Cognitive impairment guideline

The Guidelines and Protocols Advisory Committee's Cognitive Impairment: Recognition, Diagnosis and Management in Primary Care guideline is available to physicians across British Columbia at www.bcguidelines.ca/guideline_cognitive.html.

The guideline provides recommendations for adults who are 19 years or older within the primary care setting and focuses on Alzheimer disease, the most common form of dementia seen in primary care. The guideline encourages early recognition and assessment of dementia and supports the development of a care plan that includes identification of community resources for patients and caregivers.

Key recommendations

- Do not screen asymptomatic population for cognitive impairment.
- Dementia can be masked in a typically structured office visit; third-party observations can be important.
- Imaging is of limited value.
- Always involve the caregiver and plan on several visits to establish and inform patient/caregiver of diagnosis.
- Introduce advance care planning early.
- Polypharmacy and multimorbidity can both be causes and effects of cognitive impairment.
- Drug treatment has limited value; first consider nonpharmacological management of the behavioral and psychological symptoms of dementia.
- Make early and regular use of adjunct services.

For the complete listing of GPAC guidelines please visit www.bcguidelines.ca.

How to start a conversation with youth patients about their mental health

Last September Doctors of BC's Council on Health Promotion published a policy paper, *Reaching Out: Supporting Youth Mental Health in British Columbia*, that encouraged physicians to initiate conversations about mental health with their youth patients and to undertake continuing medical education related to youth mental health. Research indicates that only 25% of Canadian youth will seek support for their mental illness because of a lack of understanding about mental health, a lack of awareness of where to get help, and fear of judgment from friends, family, and professionals.[1] These findings suggest all the more reason for doctors to start routine discussions about their patients' well-being during medical visits; however, when a patient is unwilling to divulge personal information, physicians may be challenged to start a conversation around a highly stigmatized subject. More often, studies find, it is not what doctors say, but rather how they communicate—the way they enter the room, maintain eye contact, and their general behavior—that affects whether their youth patient will feel comfortable revealing information and accepting treatment.[2]

Developed by the General Practice Services Committee, the Practice Support Program's Child and Youth Mental Health (CYMH) learning module provides verbal and nonverbal communication guidelines when initiating conversations with youth patients:

- Create a supportive and safe space.
- Demonstrate a compassionate and nonjudgmental attitude, but be real.

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- Demonstrate active listening: eye contact, and verbal ("Ah hum," "Go on") and nonverbal (head nod) clues to listening engagement.
- Request clarification ("Help me understand," "Could you explain what you were thinking about that?").
- Suggest emotional identification ("It seems as if you are feeling frustrated").
- Do not surmise what is happening for the young person too quickly; you are likely to be wrong.
- If you do not know what they are talking about, ask.
- If you do not know an answer to a question, admit it and tell them how you will find out.
- Establish confidentiality and limits of confidentiality (self-harm, danger to others, etc.) and be very clear about your role as the physician.
- Use open-ended questions (what, when, who, where, how) to learn more about your patient, his or her goals, and potential barriers.

These recommendations reflect similar studies that support physicians' positive verbal and nonverbal behavior when assessing youth, such as warmer vocal tones, leaning toward the patient, openness, willingness to listen, composure, and some formality, all of which produce higher rates of patient satisfaction.[2]

Through its website (www.pspbc.ca), local regional support teams, and Divisions of Family Practice, the Practice Support Program provides CYMH resources, coaching, and support to help physicians identify a patient's state of mental health. Physicians can also refer to www.openmindbc.ca for a list of resources that help youth patients and their families to access information and support services.

References

Available on bcmj.org.

Celebrating Resident Awareness Week

The Resident Doctors of British Columbia (formerly the Professional Association of Residents of British Columbia) will be celebrating the 14th Annual Resident Awareness Week from 16 to 20 February 2015.

Resident Awareness Week is a national event that aims to improve the public's understanding of our role as medical residents in the health care system.

Currently there are over 1200 resident doctors working across BC. We are a diverse group of trainees with varied backgrounds and interests: among us we boast PhDs, Olympic athletes, community leaders, and entrepreneurs. As spouses, parents, and friends, we are also intimately connected to the people and communities around us.

We are often the first physicians that patients encounter when they interact with our health care system, and we provide around-the-clock care. We are teachers, sharing the knowledge passed down to us with fellow residents and medical students. We are scientists, engaging in clinical and basic science research, as well as quality improvement projects at almost every level of the health care system. Most importantly though, we are the physicians of the future and are committed to providing quality health care throughout the province.

In recognition of Resident Awareness Week, we will be staffing a number of booths at community centres across Greater Vancouver to help the public better understand the work that we do. We will also be sharing information on how to find a family physician and teaching children about the importance of hand washing. Finally, we will be releasing a video chronicling a day in the life of a resident and launching a new photo campaign that highlights the human side of residency.

Resident Awareness Week is also a time to reach out to the teachers and mentors who provide us with education, support, and guidance throughout our training. To those of you who choose to invite us into your practices, who stay at the hospital late with us while we round, who gently correct our mistakes and laud our successes, thank you. We cannot express how much we appreciate your dedication, your patience, and your guidance. You serve as a continuous source of inspiration and are helping shape the next generation of physicians.

Finally, Resident Awareness Week serves as a time to recognize that our training is rigorous and that we can become so focused on caring for our patients that we sometimes neglect to take care of ourselves. Last September two of our colleagues in New York took their own lives. Closer to home, a resident in Quebec recently committed suicide after having taken a leave of absence from her studies

for mental health reasons.

In response, there has been a deliberate and heightened focus on resident wellness at Resident Doctors of BC, the Department of Medicine at UBC, and nationally at the Canadian Association of Internes and Residents. By not recognizing the distress and mental illness that exists in the culture of residency—and in medicine more broadly—we intensify the issue. Recognition is the first step to addressing the problem and alleviating suffering, and treating the mental illness that many physicians face benefits not only ourselves, but also our loved ones and the patients we treat.

—Goldis Mitra, MD
Resident Doctors of British Columbia (formerly PAR-BC)

Genital Tract Cancers in Females guidelines

Three new guidelines make up the Genital Tract Cancers in Females series available to all physicians on www.bcguidelines.ca. They are Endometrial Cancer; Human Papillomavirus Related Cancers; and Ovarian, Fallopian Tube, and Primary Peritoneal Cancers.

The guidelines provide recommendations for the screening, diagnosis, and follow-up care of these cancers in women who are 19 years or older. Signs and symptoms for the different female genital tract cancers may overlap (e.g., abnormal uterine bleeding); therefore, these guidelines may need to be used in conjunction with each other when performing initial diagnostic investigations.

Key recommendations

Endometrial cancer

- Refer patients with suspected hereditary cancer syndrome to the BC Cancer Agency's Hereditary Cancer Program.
- Investigate abnormal uterine bleeding, starting with a history and physical exam.
- Endometrial biopsy and transvaginal ultrasound are the recommended initial diagnostic investigations if other causes of abnormal uterine bleeding have been ruled out, and if endometrial cancer is suspected.
- Routine bloodwork, Pap smear, and imaging are not needed during follow-up visits posttreatment unless indicated by symptoms or signs on examination.

Human papillomavirus related cancers (cervical, vaginal, and vulvar)

- HPV immunization is recommended for the prevention of HPV infection, which is the major risk factor for cervical, vaginal, and vulvar cancers.
- Screening for cervical cancer in asymptomatic females should be offered following the BC Cancer Agency's Cervical Cancer Screening Program.
- If cancer of the cervix is clinically suspected, proceed to biopsy or colposcopy, even in the case of a normal Pap smear result.

Ovarian, fallopian tube, and primary peritoneal cancers

- Maintain a high index of suspicion for ovarian cancer—symptoms are nonspecific and variable.
- Investigate immediately if abdominal mass or postmenopausal/abnormal bleeding is present since these symptoms have the highest positive predictive value.
- Refer patient immediately by telephone referral to gynecologic oncologist at the BC Cancer Agency's Division of Gynecologic Oncology if epithelial ovarian cancer or germ cell ovarian tumor is suspected.
- Refer patient with suspected hereditary cancer syndrome to the BC Cancer Agency's Hereditary Cancer Program.

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- Routine tumor markers or imaging are not needed during follow-up visits, unless indicated by symptoms or signs on examination.

New GP-Nurse Practitioner Advice fee code

The General Practice Services Committee has introduced a new fee code that supports collaboration between family physicians and nurse practitioners. The new $40 fee code became effective 1 January 2015. Funding has been approved to 31 December 2015 and will then be evaluated for its usefulness by the GPSC. Family physicians can bill the fee for providing advice to a nurse practitioner. The nurse practitioner requesting advice has accepted responsibility of being the Most Responsible Provider for a patient's care in the community. The fee is payable for advice provided over the phone or in person. The fee is limited to one claim per patient per day, with a maximum of six claims per patient per calendar year. Family physicians may bill the code for up to five different patients on any calendar day. A chart entry, including advice given and to whom, is required. Read more at www.gpscbc.ca/news/new-gp-nurse-practitioner-advice-fee-code.

Instructions for billing A GP for Me fee codes

A short set of instructions has been created to help clarify the process for billing A GP for Me fee codes. The instructions are available at www.gpscbc.ca/attachment-initiative. Physicians can also contact Sakya.Newman@gov.bc.ca, fax 250 952-3133, if they have questions or require additional help. The GPSC Incentives for A GP for Me/Attachment document available at www.gpscbc.ca/sites/default/files/uploads/billinguide_attachment_201407.pdf also includes details about the fee codes.

Next Divisions of Family Practice Provincial Round Table

The Divisions of Family Practice Provincial Round Table will consist of three day-long sessions, each with a distinct agenda and focus.

- Wednesday, 29 April: Working Session for Division Coordinators and Executive Directors.
- Thursday, 30 April: Provincial Round Table for Physicians and Division Coordinators, Executive Directors, and Partners.
- Friday, 1 May: Provincial Round Table for Physicians, Divisions' Executive Directors, and Coordinators.

The workshop will be held at the Vancouver Marriott Pinnacle Downtown Hotel. If you have any questions, please contact Ms Chantel Jonas at the provincial Divisions office at cjonas@doctorsofbc.ca.

Upcoming deadlines for Doctors of BC awards

Doctors of BC presents awards to physicians who distinguish themselves through exceptional service to their patients and profession. Nomination deadlines for the following awards are approaching.

- Dr Cam Coady Medal of Excellence: Presented annually to recognize a physician who has distinguished himself or herself in the medical profession, be it in clinical medicine, education, research, or organizational medicine. Nomination deadline is 23 February 2015.
- Changemaker: Medical Resident and Student Advocate Awards: Recognizes medical residents and students who have demonstrated exemplary leadership and dedication to the cause of advancing the policies, views, and goals of Doctors of BC, or of a medical resident/student organization in BC, through grassroots advocacy efforts. Nomination deadline is 31 March 2015.
- Dr David M. Bachop Gold Medal for Distinguished Medical Service: Presented to a BC doctor who has made an extraordinary contribution in the field of organized medicine or community service. Nomination deadline is 1 April 2015.
- Health Promotion Awards: Presented annually to recognize individuals and organizations that demonstrate leadership and work toward improving the health and safety of British Columbians. Nomination deadline is 17 April 2015.

Visit www.doctorsofbc.ca/resource-centre/awards-scholarships for additional information.

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