

Doctors of BC Postsecondary Scholarship Fund winners

The Doctors of BC scholarship is awarded annually to two children of Doctors of BC members who display outstanding scholastic achievement, remarkable volunteer contributions, and well-rounded extracurricular interests. Each recipient receives a \$1000 scholarship toward postsecondary education. Winners are selected by Doctors of BC committee members through an anonymous process. This year's winners are:



Anokh Singh Dhillon, Surrey, BC

Mr Dhillon graduated from Semiahmoo Secondary School in the international baccalaureate program. His high academic achievement has been recognized with admission to the University of British Columbia as a Chancellor's Scholar, where he will be pursuing a bachelor of arts degree in history along with completing prerequisites for medical school. In addition to maintaining an outstanding academic standing in high school, Mr Dhillon is a captain and coach of his high school debate team—competing provincially, nationally, and internationally. In grade 11, Mr Dhillon placed in the top 10 as an individual and won first place in the team cat-

egory of an international debate tournament held in Germany. Throughout high school Mr Dhillon was also involved in community programs such as the Empowered Club, which helps alleviate poverty in the developing world; the Vancouver Brain Bee, as a coach for participants; and Sikhs for Justice, to raise awareness of human rights abuses by the Indian state.



Andrew Welsh, Abbotsford, BC

Mr Welsh aspires to be a biomedical engineer and will pursue his aspiration at the University of Waterloo, where he has been accepted into the honours biomedical engineering program. Mr Welsh's interest in biomedical technology stems from having survived a brain tumor and wanting to give back to the field of medical technology that helped him overcome this adversity. Mr Welsh achieved significant academic success in science and math while attending the Mennonite Educational Institute, receiving the top mark in his high school for calculus, physics, and chemistry courses. Mr Welsh has also played the violin since age 5 and is currently playing at a grade-10 level. He performs in concerts and community events as part of the Abbotsford Youth Orchestra, has competed in numerous festivals, and

has won several awards. Mr Welsh also devotes time to volunteer activities in his community—teaching at a free after-school music program for disadvantaged youth provided by the Bakerview Music Academy, playing violin at local care homes and hospitals, and teaching Sunday school.

Re: New HIV testing guidelines in BC

The First Nations Health Authority (FNHA) supports frequent HIV testing for Aboriginal people in BC. The new BC HIV testing guidelines urge health care providers to include HIV testing when sending their adult, sexually active patients for other blood tests every year for “all patients aged 18 to 70 years who belong to populations with a higher burden of HIV infection” compared to every 5 years for the general population.^{1,2} Aboriginal people are included in “populations with a higher burden of HIV infection,” together with gay men, people who inject drugs, people who work in the sex trade, and people from endemic countries.

The new guidelines promote testing all British Columbians to determine their status, and if individuals are positive, aim to ensure they are informed and counseled to facilitate engagement and benefits from treatment over the long term.

A large body of research suggests that HIV and AIDS stigma is a barrier associated with lack of disclosure and negative health outcomes impacting HIV preventive behaviors. Studies have shown how stigma and discrimination toward people with HIV is manifested in health care settings to include differential treatment, moral judgments, neglect, testing and disclosure without consent, and denial of treatment.³ The need for culturally competent routine offers of HIV test-

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ing should promote health professionals' awareness that "adapting [their] practices will actually save time in the long run and that giving the patient more time is an investment in the care."⁴

We urge implementers of BC's new HIV testing guidelines to consider culturally competent practices, including:

- Use of tools to assist clients along the cascade of HIV prevention, testing, and care.
- Recognition that BC's Aboriginal population is diverse, not homogeneous, and has a range of HIV prevalence.
- Seeking an appropriate level of cultural understanding and using this understanding to tailor communications to the specific situations and case histories of their patients.
- Identifying methods of measurement to evaluate culturally safe Aboriginal engagement, linkage, and retention in HIV care and lifelong treatment.

- Research to identify the most effective ways that Aboriginal people in this province can be provided care that ensures ultimate success in reducing and preventing transmission of HIV.

The consequences of culturally unsafe HIV testing may lead to avoidance of prevention, testing, and treatment services. The ability of health care providers to talk to, develop, and keep a trusting relationship with their patients will depend on an appreciation of the reasons for possible nondisclosure of risk even if people understand the benefits of long-term treatment for them and those close to them.

Efforts by health care practitioners will help to achieve culturally safe and appropriate routine HIV testing and strong, effective linkages to treatment and retention in care. The FNHA urges health care providers to ensure they have the training and cultural competency, such as the Provincial Health Services Authority's Indigenous Cultural Competency training,⁵ to ensure testing, follow up,

and treatment is carried out in a beneficial way.

—Shannon Waters, MD

—Isaac Sobol, MD

—Georgia Kyba, BSc, ND

—Sarah Williams, MD

—Naomi Dove, MD

—Denise Thomas, MHS, BScN, RN

References

1. Gustafson R, Ogilvie G, Moore D, et al. New HIV testing guidelines in BC. BCMJ 2014;56:172-173.
2. Gustafson R, Steinberg M. Expanding provider-initiated HIV testing. BCMJ 2011;53:13.
3. Nyblade L, Stangl A, Weiss E, et al. Combating HIV stigma in health care settings: What works? J Int AIDS Soc 2009;12: 15. doi:10.1186/1758-2652-12-15.
4. Wilson D, de la Ronde S, Brascoupés, et al. Changing outcomes through culturally competent care. J Obstet Gynaecol Can 2013;35:S38-S41.
5. Provincial Health Services Authority. Indigenous cultural competency training program. Accessed 5 August 2014. www.culturalcompetency.ca/training.

Revised GPAC guideline

The Guidelines and Protocols Advisory Committee (GPAC) has revised its guideline Ankle Injury—X-ray for Acute Injury of the Ankle or Mid-Foot (2014). The revised guideline is available online at www.bcguidelines.ca/guideline_anklex.html.

This guideline makes recommendations for adults who are 19 years or older with acute ankle and mid-foot injuries, presenting for the first time in a clinical setting (emergency department and primary care). The guideline excludes recommendations for patients who are younger than 19 years, have multiple painful injuries, or those who are pregnant, cognitively impaired, or with sensory deficits in their lower extremities.

Key recommendations:

- Use the Ottawa Ankle Rules to exclude fractures and reduce unnecessary imaging.
- Advise patients to seek follow-up care if their pain or ability to bear weight has not improved in 5 to 7 days.

For the complete list of GPAC guidelines, visit www.bcguidelines.ca. Physicians interested in participating in the development of future guidelines and protocols are encouraged to e-mail GPAC at hlth.guidelines@gov.bc.ca. Physician participation in guidelines and protocols development is compensated at the Doctors of BC sessional rate.

Training to identify, treat, and prevent concussions

Parents and coaches can access evidence-based information on concussion diagnosis and care using a new online resource, the Concussion Awareness Training Tool for Parents, Players, and Coaches, available at http://ppc.cattonline.com/. Website resources include a training course on how to identify and respond to concussions, manage long-term impacts, and take steps to make sports safer for young athletes; smartphone-accessible forms and tools to help parents and coaches track symptoms, decide how to respond to an injury, and record information for medical professionals; and videos for children and teens with stories of young athletes who have had concussions and advice about safe play in contact sports.

Parents and coaches who are edu-

cated about how to recognize and treat concussions are better equipped to seek medical attention for children when necessary and to participate actively in their care. Funded by the BC Ministry of Health, the online training tool builds on the Concussion Awareness Training Tool for Health Professionals, which provides clinical information aimed at physicians and nurses. A third tool addressing concussions in the school setting is under development. The toolkit was developed by researchers with the BC Injury Research and Prevention Unit at the Child and Family Research Institute at BC Children's Hospital and the University of British Columbia.

Seeking BC doctors' literary works

Dr George Szasz is interested in establishing a collection of literary works created by BC doctors and UBC graduates practising outside BC. The collection would include items such as published autobiographies, biographical works, novels, plays, short stories, historical works, and poetry. Currently, Dr Szasz is looking for authors, both current and past, interested in participating in the project. If you would like to contribute your work to this collection, or you know of an author who may be interested, e-mail the name of the author, the title of the work, and the author's contact information (if known) to gszasz@telus.net. After Dr Szasz has assessed the interest level in creating such a collection he will seek funding to obtain and maintain the literary works and a location to house the collection.

New Kamloops residency training site

Doctors will be able to complete their postgraduate training in Kamloops with the launch of a new family practice residency site based at Royal Inland Hospital and community clinics. Medical students entering the

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FOR YOUTH & YOUNG ADULTS**

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For doctors who may have patients with mental health concerns, look for an office poster in this issue of the BCMJ directing them to resources.

Email etimmerman@doctorsofbc.ca for more information.



"Self-Portrait" by Alishba Bilal. Age 16 from Surrey, BC.

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Southern Medical Program complete 2 years of undergraduate academic training at UBC Okanagan and the clinical teaching campus at Kelowna General Hospital. They transition to area hospitals and clinics for their third and fourth years. UBC's 2-year family practice residency training program is distributed throughout the province, involving 16 educational sites.

A new emergency medicine residency training site in Kelowna is also being launched, along with the Vancouver Coastal Health site for family practice residencies in North Vancouver.

Expansion of the family practice residency program is part of a combined effort by the provincial government, health authorities, UBC Faculty of Medicine, and local communities.

Recycle electronic medical devices

Unwanted electronic medical equipment can be dropped off at a Return-It Electronics collection site for recycling, including items such as electronic stethoscopes, microscopes, and blood pressure monitors. No fees apply when recycling any of these products. For hospitals and clinics with a large quantity of electronics, pickup can be arranged at no cost through the large-volume program. Information on depot locations, large-volume pickup, and a list of acceptable items can be found at www.return-it.ca/electronics/products, or call 1 800 330-9767.

The Return-It Electronics program is a provincially approved and regulatory compliant stewardship program that recovers unwanted or obsolete electronics and for recycling in a safe and environmentally responsible manner.

Correction: Author credentials

Authors of the article "Canadian endocrinologists' views on growth hormone replacement therapy in adult survivors of pediatric brain tumors following achievement of final height" (*BCMJ* 2014;56:230-235) have corrected information pertaining to three of the authors' names and credentials. The affected authors' corrected information is: Haroon Hasan, BSc, MPH; A. Fuchsia Howard, RN, PhD; and Karen Goddard, MBChB, MA, FRCP (UK), FRCPC. The information has been corrected in the online version of the article, available at bcmj.org/articles/canadian-endocrinologists'-views-growth-hormone-replacement-therapy-adult-survivors-pediatr.

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dictionaries being developed will need maintenance and improvement. This is an iterative process; its implementation will be closely monitored by the province, the colleges, and the health authorities. Any unintended consequences will be addressed quickly.

In the absence of a comprehensive strategy of support, rural health care has continued to face difficulties. Some may assert that our approach will lead to physicians leaving rural health. We point out that this is already happening and we believe that a planned and collaborative approach to maintaining skills may be part of the solution. **BMJ**

Attention:

British Columbia Doctors

Practice Closure Information

For over 17 years, RSRS has assisted Retiring and Relocating Physicians and Physician Estates with **Practice Closure Assistance**, typically **at little or no charge**. RSRS is physician-managed and works within the guidelines set forth by Doctors of BC and the CPSBC.

RSRS works *with* you to put a timeline into place that works *for* you. We will store both your **paper** and **electronic medical records** for the required term; notify your patients; facilitate authorized record transfer without prohibitive fees; arrange for pickup and delivery to our national records facility, as well as digitally scan and shred as required.

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PStewart@RSRS.com

Ask for Pauleen Stewart



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