevention of chronic diseases, such as: cancer, obesity, diabetes, high blood pressure, heart disease, stroke, colon cancer, breast cancer, osteoporosis
- Help with the maintenance of balance, strength, flexibility, coordination

We have attached the Canadian Physical Activity Guidelines for adults 18-64 years of age (see next page). For more information, please go to the Canadian Society for Exercise Physiology website at <https://csepguidelines.ca>. Here you will find exercise guidelines for all age groups, including early years (0-4), children and youth (5-17), adults (18-64) and older adults (65+), as well as guidelines for special populations including pregnant women and those with multiple sclerosis.

References:

1. <https://globalnews.ca/news/4777241/canadians-physical-activity-survey/>
2. <https://www150.statcan.gc.ca/n1/daily-quotidien/190417/dq190417g-eng.htm>
3. <https://www.canada.ca/en/public-health/services/being-active/physical-activity-your-health.html>

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Cont'd from page 10 (It's Time to Get Moving!)

Canadian Physical Activity Guidelines

FOR ADULTS - 18 – 64 YEARS

Guidelines



To achieve health benefits, adults aged 18-64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.



It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.



More physical activity provides greater health benefits.

Let's Talk Intensity!

Moderate-intensity physical activities will cause adults to sweat a little and to breathe harder. Activities like:

- Brisk walking
- Bike riding

Vigorous-intensity physical activities will cause adults to sweat and be 'out of breath'. Activities like:

- Jogging
- Cross-country skiing

Being active for at least 150 minutes per week can help reduce the risk of:

- Premature death
- Heart disease
- Stroke
- High blood pressure
- Certain types of cancer
- Type 2 diabetes
- Osteoporosis
- Overweight and obesity

And can lead to improved:

- Fitness
- Strength
- Mental health (morale and self-esteem)

Pick a time. Pick a place. Make a plan and move more!

- | | |
|--|---|
| <input checked="" type="checkbox"/> Join a weekday community running or walking group. | <input checked="" type="checkbox"/> Rake the lawn, and then offer to do the same for a neighbour. |
| <input checked="" type="checkbox"/> Go for a brisk walk around the block after dinner. | <input checked="" type="checkbox"/> Train for and participate in a run or walk for charity! |
| <input checked="" type="checkbox"/> Take a dance class after work. | <input checked="" type="checkbox"/> Take up a favourite sport again or try a new sport. |
| <input checked="" type="checkbox"/> Bike or walk to work every day. | <input checked="" type="checkbox"/> Be active with the family on the weekend! |

Now is the time. Walk, run, or wheel, and embrace life.



www.csep.ca/guidelines

Patient Care Survey Update

By: Sherry Kennedy, Executive Director

In the past, I have said that comments received via our Patient Care Survey provide insight into how we can better serve you and how we can improve your patient experience. This year, I used your comments to motivate and encourage the great team of clinicians and support staff at TC FHT's Seasonal Party. I wanted them to know that they make a difference in the lives of their patients, so I delivered a message from you – a message of appreciation for all that they do. How did I do that? I gathered 50 comments from you on 'what we do well' from the 2018-19 TC FHT Patient Care Survey, put them in a bowl and asked each staff member to read their comment slowly, loudly and proudly. Here is a sample of what they heard:

1. My family is so lucky to have the great care from Taddle Creek – over-the-top caring
2. I have a great deal of trust in the entire Taddle Creek staff and they've earned it
3. They would have to kidnap me and hold me hostage for me to go anywhere else but Taddle Creek
4. I know other people that go to Taddle Creek, they all say that their physicians/clinicians are great
5. I feel listened to. You take time to explain and help me understand. I never leave with my questions unanswered.
6. If all people could be so lucky to have a system and staff like Taddle Creek
7. I am kinda giving up on any hope. My life has taken a turn for the worst and I am seriously suicidal. Coming to the office today made me feel good.
8. I've found all the doctors I've seen quite good and in particular very respectful. I haven't encountered arrogance and everyone has always been very patient with me and listened to me
9. Taddle Creek is a good, safe place
10. I feel my health worries are taken seriously. I am 80 years old and, in the past, have not always been treated with care.



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11. I have been a patient of my doctor for over 10 years. She has always been warm, welcoming, professional and caring. When I started with her I was diagnosed with breast cancer - she took me through the experience and made it as good as it possibly could be. She continues to provide me with excellent care which I really appreciate.
12. I think you are doing everything extremely well. I would propose that Taddle Creek is a health model that other health centers should emulate.
13. Recently saw a diabetic nurse; an outstanding asset.
14. The email service is great. Attention to patient's overall health is great. The drop-in counselling clinic is great. General forward-thinking ethos is great. Addressing poverty, a solid idea - hope others in the city take note
15. I don't come to the office very often but when I do I feel listened to and helped. I also like the team approach at Taddle Creek and the fact there is an After-Hours Clinic.

This was a very moving experience for the staff and they really appreciated hearing from you, so thank you for responding to our survey. The *2019-20 TC FHT Patient Care Survey* was sent in October to 13,767 patients with a valid email in our eMR. We received a 10% response rate (1467) and, once analyzed, I will let you know the results (likely in the next Taddler).

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 TADDLER

A publication of
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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
We hope you enjoy reading it!

**The Taddler is not for private marketing purposes*

Taddle Creek Family Health Team
April 2020 – June 2020 – Groups/Workshops/Drop-In Offerings
Groups/Clinics are open to TC FHT patients
For additional information, go to <http://www.taddlecreekfht.ca/events-calendar>
Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
CBT for Anxiety Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Wednesdays Apr 8 - Jun 24	2:30pm - 4:30pm	<ul style="list-style-type: none"> • To understand the physiology of anxiety • To learn cognitive behavioural therapy (CBT) strategies and skills • To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives • To be able to identify, evaluate and balance distress-related thoughts • To learn techniques for relapse prevention
CBT for Depression Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Tuesdays Apr 7 - Jun 23	2:30pm - 4:30pm	<ul style="list-style-type: none"> • To learn cognitive behavioural therapy (CBT) strategies and skills • To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives • To be able to identify, evaluate and balance distress-related thoughts • To learn techniques for relapse prevention
CBT for Insomnia Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Jun 12	9:30am - 4:30pm	<ul style="list-style-type: none"> • Learn about how cognitive behavioural therapy (CBT) 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 and thoughts contribute to insomnia • Practice mindfulness to reduce stress and help you get to sleep

Single Session Drop-In (Mental Health Support) 790 Bay, Suite 306 726 Bloor, Suite 207	Fridays Tuesdays	9:00am - 12:00pm 1:15pm - 3:15pm	<ul style="list-style-type: none"> • Feeling sad or anxious • Relationship issues • Parenting issues • Violence or safety issues • Adjusting to new diagnosis • Bereavement • Managing stress • Workplace or school issues • Assistance with accessing government services • Major life changes or transitions <p>Note #1: No appointment is necessary Note #2: You will be seen on a first come/first served basis</p>
Assertiveness Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	None in spring Next: Jul 17	9:30am - 4:30pm	<ul style="list-style-type: none"> • This is a workshop for people who are passive, aggressive or passive-aggressive, or who bounce back and forth between these options, and who want to gain a practical understanding of what it means to be assertive, as well as some assertiveness skills. This is not a group for people who struggle with being violent or abusive.

DIABETES GROUPS ARE FOR PEOPLE REGISTERED WITH THE DIABETES PROGRAM & LIVING WITH DIABETES			
Diabetes Do It Yourself Group 790 Bay, Suite 508 Call 416-204-1256	Apr 2 Apr 15 May 7 May 20 Jun 4 Jun 17	5:00pm - 7:30pm 9:00am - 11:30am 5:00pm - 7:30pm 9:00am - 11:30am 5:00pm - 7:30pm 9:00am - 11:30am	<ul style="list-style-type: none"> • The basics of diabetes self-management • Healthy eating, getting active and setting achievable goals • Maintaining healthy changes

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Let's Talk Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Apr 30 May 28 Jun 25	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm	<ul style="list-style-type: none"> • Diabetes self-management skills by engaging in open, meaningful discussions about living with diabetes from others living with diabetes • Common myths about diabetes
Supermarket Safari - Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Jun 11	5:00pm – 7:00pm	<ul style="list-style-type: none"> • Reading food labels and packaging • Best food choices for diabetes management • 60 min grocery store tour
Your Path to Prevention Workshop 790 Bay, Suite 508 Call 416-204-1256	Apr 21 Apr 28 May 26 Jun 2 Jun 30	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm	<ul style="list-style-type: none"> • Learn what prediabetes is and how it is diagnosed • Learn how to prevent or delay diabetes with healthy eating and physical activity • Set achievable goals and learn how to maintain changes • One-on-one visit offered in 6 months with a Registered Dietitian or Registered Nurse for additional support and to review your goals
Happy Feet - Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	May 13	9:00am – 11:00am	<ul style="list-style-type: none"> • Tips and techniques for daily self-foot care • Preventing foot complications • Choosing the right shoes • Identifying problems/concerns with your feet
Intuitive Eating with Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Wednesdays Apr 22 – Jun 3	5:00pm – 7:30pm	<ul style="list-style-type: none"> • Create a healthy relationship with food, mind and body • Get in touch with your body's signals of hunger, fullness and satisfaction • Practice mindful meditation and relaxation exercises • Gain strategies to cope with anxiety, depression, stress, fear and guilt around managing diabetes