From your perspective, what are the main benefits of having access to ClinicalKey?

Using ClinicalKey I can almost always find recently published books, book chapters or reviews on just about any clinical specialty, not only my own. While our clinic’s printed reference books are old and heavy, the references I find in ClinicalKey are very up to date, easily accessible from wherever I happen to be, and all colleagues can read them simultaneously if need be.

Do you think ClinicalKey has improved your ability to improve clinical decision making? And what effect has this had on your patients?

Yes, definitely! I and many other anaesthetists use ultrasound a lot for doing regional anaesthesia but then on peripheral nerves. A year ago I visited another paediatric clinic for a month and learned how they use ultrasound also for caudal blocks. However, it’s good to know what kind of pathological findings I could come across in the caudal region, so I know what to look out for. But such findings are very rare, and during the month away I didn’t see any spinal pathology with ultrasound. Starting to implement ultrasound for caudal blocks at my own clinic I wanted to refresh my knowledge about spinal malformations, diseases and how they are seen on ultrasound. Through ClinicalKey I easily found a book called ‘Diagnostic Ultrasound’ published within the last year, with a 29 page chapter about the paediatric spinal canal including multiple ultrasound images covering both normal variants, and the different pathological findings. I’m now much more aware of the complete picture, and not only my needle and the local anaesthetic. In one case I’ve also been able to avoid inserting the needle at all, due to the pathological findings I thought I saw, and which was later confirmed by the paediatric radiologist.

Visit our website to find out more.

What are your key challenges in accessing evidence based information in your daily role?

I get to see a large number of patients with a number of different rare diseases, syndromes and treatments. Keeping up to date with such a wide field of knowledge is difficult. Our clinic has many printed books about paediatric anaesthesia and paediatric intensive care but they are getting older, out of date and impractical to carry around – if they were not, they would often have been picked up by someone else for them to read. Therefore it’s often hard to find good, current, evidence-based written information about the type of patient I will have next, or tomorrow.

Can you provide a specific example of how you typically use ClinicalKey in your day to day work?

Through ClinicalKey I can prepare better for my next patient with a rare condition. It also gives me the opportunity to read book excerpts from neighbouring specialties, books that I would never find in our clinic’s library. Reading such a book lets me get a better picture of how the orthopaedic surgeon, or the paediatric haematologist thinks about the patient that we both are involved in. That in turn leads to better understanding between us, and better collaboration. I also use it regularly when preparing articles, or lectures which I do quite often.

Please briefly describe your role within your clinic and hospital?

My name is Christian Bergek and I’m a specialist doctor in anaesthesia and intensive care. I work at Queen Silvia’s Paediatric Hospital, which is a part of the Sahlgrenska University Hospital in Gothenburg, Sweden. Our clinic deals with everything from basic paediatric anaesthesia in otherwise healthy children to the most advanced cases, including transplants and congenital heart diseases. As is usual in Scandinavia we as anaesthetists are also in charge of the paediatric intensive care unit.

What are your key challenges in accessing evidence based information in your daily role?

I get to see a large number of patients with a number of different rare diseases, syndromes and treatments. Keeping up to date with such a wide field of knowledge is difficult. Our clinic has many printed books about paediatric anaesthesia and paediatric intensive care but they are getting older, out of date and impractical to carry around – if they were not, they would often have been picked up by someone else for them to read. Therefore it’s often hard to find good, current, evidence-based written information about the type of patient I will have next, or tomorrow.

Can you provide a specific example of how you typically use ClinicalKey in your day to day work?

Through ClinicalKey I can prepare better for my next patient with a rare condition. It also gives me the opportunity to read book excerpts from neighbouring specialties, books that I would never find in our clinic’s library. Reading such a book lets me get a better picture of how the orthopaedic surgeon, or the paediatric haematologist thinks about the patient that we both are involved in. That in turn leads to better understanding between us, and better collaboration. I also use it regularly when preparing articles, or lectures which I do quite often.