

QFHT NEWS



Queen's
UNIVERSITY

NEWS & INFORMATION FOR PATIENTS OF THE QUEEN'S FAMILY HEALTH TEAM



SKIN CANCER

Skin cancer is the most common of all cancers. About one-third of all new cases of cancer in Canada are skin cancers. As the largest organ in your body, your skin plays a vital role in keeping you healthy, and one of those roles is protecting you from the sun. But there are limits to your skin's ability to protect you. Ultraviolet radiation damages the DNA of your skin cells, which can cause skin cancer. Most cases of skin cancer can be prevented by following some basic guidelines:

- ✓ Wear light-coloured, long-sleeved shirts and pants, a wide-brimmed hat made from breathable fabric, and sunglasses that protect against the sun's rays.
- ✓ Keep out of the sun between 11 a.m. and 4 p.m. When your shadow is shorter than you, the sun is very strong.
- ✓ Pay attention to the UV Index forecast, made available through local media. When the UV index is three or higher, wear protective clothing, sunglasses and sunscreen.
- ✓ Wear a water-resistant, broad-spectrum sunscreen with a Sun Protection Factor (SPF) of at least 15. The sunscreen should also say "broad-spectrum" on the label, to screen out most of the UVA and UVB rays. Apply lots of sunscreen and reapply often, especially if you go swimming or are sweating heavily. Babies younger than six months old should not be exposed to sunscreen, as their skin is too delicate. Instead, keep them out of the sun.

Sly and the Family Stone's 1969 hit, *Hot Fun in the Summertime*, may be a classic song to celebrate warm-weather season, but it's important to protect ourselves from the sun's damaging rays while having all that fun.

Sunlight emits two types of harmful ultraviolet rays: UVA and UVB. Simply, UVA rays can age us and UVB rays can burn us. Overexposure to either can damage our skin.

SUNBURN

While the symptoms of a sunburn are usually temporary, skin damage is cumulative throughout a person's life and can develop into serious long-term health effects, including skin cancer.

Possible symptoms of sunburn include red, tender skin that is warm or sensitive to the touch; blisters or peeling skin that develop hours or days after burning; and severe reactions including fever, chills, nausea or rash.

If you feel your skin burning, leave the sun immediately and take a cool (not cold) shower or bath, or apply cool compresses several times a day. Do not wash burned skin with harsh soap. Apply aloe gel, rather than creams or lotions that may hold heat inside the skin or may contain numbing medication (e.g.

benzocaine or lidocaine). For a few days after burning, drink extra fluids and ensure all sunburned areas are fully covered to protect your skin from further damage.

Get immediate medical attention if your sunburn forms blisters or is extremely painful, or if you experience facial swelling; nausea; fever; severe chills; pale, clammy or cool skin; rapid pulse or rapid breathing; headache, confusion or a feeling of faintness or dizziness; signs of dehydration (increased thirst, dry eyes and mouth, little urine output or dark-yellow urine); signs of skin infection (increasing redness, warmth, pain, swelling or pus); or eyes that hurt and are sensitive to light.

EYE DAMAGE

When your eyes absorb ultraviolet radiation and visible light from the sun, heat or chemicals react in eye tissue. These reactions can cause permanent damage if the eye's natural ability to heal itself is overwhelmed, so it's important to protect your eyes against sun damage. For most people, a low-cost pair of sunglasses with UVB and UVA protection will be sufficient. Make sure the lenses are dark enough to keep your eyes comfortable, but not so dark that they reduce your vision.

Source: Health Canada. For more information about the health risks of the sun, and heat, and how to protect yourself, visit Health Canada's [Sun Safety](#) web page.

Do we have your current email address? If not, please send it to info@qfht.ca so we can keep you and your family well informed.

FAST FACTS

WHOOPIING COUGH VACCINE

Kingston, Frontenac, Lennox & Addington Public Health has confirmed that pertussis (whooping cough) has been diagnosed in the Kingston area. Whooping cough is a very serious contagious illness. It is spread through the air by breathing, coughing, sneezing or talking. Infected persons can spread the germ for 21 days after they begin to feel sick. Babies and pregnant women are most at risk, and all children and adults should be immunized against it.

For more information about the whooping cough vaccine, visit [qfht.ca's Vaccinations](#) page.

FEEDING YOUR BABY

The QFHT offers support to parents and caregivers feeding babies from newborn to toddler.

Our lactation consultant, Liz, hosts a **Breastfeeding Drop-in clinic** every Tuesday from 10 a.m. to noon. Join other moms for support in a casual, friendly atmosphere.

When it's time to introduce solid foods, at around six months, our registered dietitian, Allison, will guide you in choosing the best foods, at the right time, and teach you how to make homemade food. **Introducing Solid Foods to your Baby** is held the last Monday of each month from 2 p.m. to 3:30 p.m. Liz will also be there to answer your questions about breastfeeding.

Both programs are at 115 Clarence St. (Haynes Hall; basement level) and are open to the public.

For more information about feeding your baby, visit [qfht.ca's Nutrition Programs and Services](#) page.

ABOUT THE QUEEN'S FAMILY HEALTH TEAM



Run on the Beach by Phillip R., H'art Centre 2016

The Queen's Family Health Team (QFHT) has commissioned artists from Kingston's H'art Centre to brighten our walls. Participants of the centre's H'art School painted a variety of works using the theme Healthy Living and Active Lifestyles. The artists studied basic concepts about how to maintain and improve physical and mental health for several months before putting brush to canvas. The colourful paintings, to be displayed in the QFHT's six patient waiting areas, reflect topics including nutrition, exercise, staying in touch with friends, reading, trying new things, enjoying the outdoors and getting your flu shot.

H'art Centre is a non-profit charitable organization dedicated to providing people with disabilities and those facing barriers with opportunities to study, enjoy and produce works in the arts. For more information, visit [hartschool.ca](#).

Pharmacist Sherri Elms and Dr. Karen Hall Barber have received their Queen's Master of Science in Healthcare Quality (MScHQ). This interdisciplinary part-time program specializes in linking theory and practice in quality, risk and safety in health care. It's the only program in Canada to address the growing need for interactions across disciplines, professions and communities.

Faculty, staff and residents recently donated a total \$982 to Kingston's **Clothes for Kids** campaign, the Department of Family Medicine's charity of the year. Previous charities of the year have included the Partners in Mission Food Bank, KFL&A Public Health's Dental Treatment Assistance Fund, and the CanAssist African Relief Trust, a Kingston-based registered charity that works to support sustainable infrastructure projects in East Africa.

AFTER HOURS CLINIC

Queen's Family Health Team (QFHT) offers both booked and drop-in appointments during our After Hours Clinic. To book an appointment, please call 613-533-9303 and speak to your usual clinic receptionist.

Our After Hours Clinic is open to QFHT patients Monday to Thursday from 5 to 8 p.m. and Saturday from 1 to 4 p.m. at 115 Clarence St. If you need to speak to a QFHT health-care provider after 5 p.m., please call 613-533-9303 and our answering service will contact the physician on call.

SPOTLIGHT

SMOKING CESSATION PROGRAM

The Queen's Family Health Team (QFHT) Smoking Cessation Program helps people who want to quit or reduce their tobacco use. Research from the Ottawa Health Institute shows that people who try to quit smoking with the help of best-practice counselling and cessation medications experience **double or triple** the success rate in quitting long term as those who do not use these resources.

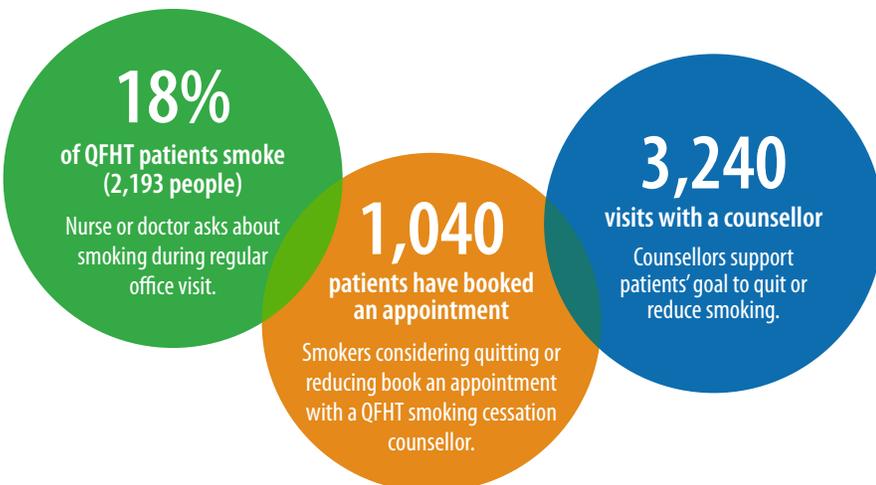
The goal of our smoking cessation program is to provide accessible, non-judgmental care and support. We provide a systematic approach to assessment, consultation and counselling to help patients quit or reduce smoking, providing service to all registered QFHT patients. Once a patient has enrolled, involvement with the program is flexible – there is no specific end date. Patients not sure if they want to quit or reduce their smoking can still meet with a smoking cessation counsellor to discuss their situation and potential approach to quitting or reducing.

In September 2011, the QFHT adopted the Ottawa Model for Smoking Cessation (OMSC) program and partnered with the Smoking Treatment for Ontario Patients (STOP) program to provide free nicotine-replacement therapy (NRT) to patients. In our implementation of this program, we drew on a variety of skill sets and approaches, which reflects the range of multidisciplinary staff members involved.

A chronic problem, smoking is the single-most preventable cause of death and disability, and approaches to cessation or reduction require long-term management.

Recent figures provided by the OMSC program indicate that 52 per cent of QFHT program patients were able to remain smoke-free after 60 days, compared to 54 per cent of all patients in programs that have adopted the OMSC model. The quit rate for QFHT patients who remained smoke-free for 30 days or more was 54 per cent, the same as all patients in the OMSC model.

For more information, visit qfht.ca's [Smoking Cessation Program](#) page.



Data reflects numbers since QFHT Smoking Cessation Program was launched in 2011.

PATIENT PROFILE

I'm retired now, a smoker since high school, and first quit in university. I have been quitting ever since, so often that I used to joke that I was quitting quitting.

It just seemed impossible to get past two weeks without a cigarette, with one exception of three years, but politics at work had me light up again.

Last year, while attending my annual checkup, a resident physician working with Dr. (Lawrence) Leung asked me about my smoking and told me about the Queen's Family Health Team's Smoking Cessation Program. I decided to give it a try.

When I checked in, I learned that the program offered nicotine-replacement strategies at no cost to me. That was wonderful. I had tried the patch before with some success, but the initial investment of \$65 was always a hurdle. The program also offered monthly meetings with one of the program co-ordinators.

The combination of nicotine replacement and the non-judgemental support at the end of the month gave me hope. I tried and failed, tried and failed, but kept quitting, this time daily instead of just smoking again for months, as was my habit. (Pun intended.)

At our meeting at the end of the second month, I expected to be expelled from the program for continuing to smoke. That didn't happen. I received more patches, lozenges and inhalers, and a recommended book to read.

Finally – and I am convinced of this – I had my last cigarette the morning of my October 2015 visit with the program co-ordinators. There have been some urges to ease my discomfort and many cranky events, particularly when I was dropping to a new lower level of nicotine replacement. But I last used my nicotine-replacement patch on February 6.

I feel better, and never mistake a feeling of need for a desire for a smoke.

What a wonderful, supportive, way to give up the slavery to cigarette companies.

Leigh T.

RESIDENT PHYSICIANS AND YOU

As an academic centre, our job is to train our resident physicians well and ensure they are competent in all aspects of patient care. Our training program is well recognized across the country as a leader in resident assessment. Your feedback about your experience with your resident physician is a valuable part of that assessment process.

The tablet computers in our waiting rooms provide an opportunity for you to provide that feedback. Simply tap the screen to start, then tap the best answer to our eight questions. This will require about two minutes (maximum) of your time.

The feedback you provide is collected and summarized for each resident. All patient answers are combined, and none can be linked to you; all responses are entirely anonymous. The more patients who provide their feedback, the better we are able to assess our residents and pass that feedback along to them as a valuable component of their learning experience with us.

We encourage you to help us by offering your feedback. After your next appointment with your resident physician, please consider visiting the computer tablet in the waiting room.

After all, patient care is our highest priority. You're why we do what we do, and your feedback is the most valuable assessment tool we have.

Dr. Jane Griffiths
Resident Assessment Co-ordinator

DEPARTMENT OF
FAMILY MEDICINE

Delivering the Future of Primary Health Care

220 BAGOT ST. • 115 CLARENCE ST. • KINGSTON, ON K7L 5E9 • 613-533-9303

Screen to stay ahead of the game

While colon cancer is the 2nd leading cause of cancer death in Ontario, it's also among **the most treatable**.

9/10

Did you know,
9 out of 10
people are cured
if it's caught early.



Talk to your healthcare
provider about a
convenient take-home
screening kit.



The test is quick,
painless and could
save your life.

Take the test at home

Ask your healthcare provider for the screening kit

cancercare.on.ca/colon

For more information, call **1.866.662.9233**



CLINIC CONVERSATION

When it comes to cancer, prevention and early detection are critical features. Many of you may have received a phone call from our office reminding you of cancer-screening tests recommended by the Ministry of Health and your health-care provider. For example, to check for cervical cancer for women between the ages of 21 and 69, a pap exam (done by a doctor, a test that looks for abnormal cell changes on the cervix) is recommended every three years. For women between the ages of 50 and 74, a mammogram is recommended every two years to screen for breast cancer. For men and women ages 50 to 74, a FOBT (fecal occult blood test) is recommended to screen for colorectal cancer.

The Cancer Care Ontario My CancerIQ website, www.mycanceriq.ca, includes a wealth of useful information that helps you understand your risk for cancer and what you can do to help lower that risk. You can complete a series of risk assessments (less than five minutes for each questionnaire) to estimate your risk of cancer compared with other Ontarians over the age of 40 of the same sex. At the end of each assessment, you are provided with a personalized risk assessment and action plan with tips and resources based on your personal risk factors.

Take the time to educate and protect yourself against cancer. Our health-care team is here to help, so ask questions, share changes in your personal health and request clarification if you are unsure of information your care providers give you.

If you have suggestions for programs and services you believe would be beneficial, please contact me or your care provider. Thank you for your feedback.

To you in good health,
Diane Cross
Clinic Manager

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