

BCMJ member research results

This August the *BCMJ* conducted an online survey of Doctors of BC members. The objective was to gather member insights to increase *BCMJ* value by understanding your needs, preferences, and behaviors. Specifically, we wanted to discover if the publication is still meeting your needs, learn what you want to read in the journal, find out your use of online vs print, get your impression of some new ideas, and generally find out how you get your information.

The online survey sampled approximately 3000 Doctors of BC members, which is about one-third of active members. We received responses from 720 members, which represents a response rate of 24%. Responses to the demographic questions suggest a representative sampling of the general membership. The survey was conducted by TWI Surveys, a BC-based firm that has conducted member and employee research in the health care sector for 20 years.

We received hundreds of comments—more than 800 in total, providing us with a rich resource of information on what you want to read (e.g., “controversial topics and important principles”) and your overall thoughts on the publication and on Doctors of BC. For example, one member asked for “information about the structure of the organization, how to address issues of concern to practising physicians—where do you start if you want to make a change?”

Impressions of the journal

Overall, BC physicians consider the *BCMJ* a valuable, unique source of information on other members, medicine in BC, and association news. The uniqueness of the journal—the fact that the *BCMJ* fills a niche for you that no other publication does—was a theme in previous studies, so we’re gratified that this continues to be an

area in which we’re valuable to you.

About 39% of members could be called “fans” (always or usually read the *BCMJ*), 53% are “browsers” (sometimes or occasionally read), and 8% never read the *BCMJ*. While we would prefer to convert many more members from browsers to fans, we consider the finding that 92% of members at least occasionally read the journal a good one.

We learned that the most popular content type in the *BCMJ* is clinical articles (69% of respondents listed that in their top three), follow by case studies (45%) and CME listings/job opportunities (31%). Clinical articles have made significant gains in popularity, moving from the middle of the pack to the top. Also popular are essays/special features, editorials, features about your colleagues, and committee columns.

Fully 80% of members agree or strongly agree that the *BCMJ* is a good way to learn about what’s happening in medicine in BC, and 74% agree or strongly agree that it’s a good place for doctors to share their opinions.

Specialists and family physicians agree or strongly agree in about equal measure that the *BCMJ* is a good place to learn about medicine in BC, but specialists are significantly less likely to agree or strongly agree that it has unique content that is relevant to them (45% vs 65%). This is another finding that aligns with previous studies; as the *BCMJ* is a general medical journal, specialist physicians will likely continue to seek information of relevance to their specialty in specialty journals.

Online and print

Members are overwhelmingly more likely to read the journal in print than online. Currently only about 9% of readers use bcmj.org as their primary

reading medium, with the rest primarily using print. The low online readership is perhaps surprising in light of the general shift toward digital, but given that most online *BCMJ* content is available in print, it is likely a matter of the convenience of being able to pick up and put down the journal either in leisure spaces or when gaps emerge in the workday.

Not surprisingly given this preference, a strong majority of members want us to keep a print version of the *BCMJ* in the future. However, those who prefer digital feel strongly as well, and digital is too important an archiving and distribution channel (outside our membership) to ignore.

We learned that most online readers continue to use a large screen, with 42% using a laptop and 26% using a desktop computer. The remaining one-third are smart phone (19%) and tablet (13%) users. Because bcmj.org’s web platform has reached the end of its useful lifespan (it was built in 2007), we will soon begin rebuilding the website to take advantage of tools we know that you prefer and to ensure that the journal can be read on smaller devices such as tablets and phones. As one member commented, “I would use *BCMJ* online content if it was easily accessible in an app.” In addition to the improvements we will make to bcmj.org, we will continue to have a strong, print-first orientation as this is your clear preference.

Social media

While younger physicians are more likely to have downloaded or used medical applications, the majority of all respondents have used apps at some point. The most used social media platform used by members who responded to this survey, by a large margin, is Facebook, at 54%, followed by Instagram (19%), LinkedIn (18%), Google Plus (18%),

Twitter (15%), and Snapchat (8%). All the technology-related question in our survey showed a steady age-related curve, with the oldest physicians being the least likely to use digital tools.

CME credits for reading

One idea we tested in the survey is a practice already being used by some other journals: creating a mechanism through which you could earn CME credits by interacting with *BCMJ* content.

More than 60% of members showed an interest in receiving CME credits for interacting with the clinical content of the *BCMJ*, with the 35-45 age group being significantly more interested than older members. Just under 60% of respondents agree that “if CME credit was achievable through reading/interacting with *BCMJ* content it would increase the relevance of that content.”

Adding a CME credit component to the *BCMJ* is an area we are likely to investigate.

For more information

A 23-page report on the findings of the survey is posted at bcmj.org; if you would prefer to receive this report via e-mail, please email journal@doctorsofbc.ca with the subject line “Survey findings” and we will send you a copy of the PDF (3 MB). We always appreciate your feedback and ideas for improvement of the *BCMJ*, so if you didn't receive the survey but would like to share your opinion, please e-mail your comments to journal@doctorsofbc.ca.

Thanks to everyone who responded; we take your feedback and ideas seriously, and we are working hard to improve the *BCMJ* so that we may continue to be an important part of your medical life.

— Jay Draper
Managing editor

GPAC guideline: Special Endocrine Testing

A new BC Guideline has been developed to provide recommendations to primary care practitioners for the appropriate use of selected endocrine hormone tests in patients who are 19 years and older, as well as to help constrain inappropriate test utilization—particularly as it pertains to practices that are marketed as providing wellness and antiaging services. The guideline is available at www.BCGuidelines.ca.

Key recommendations

- Testosterone testing in women for the investigation of low libido is not useful.
- Estradiol testing in men is not useful unless there are signs of spontaneous feminization.
- 1,25(OH)₂ vitamin D testing, with rare exception, is indicated for the investigation of hypercalcemia with concomitantly low parathyroid hormone (PTH) only and is not indicated for monitoring patients receiving calcitriol.
- Insulin testing is primarily useful for investigation of spontaneous hypoglycemia or to help distinguish type 1 diabetes from type 2 diabetes, but not for establishment of insulin resistance.
- The utility of salivary hormone testing in any clinical context is limited to Cushing syndrome screening using late-night salivary cortisol levels.
- Screening for growth hormone-related disorders with insulin-like growth factor 1 (IGF1) is indicated only in patients who demonstrate symptoms of growth hormone excess (acromegaly) or deficiency.

Season's Greetings!

From the *BCMJ*
editorial board and staff.

BC's “top doc” in family medicine honored

Vancouver resident Dr Rodney Andrew is this year's BC winner of the College of Family Physicians of Canada's (CFPC) 2016 Family



Dr Rodney Andrew

Physicians of the Year award. Dr Andrew is recognized for his influence in advancing family medicine for the benefit of his patients and colleagues in BC.

Dr Andrew received his medical degree from the University of London, in England, in 1962, and his certification in family medicine from the CFPC in 1975. He became a Fellow of the College in 1997.

In the 1960s Dr Andrew began his medical career as a captain in the British Royal Army Medical Corps. He later moved to Canada and began working at St. Paul's Hospital in Vancouver. Dr Andrew led the development of an innovative “horizontal” curriculum well before competency-based training was common.

In 1997 Dr Andrew began his tenure as director of the International Medical Graduate (IMG) program, with the University of British Columbia. In this role he championed the IMG residency training program at St. Paul's Hospital, which ran alongside the Family Practice Residency program.

Each year the CFPC honors 10 family doctors—one from each province—who provide exceptional care to patients, contribute to the well-being of their communities, and are committed to research and the education of future generations of family doctors.

Nominated by their colleagues

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and respective provincial CFPC chapters, award recipients embody the four principles of family medicine: they are skilled clinicians, they are community-based, they serve as resources for their communities, and they value the patient-doctor relationship.

Since 1996 the awards have been named in honor of Dr Reg L. Perkin, who served as the CFPC's executive director from 1985 to 1996.

Take steps to protect your online information

Recently, a number of physicians' business and personal email accounts have been breached and personal information stolen. While not many email accounts were affected, Doctors of BC is concerned there may be a targeted effort to hack into physicians' emails. This is compromising the security of the physicians' own information, and some of the stolen

information has also been used to access PharmaNet patient accounts.

The RCMP and the Office of the Information and Privacy Commissioner are investigating the breaches. The Canadian Medical Association and the College of Physicians and Surgeons of BC are aware of the incidents, and MD Financial Management and Doctors of BC are implementing added security.

All physicians are encouraged to be extra vigilant. Recommendations include:

- Making sure your passwords are complex.
- Not sharing your password information.
- Adding three security questions to your Doctors of BC account that will activate when you need to reset your password.

Doctors of BC staff member Mr Patrick Wong has written a brief guide to creating complex passwords

you can remember, which is available at www.doctorsofbc.ca/sites/default/files/dtotechnicalbulletin16-001-passwordv2.1.pdf.

To add three security questions to your Doctors of BC account, follow this link: www.doctorsofbc.ca/account/user/dobc_security_questions.

If you have any questions or concerns, please contact Ms Heather Hannah, risk and compliance officer, at 604 638-2839 or hhannah@doctorsofbc.ca.

Interested in providing feedback on technology projects?

The Doctors Technology Office (DTO) is seeking physicians to join in a series of upcoming webinars on information management and information technology (IM/IT) initiatives at the regional and provincial level. To support doctors in ensuring that there is more clinical input into IM/IT projects that affect them, these webinars are designed to allow doctors to give feedback and be engaged by stakeholders.

More details about the upcoming webinars are forthcoming. In the meantime, doctors who are interested in participating or would like more information are encouraged to contact DTO at dtoadmin@doctorsofbc.ca.

New genomic testing guides treatment for children with cancer

As of October this year, new oncology patients at BC Children's Hospital receive testing for genetic variations that increase the risk of serious complications from the chemotherapy drugs cisplatin and anthracyclines. An individual's risk of suffering side effects for these drugs varies greatly based on genetics. For example, the risk of heart damage from anythracyclines is between 14% and 89% depending on a person's genetics.

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in memoriam

and swamping on the garbage truck.

After internship, he practised in Vernon and Port Renfrew, and then joined friends and med school classmates Peter Postuk and Mel Smith in Duncan, where he practised for the remainder of his career. He was a family doctor beloved by his patients and highly respected by his colleagues. Dr Bob made house calls, even after his official retirement, because he said he could learn more about patients by seeing them in their home for 5 minutes than he could by seeing them in the office for 25. He also served as local coroner for many years.

The little spare time that he had was spent with his family at the Maple Bay cabin, or for several years, sailing. From a Sabot, to a friend's Lightning, to a chartered Cal, to his own Coronado, Bob and a close-hauled sailboat were made for one another despite Ethel's less-than-enthusiastic response to heeling!

From night school classes he took up metal lathe work, and he was a creative solver of many construction and mechanical problems for his children and grandchildren. His New Year's trumpet playing and hot air balloon UFOs will be missed by his family, if not by the neighborhood.

Fly-fisherman, dog lover, decent and gentle man, an inspiration for young and aspiring physicians, another of the good guys has gone.

He was predeceased by his wife, Ethel (2006); son, Jim (1998); son-in-law, Gerry (2006); and his siblings.

A month before Bob passed on, his daughter, Joan, asked him for advice, some words to live by, and after a few minutes of reflection he said, "Three things: do your best, tell the tales, take care of your own boat."

—Joan Wilson, BSc, DipEd
—Donald Hilton, MD, FRCPC
Duncan

pulsimeter

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Cisplatin is frequently used to treat children with leukemia, brain, bone, and liver cancers. It can cause permanent hearing loss in some patients. Anthracyclines treat leukemia, bone tumors, and other cancers, but can lead to heart damage that may result in heart failure and the need for a heart transplant. Children are at particular risk for these complications and live with the effects for the rest of their lives.

With the results of this testing, each child's care team can develop a personalized treatment plan that balances the risks of side effects with the therapeutic benefits of these drugs.

Leading the program are Dr Bruce Carleton, director of the Pharmaceutical Outcomes Programme at BC Children's Hospital and a professor in the Department of Pediatrics at the University of British Columbia, and Dr Rod Rassekh, an investigator and oncologist at BC Children's Hospital and a clinical assistant professor in the Department of Pediatrics at the University of British Columbia. Drs Carlton and Rassekh and their colleagues are working to expand the testing program to hospitals across Canada and to patient groups beyond oncology. They are currently collaborating with clinicians and researchers at hospitals in Calgary, Winnipeg, Toronto, London, Ottawa, and Montreal on the groundwork and logistics necessary to offer testing at treatment centres in those cities.

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