

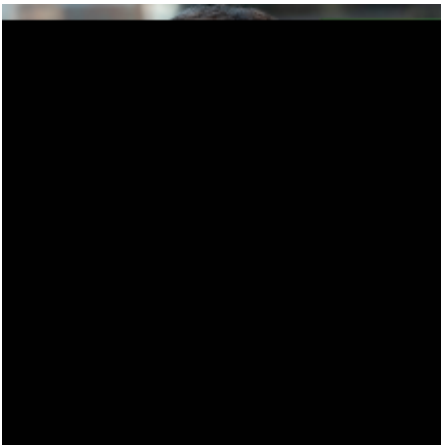
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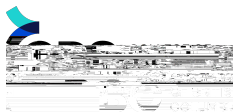
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Case study: tone and body language can impact a patient's experience



A panel of the Inquiry Committee recently concluded a case where a registrant did not fully meet the expectations in the [Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard](#), particularly highlighting the expectations of person-led care and trauma-informed practice.

Case study

A Métis woman was seeking psychiatric care in an outpatient clinic for anxiety and depression. The patient was regularly seeing a psychiatrist who recently became unavailable. She was booked to see a new psychiatrist for the first time.

While in the waiting room, the patient could clearly hear the psychiatrist speaking in an annoyed tone to the medical office assistant (MOA) at the reception desk. The comments between them were perceived by the patient as insensitive towards all the patients sitting in the waiting room. This initial introduction to the new psychiatrist made the patient feel uncomfortable and unsafe.

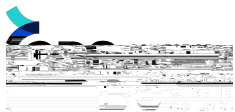
During the appointment, the psychiatrist asked the patient if she was Métis, which the patient felt was unrelated to the discussion. She also felt that the question was intrusive of her identity rather than coming from a place of curious inquiry. During the appointment, the patient felt that her mental health concerns were generally dismissed based on the registrant's tone and body language.

At the end of the discussion, the psychiatrist informed the patient he could not continue to follow her care since this was intended to be a single appointment. This was very upsetting for the patient, especially since she didn't have a primary care provider. The psychiatrist suggested using a virtual care option for medication renewal (and then going into the pool of referrals so another registrant could assume her ongoing care). This concluded the interaction, and the patient left the clinic tearful.

Case resolution

Following an investigation, the Inquiry Committee concluded the case with recommendations related to several aspects of the registrant's interaction with the patient.

The Inquiry Committee felt the exchange began to deteriorate when the patient heard the



especially if a trusted relationship has yet to be established. In this case, the patient was seeking help for her immediate concerns that had been long followed by a different psychiatrist. Attending to the patient's voiced needs could have had a more positive impact on her care.

College resources

The *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard sets out clear expectations for registrants and can be used as a tool for ensuring a culturally safe medical practice. This includes understanding differences between First Nations, Métis and Inuit, both culturally and in terms of what health-care support services are available.

In addition to the standard, CPSBC has a list of [learning resources](#), from papers to full courses, and a [video series](#), which can aid registrants in their journey towards cultural safety.



Consent is a fundamental component in the delivery of medical care – most care cannot occur without valid consent. In 2023, CPSBC published a [practice standard](#) focused on consent to ensure consistency in the process and reflect the minimum standard of professional and ethical conduct expected of registrants.

To support registrants in applying the practice standard in their medical practice, CPSBC has also published a brief online course and a [registrant resource on equity considerations](#).

The consent to treatment online course is self-directed and takes about 10 to 15 minutes to complete.



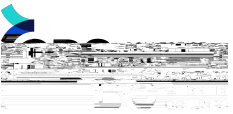
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Over the last year, CPSBC has developed and started operationalizing an implementation plan towards meeting the recommendations from the [critical review](#) of its formal complaints process. The goal of this work is to make the complaints process more accessible and culturally safe for Indigenous Peoples.

As part of meeting that goal, CPSBC will be regularly reporting on its progress towards implementing the review's recommendations. A [progress report](#) on this implementation work is now available on the CPSBC website.

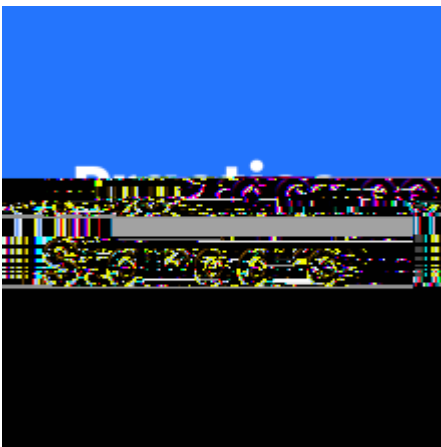
The formal complaints process review was conducted by the Castlemain Group, which specializes in research, engagement and collaboration with Indigenous people, communities and organizations. The review identified several key themes that were gaps in the current complaints process.



- accessibility
- cultural safety
- formal versus soft complaints
- communication
- resolution and accountability
- self-identification and data collection

While it will take time and effort to fully address the gaps, CPSBC continues to focus on breaking down systems and processes that have harmful impacts on Indigenous patients.

Evaluating the application of CPSBC's Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard



From spring 2023 to spring 2024, CPSBC conducted an evaluation of its *Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard*. The standard aims to establish CPSBC's zero tolerance for Indigenous-specific racism, set clear practice expectations for registrants, and provide various learning resources to help them apply the standard in their practice. The purpose of the evaluation was to assess registrants' awareness of the standard and understand how it is being applied in practice.

The evaluation involved a multi-step process, including a survey, one-on-one interviews conducted by an external consultant, and focus groups.

In summary, the survey revealed low overall awareness of the standard across the profession and



The [evaluation report](#) outlines the methods used and solid recommendations for increasing awareness.

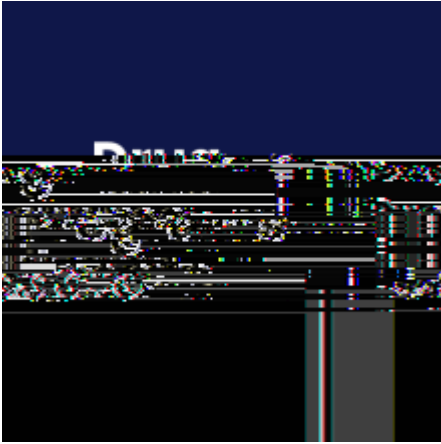
Thank you to all registrants who participated and shared their feedback as part of this important evaluation initiative.

As a reminder, the College has resources available to enhance learning about cultural safety and humility.

- [Frequently asked questions](#)
- [Learning resources](#)
- [Educational videos](#)
- [Connecting the Dots](#) podcast episodes



Working with pharmacist colleagues to ensure safer prescribing



Health care is a team effort and it is important that CPSBC registrants support their pharmacist colleagues by complying with prescribing requirements for duplicate prescription pads.

CPSBC has recently received concerns from pharmacists that the quantity field of the controlled prescription pad is being filled out incorrectly in some cases.

The quantity area should reflect the number of units of the medication, not the strength. See below for an example.



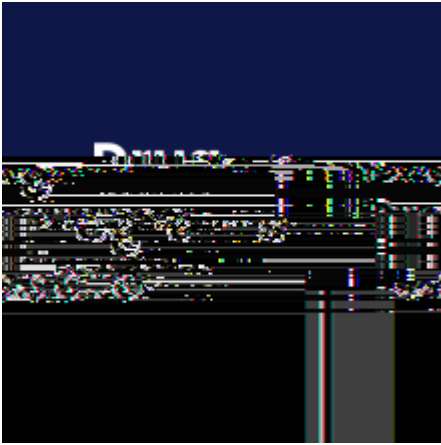
Registrants are also reminded to write the drug strength on their duplicate prescription form. It is not enough to simply write the dosage amount and leave it to the pharmacist to decide on a medication preparation or strength.

Further information about the requirements for filling out the duplicate pads can be found on the [College of Pharmacists of BC website](#).

Registrants can [contact drug programs](#) with any questions about prescribing controlled medications.



Prescribing profiles on demand now available



CPSBC's drug programs are pleased to introduce the latest tool to help monitor and improve their prescribing practices and enhancing patient safety: a three-dimensional report of community dispensed medications, including prescribing annotations.

Detailed information about the annotations will be sent with the report. Registrants and registrants are encouraged to proactively review it regularly.

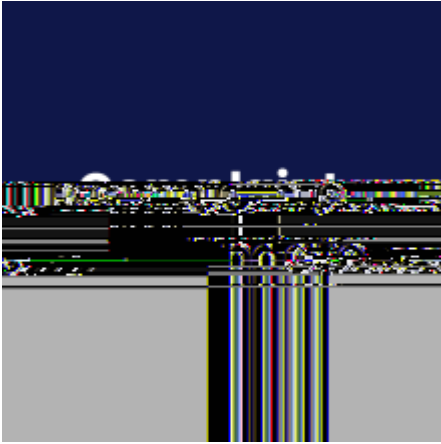
Registrants [must a personalized report](#) from the CPSBC website.

By providing a record of every community dispense of controlled substances, including opioids, benzodiazepines, stimulants, hypnotics, and barbiturates, the CPSID, the report empowers registrants to make informed decisions about their prescribing practices.

CPSBC provides this information to registrants for their own personal use. The report is supplemental information to assist in their approach to prescribing and to their patients.

An example of the information included in the report is below.

Seeking medical reviewers to support Committee



CPSBC's complaints and practice investigations department is currently working on behalf of the Inquiry Committee to review information, conduct investigations and draft dispositions.

General duties

Reporting to the deputy registrar, complaints and practice investigations is responsible for:

- Reviewing information collected during a complaint investigation on behalf of the Inquiry Committee (IC).

Deliverables

- Providing an average of 40 hours per month.



Credentials

- A specialist in family medicine, general internal medicine,
- Licensed in BC, in good standing with CPSBC, and currently
- Ability to understand, apply, and remain updated on CPSBC related legislation.

Application process

- All applications will be acknowledged by the director, however, only short-listed applicants will be contacted for
- Interviews will take place over MS Teams and will be conducted during business hours (8:30 a.m. to 4:30 p.m. Pacific Time).
- Short-listed applicants will also be asked to complete a timeline of their practice virtually.

Applying

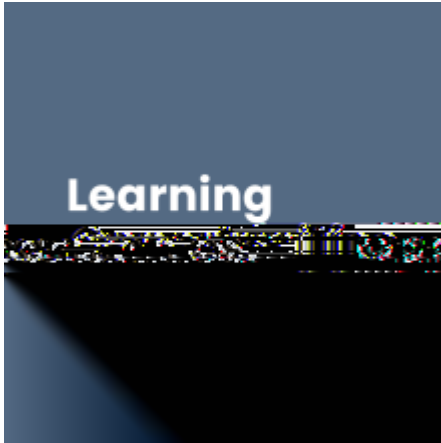
Interested registrants should send a letter of interest and their resumes to the director, along with any past complaints and practice investigations.

- Confidential fax: 604-733-3503
- Email complaints@cpsbc.ca

All correspondence will be held in strict confidence.



Explore learning opportunities



Facilitated online courses

Medical Record Keeping for Physicians
Wednesday, November 6, 2024

[Register](#)

Safe Practice Management Conference
Friday, November 22, 2024

[Register](#)

Medical Record Keeping for Physicians
Wednesday, December 5, 2024

[Register](#)

Self-directed online courses

Consent to Treatment
10 15 minutes



[Log in to access](#)

Ending the Patient-Registrant Relationship

5 10 minutes

[Log in to access](#)

Leaving Practice

5 10 minutes

[Log in to access](#)

Medical Record Keeping 101

15 20 minutes

[Log in to access](#)

Medical Record Keeping 201

15 20 minutes

[Log in to access](#)

Navigating Psychoactive Prescribing

20 25 minutes

[Log in to access](#)

Safe Prescribing of Opioids and Sedatives

7 12 minutes

[Log in to access](#)

Virtual Care

10 15 minutes

[Log in to access](#)