



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice



In this issue:

Registrar's message	2
2015 notification of election for board members.....	4
2015 Award of Excellence—call for nominations.....	5
Physician health issues—ethical and legal responsibilities	6
Criminal record check—a statutory requirement for all registrants.....	8
Cases and recommendations of the Inquiry Committee	10
Updates from the drug programs.....	12
Updates from the Physician Practice Enhancement Program	14
Updates from the Non-Hospital Medical and Surgical Facilities Program	15
New or updated professional standards and guidelines.....	17
CME events: mark your calendars.....	18
A word from the College library	19
Regulatory actions.....	21

The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Registrar's message



College Board prioritizes enhanced office assessment program for 2015

You may recall news coverage last November about an Abbotsford acupuncturist whose licence was suspended due to inadequate infection prevention practices, and concerns about transmission of blood-borne pathogens. The College of Traditional Chinese Medicine Practitioners and Acupuncturists took swift action and suspended the acupuncturist for a period of time while an investigation was conducted. The acupuncturist has since returned to work with strict requirements to comply with the college's practice standards.

<http://globalnews.ca/news/1683438/patients-of-abbotsford-acupuncturist-may-have-been-exposed-to-hep-c-hiv/>

This disturbing story was especially relevant to regulators of health professionals who work in office-based settings, highlighting the fact that rigorous standards on their own don't protect the public. While health professionals have a duty to be aware of and compliant with practice standards, it is the regulator's job to develop effective standards and implement inspection processes to ensure they are being followed.

Since 1981, this College has been conducting office inspections as an integral part of its peer assessment program, now known as the Physician Practice Enhancement Program (PPEP). The office inspection involves peer assessors conducting on-site reviews of the operational management of a physician's medical practice, such as how medical records are stored, and what protocols exist to protect patient privacy and confidentiality. Recognizing that standards inevitably evolve over time to align with new technologies, current best practices, and international quality standards, this College, in collaboration with the College of Physicians and Surgeons of Alberta, is enhancing the office inspection component of PPEP in 2015, including the development of new standards. The decision to work with the Alberta college to augment the office inspection program is in keeping with the Board's strategic priority to enhance and expand our quality assurance activities to ensure physicians remain competent throughout their careers.

The enhanced office inspection program will focus on areas such as emergency preparedness, hand hygiene, reprocessing of instruments, infection prevention and control, and office policies and procedure (e.g. the requirement to ensure patients can access care after office hours). The assessors who conduct the inspections will be trained in occupational health and safety protocols, and will provide education and resources to staff in real time during the inspection. Utilizing the tracer methodology to

analyze the office's practices, assessors will determine whether or not medical office staff is aware of the standards and prepared to handle any event that may affect patient safety.

With the enhanced office inspection program, the role of the medical director will become even more important in terms of communicating with staff, and ensuring that any deficiencies identified during the inspection are addressed. Medical directors will be advised of these expectations in future correspondence from the program.

Over the past four years, the Physician Practice Enhancement Program has assessed more than 2,000 physicians. In 2015, the program will begin to assess internal medicine specialists and pediatricians, many of whom work in community-based settings. For more information on the PPEP, click [here](#).

H.M. Oetter, MD
Registrar

We welcome your [feedback](#) on any article contained in the College Connector.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

2015 notification of election for board members

**BOARD
Election**

In accordance with the Bylaws made under the *Health Professions Act*, an election is being held in April 2015 for five of the 10 elected board member positions in five electoral districts: 2 – Vancouver Island, Central and Northern; 3 – Vancouver and surrounding area; 4 – Fraser; 5 – Thomson-Okanagan; and 6 – Kootenays. As in previous years, the upcoming election will be conducted electronically, including email notifications and secure online voting with results managed by an external third party auditor.

The first notification of the election and a call for nominations was sent by email to all registrants on January 12, 2015. Nominations are now being accepted and must be received by Friday, February 13, 2015.

Dates to note:

- January 12 – notification of election to registrants
- February 13 – deadline for receipt of nominations
- February 27 – presentation of nominated candidates for each district
- March 2 – online voting begins
- April 12 – online voting concludes
- April 13 – announcement of new elected board members

For more information on how to nominate a candidate, eligibility and serving as a College board member [click here](#).

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

2015 Award of Excellence—call for nominations

AWARD of EXCELLENCE

Nominations are being accepted for the 2015 Award of Excellence in Medical Practice, which recognizes registrants or former registrants who have made an exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy.

Eligibility

Candidates must be current or former registrants of the College in good standing, and with no history of disciplinary action. Current board members are not eligible to receive the award. A maximum of five candidates will be selected to receive the award each year.

Criteria

- Exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy
- Contribution to the practice of medicine in his/her community
- Character, integrity and ethics beyond reproach
- Demonstrated leadership
- Collegiality and professionalism in all interactions within the profession and with patients

Written nominations of candidates, from a minimum of two current registrants, must include the name and biography of the nominee, and should describe in detail his/her fulfillment of the above criteria. A current curriculum vitae of the nominee, along with letters of support are also recommended.

Nominations must be provided to the registrar by **Friday, February 27, 2015**.

Award recipients

Selected award recipients will be recognized at the College's Annual Dinner in May 2015.

Please note that previous nominations are not carried over from year to year.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Physician health issues—ethical and legal responsibilities

Registrants have both ethical and legal responsibilities when they or their colleagues have health conditions that may impact the quality of medical care they provide to patients. The College has a professional standard titled [Physician Health](#) which outlines these dual responsibilities and reflects the College’s mandate to protect the public. The standard also highlights applicable sections of the *CMA Code of Ethics*, which speak to the individual and collective professional responsibilities of physicians to ensure that physical or mental health conditions (including addiction) do not have the potential to cause patients harm.

The College is a regulatory body, and as such, relies on the [Physician Health Program](#), under the administration of the Doctors of BC, to provide additional support and resources to colleagues who face health challenges.

Registrants should be aware that the College’s approach to addressing health challenges is a collegial one, recognizing that most physicians find it extremely difficult to be patients, and to accept that personal illness may necessitate a reduction in workload or a withdrawal from practice for a period of time. These situations can also be complicated by negative financial or insurance issues. The College strives to be sensitive and compassionate in its dealings with registrants during this difficult process. Like any other profession, physicians may need to take a temporary leave from work to address their health issues.

In some circumstances the College may ask a physician to agree to have his/her health “monitored” in order to confirm ongoing health and fitness to practise. This is an issue of occupational health monitoring, similar to what the profession provides for many patients who work in safety-sensitive occupations. The process of health monitoring involves regular reports of fitness to practise from treating physicians, and is intended to be non-intrusive. Occasionally, and in specific situations, more detailed reports may be requested. Currently, the College monitors the health of approximately 300 physicians. Health monitoring is discontinued when it is no longer considered necessary by the treating physicians and the College.

It is important to note that the [Health Professions Act](#) requires all regulated health professionals under the Act to report to the appropriate college if another registrant’s impairment due to ill health creates a danger to patients or the public. This requirement includes all registrants with an educational licence, such as medical students and residents.

In addition, section 32.3 of the Act requires notification to the College of the hospitalization of a registrant for a psychiatric or addiction disorder. This legal requirement is quite specific and states both that the admission must be reported and also that a second, more detailed report must be made at the time of discharge.

Some physicians struggle with these legal requirements and there are some situations which may not be immediately clear. The College encourages registrants to seek counsel from a deputy registrar or a staff member in the monitoring department by calling 604-733-7758. Physicians may also choose to contact the CMPA (1-800-267-6522).

[*Back to table of contents »*](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Criminal record check—a statutory requirement for all registrants

Under the *Health Professions Act*, the College administers the *Criminal Records Review Act* which provides that a criminal record check (CRC) must be completed for all registrants of the College. This requirement exists as College registrants are deemed to be individuals working with children or vulnerable adults directly or potentially have unsupervised access to children or vulnerable adults.

The CRC is administered by the Criminal Records Review Program, which is part of the provincial government, not the College. The CRC must be completed every five years, when there is a change in class of registration, or when a registrant has been charged and/or convicted of an offence.

The College sends the information provided on the criminal record check authorization/application form electronically to the Criminal Records Review Program operated by the Ministry of Justice. The manner in which the information is transferred from the College requires that registrants provide evidence of their driver's licence number as an additional piece of identification, and that the College verifies this information.

The Criminal Records Review Program arranges for a policing agency to conduct the CRC. If the check reveals no relevant record, the College is told that no relevant record exists. If there is a relevant or specified offence, this is reviewed by a government-appointed adjudicator who determines if the criminal record indicates a risk to children or vulnerable adults. If such a determination is made, the College is notified and will take appropriate action.

Registrants undergoing a CRC may also be required to undergo fingerprinting. The requirement for fingerprinting, and the query parameters for determining who should undergo them, is determined by the Criminal Records Review Program and is based on the federal RCMP's Canadian Criminal Real Time Identification Services (CCRTIS) policy.

The CCRTIS changed its query parameters for determining who would undergo fingerprinting in August 2010 in order to uncover sexual offences where a record suspension (formerly a pardon) has been granted.

The search requires applicants who have the same name and/or date of birth and gender combination to undergo fingerprinting to verify their identity. The vast majority of those fingerprinted will not have a suspended sexual offence; however, fingerprinting remains a necessity as it eliminates the possibility of an offender changing his/her name to circumvent a criminal record. Currently only British Columbia and Alberta require fingerprints upon a legal name change which results in the records for these individuals continuing to be associated. There are fees associated with fingerprinting, which are set and collected

by individual municipalities and their police, whether federal or municipal. The College does not provide reimbursement for the cost of fingerprinting.

Registrants who do not comply with the completion of the CRC process, including the completion of the fingerprinting where requested, will have their registration and licensure status reviewed by a College committee. The review may result in action being taken by the College, including the placement of limits and conditions on a registrant's practice, cancellation of a registrant's registration and licensure, or disciplinary action.

The College has recently been advised that a number of physicians have failed to comply with fingerprinting requirements. While it may be difficult to take time off work to attend a police station or commissioner's office to undergo fingerprinting, registrants' prompt attention to this request is strongly encouraged. The College would very much prefer to avoid taking action against a registrant for failure to comply with this statutory provision.

[*Back to table of contents »*](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Cases and recommendations of the Inquiry Committee

Expected standards when providing complementary or alternative therapies

The *Health Professions Act* affords a measure of privilege and protection for physicians employing unconventional concepts in their medical practices, but there are limits. Section 25.4 of the Act states:

The College must not act against a registrant or an applicant for registration solely on the basis that the person practises a therapy that departs from prevailing medical practice unless it can be demonstrated that the therapy poses a greater risk to patient health or safety than does prevailing medical practice.

The Inquiry Committee recently concluded two complaint investigations with criticism of physicians for failing to meet expected standards for their medical care of patients receiving therapy characterized as complementary or alternative. In one case a patient was treated with supra-physiological doses of thyroid and cortisol supplements. In the other, a patient who had not been adequately investigated or treated for symptomatic ischemic heart disease sought and received chelation therapy from a physician.

Many physicians are naturally frustrated by the persistence of unscientific treatments and have formed the mistaken belief that, given the statutory protection set out above, there are no rules by which the College can hold physicians employing these methods accountable when unsuspecting patients are placed at risk or harmed. While it is true that the Act values freedom of choice for patients, the expectations of the College are concisely set out in a professional guideline titled [Complementary and Alternative Therapies](#).

Key points include requirements that physicians must:

- carry out appropriate and conventional examinations and investigations in order to establish a diagnosis and basis for treatment
- employ a rigorous medical approach before offering any unorthodox therapy
- not expose the patient to any degree of risk from a complementary or alternative therapy of no proven benefit

The College is legally prohibited from investigating physicians solely for their use of unconventional therapies, but it can and does hold such physicians to expected standards in their medical management of the conditions they encounter. For every patient, standard medical assessments, diagnoses, differential diagnoses, and referrals are required. Patients have a right to refuse effective and proven therapies, but these must be explained and offered in accordance with practice standards.

The guideline concludes:

Physicians are advised to consult with the College about any questions that arise concerning complementary and alternative therapies because these considerations can be difficult and sometimes ambiguous.

The Inquiry Committee found no ambiguity in these two cases.

Standards for obstetrical ultrasound

Every year the Inquiry Committee reviews several complaints alleging substandard performance, interpretation and/or reporting of second-trimester obstetrical ultrasound studies. The circumstances are often excruciating—missed major congenital anomalies.

The Society of Obstetricians and Gynaecologists of Canada recommends offering a routine second-trimester ultrasound between 18 and 22 weeks to screen for the number of fetuses, gestational age, placental location, and fetal anomalies. This is regarded as standard of care. Perinatal Services BC has published [Obstetric Ultrasound Assessment Standards](#) that reflect a number of authoritative resources.

The Inquiry Committee is obliged to consider such standards when it determines whether care was acceptable in specific circumstances. Diagnostic radiologists and physicians providing care to expectant mothers are expected to be familiar with the Perinatal Services BC Standards. Imaging facilities should adhere to them, and physicians receiving reports should insist that they be appropriately formatted and complete and consider sending them back if they are not.

The Inquiry Committee recently investigated a case of delayed recognition of hypoplastic left heart syndrome, missed on two second-trimester studies. The committee was critical of one radiologist for accepting suboptimal views of the heart, contrary to the standards. The expectation is that a repeat ultrasound be performed if the specified cardiac anatomy is not confidently demonstrated (as detailed on page 8).

A second radiologist had reported on a limited study ordered specifically to assess only interval growth of the fetus. The standard states:

When performing ultrasound scans in the 2nd trimester at gestational ages other than 18wks 0d – 22wks 6d, every effort should be made to assess, document and report the structures listed in the 2nd Trimester Ultrasound Report.

The facility where this radiologist was based had already amended its protocols to address this concern following an internal review prompted by this case.

The committee was assisted by an expert opinion stating that opportunities were missed to identify this lethal anomaly at 20 and 26 weeks. As it turned out, the complainant was not informed of the devastating diagnosis until 33 weeks. The complainant's frustration was reportedly compounded by her recollection of the sonographers at both studies expressing concern about challenging anatomy but failing to make any note of it. The committee was not critical of the obstetrician, but concluded that a patient report of concerns verbalized by a sonographer may merit a call to the radiologist.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Updates from the drug programs

DRUG PROGRAMS Update

PharmaNet access—recommended best practice and in some cases, mandatory

Access to PharmaNet provides BC physicians with a reliable and current source of collateral information about their patients' medical care. Appropriate access and review of PharmaNet has always been encouraged by the College, but to date has only been mandated in two contexts:

1. transient care settings (e.g. walk-in clinics and emergency departments)
2. methadone clinics

This direction is provided both in the Methadone Maintenance Program's [Clinical Practice Guideline](#) as well as in the College's professional standard titled [Walk-in Clinics—Standard of Care](#) which states:

It is best practice for physicians to use PharmaNet, particularly when dealing with patients who require prescriptions for controlled substances. PharmaNet is mandatory for physicians working in transient care settings or methadone maintenance programs. Patient consent is necessary to access a PharmaNet profile.

The increasing complexity of modern medications with potential for serious reactions and interactions has made it difficult to explain why any physician would choose not to access information available on PharmaNet. Recently the Prescription Review Committee asked the College Board to consider making PharmaNet access a (required) professional standard of care.

In the past, the focus has been on opioids, sedatives and other psychoactive medications, but future direction could require all BC physicians to have access to PharmaNet and to use it as clinically indicated. (Although outside of the hospital setting it is necessary to obtain patient consent to access PharmaNet, this should be part of the agreement to medical care and prescribing in every practice setting.)

In this modern age, it is not acceptable to blame prescribing errors on lack of knowledge about a patient's medication history when a database is readily available at minimal cost. Registrants who continue to be disconnected are strongly encouraged to enable access to PharmaNet in all work locations as soon as possible.

Take Home Naloxone Program—an important tool to address BC’s opioid crisis

The [March/April 2014 edition](#) of the *College Connector* encouraged physicians to become familiar with BC’s Take Home Naloxone Program (BCTHN). The BC Centre for Disease Control (BCCDC) developed the Take Home Naloxone Program in August 2012 in response to an identified public health need. At-risk individuals are trained in overdose prevention, recognition and to respond to opioid overdose by administering naloxone and contacting appropriate medical care. The [BCCDC reported](#) in August 2014 that over 1,215 naloxone kits had been distributed to more than 2,200 people across 51 sites in BC. In a [recent CMAJ article](#), Banjo et al. found evidence of at least 85 overdose reversals resulting from the program.

The College’s Prescription Review and Methadone Maintenance Programs encourages physicians who prescribe opioids for replacement therapy or analgesia to consider Take Home Naloxone as an important tool in addressing BC’s opioid overdose crisis and refer appropriate patients.

More information

Physicians have an important role in promoting Take Home Naloxone to identified at-risk individuals. A number of resources are available for those interested in learning more about Take Home Naloxone:

1. The [BCTHN website](#) includes a program guide, articles and tools to better understand the relevant medical, ethical and legal issues, as well as a decision support tool to assist clinicians.
2. Physicians or clinics wishing to become an identified site for dispensing Take Home Naloxone can access the “New Site Registration” materials [here](#).
3. To refer at-risk patients to a site offering patient training and a naloxone kit, a list of sites is available [here](#).

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Updates from the Physician Practice Enhancement Program

PPEP Update

Providing access to care after office hours is a physician's responsibility

Taking responsibility for providing care to patients is not limited by a clock or calendar. Providing ongoing care to patients even after the office has closed for the evening or weekend is an expectation of the College and is addressed in a professional standard titled [After-Hours Coverage](#). Unfortunately, assessors who review office practice processes and policies as part of the College's Physician Practice Enhancement Program (PPEP) often report the absence of an organized after-hour on-call. While at best this can be a big inconvenience to patients who attend an emergency department for minor concerns, at worst, it places patients at risk when the responsible physician or delegate for a critically abnormal laboratory or diagnostic imaging report is unavailable.

In response to the criticism for not providing after-hour on-call, physicians often take refuge in the fact that the practice is wide spread and does not appear to have disciplinary consequences. Registrants are advised that the Physician Practice Enhancement Program reviews office deficiencies with a remedial focus and imposes compliance requirements. However, those who are reported to the College by way of a complaint are investigated by the Inquiry Committee for possible unprofessional conduct. Registrants who have doubts of their after-hours coverage responsibilities are well advised to familiarize themselves with expectations contained in the [professional standard](#).

The [Physician Practice Enhancement Program \(PPEP\)](#) is a collegial program that proactively assesses and educates physicians to ensure they meet high standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Updates from the Non-Hospital Medical and Surgical Facilities Program

Skin preparation—a collaborative effort

Two incidents have been reported to the College where aqueous chlorhexidine 2% with 4% isopropyl alcohol is suspected to have caused corneal injury. The NHMSFP Committee reminds all medical directors, surgeons and nurses of the [November/December 2013](#) edition of the *College Connector* article regarding skin preparation. The following is a recap of that article.

Special care and attention must be taken to prevent injury such as chemical burns to a patient during surgical skin preparation, especially when prepping areas such as the face, eye and ears or mucous membranes.

Selecting an appropriate skin preparation is a collaborative effort, which requires both surgeons and perioperative nurses alike to be knowledgeable in the selection process, including awareness of any contraindications and/or special precautions. The surgical site prep solution should also be reviewed during the briefing period of the surgical safety checklist with all members of the surgical team present. For more information regarding the contraindications and/or special precautions of this product, please refer to the manufacturer's material data safety sheet.

Illicit drug users come from all socio-economic groups

One of the goals of the preoperative health history and evaluation is to identify any pre-existing condition(s) that may influence the patient's response to anesthesia and surgery. Therefore, the pre-admission history must include a thorough medication history including:

- prescription medications
- non-prescription medications
- herbal medications and supplements
- alcohol and substance use (illicit, prescription) and abuse

Reminder to physicians who are preceptors to residents and fellows in non-hospital facilities

Medical directors are reminded that physicians who are preceptors to medical students, residents or fellows at a non-hospital facility must have privileges at the facility, and are held responsible for the medical care provided. Further, physician preceptors must be present in the operating room during any surgery performed by a resident and/or fellow.

The [Non-Hospital Medical and Surgical Facilities Program \(NHMSFP\)](#) requires private facilities to maintain high standards of practice equal to or exceeding public hospitals. The program establishes accreditation and performance standards, procedures and guidelines to ensure the delivery of high quality health services. The 700 physicians who work in private facilities across the province must be granted privileges by the College.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

New or updated professional standards and guidelines

The College develops *Professional Standards and Guidelines* to assist physicians in meeting high standards of medical practice and conduct. The topics addressed focus on specific issues that are relevant to the practice of medicine. Physicians are encouraged to become familiar with the College's *Professional Standards and Guidelines*. The *Professional Standards and Guidelines* are reviewed regularly and may be updated over time.

New

- [Injection of Botulinum Toxin, Dermal Fillers and Venous Sclerotherapy](#)

Updated

- [Reporting a Child in Need of Protection](#)

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

CME events: mark your calendars



Pain and Suffering Symposium

Friday, March 6 to Saturday, March 7, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/pain-suffering-symposium-2015>

<http://tfme.org/component/content/article/15--pain-management-conference/174-assessment-a-management-of-patients-with-complex-chronic-pain-2015>

Medical Record Keeping for Physicians

Wednesday, August 26, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2015-08>

Wednesday, November 25, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/medical-record-keeping-2015-11>

Annual General Meeting and Education Day

Friday, September 25, 2015 – Vancouver

<https://www.cpsbc.ca/for-physicians/professional-development/education-day-agm-2015>

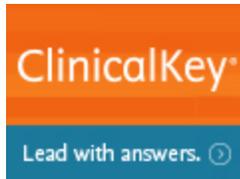
[*Back to table of contents »*](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

A word from the College library



ClinicalKey replaces MD Consult and is more comprehensive and has a more sophisticated search capability. ClinicalKey includes 1,000 e-books, 600 e-journals, and 300 procedural videos, drug information, and patient handouts, and all of these types of information are searched at once with built-in menus to filter information according to user preferences.

The 1,000 e-books represent a significant increase in the number of e-books offered to registrants by the library, up from the previous total of 200, and include authoritative texts such as:

- *Abeloff's Clinical Oncology*
- *Auerbach's Wilderness Medicine*
- *Braunwald's Heart Disease*
- *Brocklehurst's Textbook of Geriatric Medicine and Gerontology*
- *Campbell's Operative Orthopaedics*
- *Conn's Current Therapy*
- *Fanaroff and Martin's Neonatal-Perinatal Medicine*
- *Ferri's Differential Diagnosis*
- *Goldman's Cecil Medicine*
- *Manson's Tropical Diseases*
- *Kelley's Textbook of Rheumatology*
- *Miller's Anesthesia*
- *Nelson Textbook of Pediatrics*
- *Sabiston Textbook of Surgery*
- *Wall & Melzack's Textbook of Pain*

The 600 e-journals include such noted titles as

- *The Lancet*
- *American Family Physician*
- *Journal of Bone and Joint Surgery*
- *Annals of Allergy, Asthma & Immunology*
- the Clinics of North America titles

The College library formerly subscribed to about 100 emergency medicine and anesthesiology procedural videos but ClinicalKey now provides access to an additional 200 videos in family medicine, internal medicine, orthopedics, and pediatrics. Click on the "All" button at the search box and select "Procedures Consult" to selectively locate video content.

ClinicalKey is bundled with First Consult, which summarizes the current management of conditions. First Consult is also available as a free app and can be downloaded as follows:

1. On a desktop computer, go to ClinicalKey via the [College website](#).
2. Click on the "Register" link.
3. Enter required data—email address is a username.
4. On a mobile device, search the App store for "First Consult." Choose option #1 ("I use First Consult and know my username"). When prompted, login using a newly created personal login.

To locate the most relevant results, ClinicalKey uses a smart search function that recognizes keywords as they are typed in the search box and offers shortcuts to filter the information. Results can be saved and organized by setting up a personal account (click on Register in ClinicalKey).

ClinicalKey will not time out if left idle for 30 minutes or more. Click on the reload link to continue with a session. The interface is device-responsive so it performs well on both desktop and handheld devices.

To access ClinicalKey, registrants can go to the College library's link to ClinicalKey (<https://www.cpsbc.ca/library/search-materials/point-of-care-drug-tools>) and log in using their CPSID. They can also visit the library's website at <https://www.cpsbc.ca/library>, click on the Point of Care box and select ClinicalKey from the list of resources.

Registrants requiring assistance using ClinicalKey can email the library at medlib@cpsbc.ca or call 604-733-6671. For an in-depth guide, use the *ClinicalKey User Guide* (http://www.elsevier-data.de/ClinicalKey/ClinicalKey_user_guide.pdf).

The library hopes that this new resource will be a valuable support for registrants' clinical practice.

[Back to table of contents »](#)



College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Regulatory actions

- [Termansen, Paul Eric – January 5, 2015](#)
- [College of Physicians and Surgeons of British Columbia granted an injunction to cease unlawful practice of medicine – January 29, 2015](#)

[Back to table of contents »](#)