# Interview questions

LLC "National Family medicine Training Centre" GPs share their views with BMJ on how access will support quick and effective on early diagnosis and management of common problems encountered PHC doctors in Georgia.
Almost all Doctors answers are similar and integrated in the Document.

## 1. Can you tell me a bit about you and your roles?

My Name is Kh. Ch. I am a newly graduated Family Physician.

I am contracted as a Full-time GP, which is defined as 6 days in a week, or 40 hours per week plus additional 8 hours per week. Extra hours are mutually agreed and are remunerated. The working day model breaks this amount down to five notional sessions of 6 hours and 20 minutes per session – although the time of a session can be altered to suit the parties.
We have minimum 20 minutes' rest break a right every 3 hours. Our GP practice is already offering extended hours to our customer. FP offers evening access at least once in a week to an attached population.

Based on Georgian regulations, Full-time salaried GPs are entitled to a minimum of 24 working days per annum. Based on local contracts GPs are also entitled public holidays as well.
The minimum monthly salary for a full-time salaried GP is 800 GEL.
Full-time GPs employed under the contract are entitled to at least **four hours per week**
For professional development. The balance of various CPD activities needs to be appropriate to the individual's educational and developmental needs.
Under the local organizational regulations, it is compulsory for all GPs to participate in GP appraisal.
The job plan and local indicators is a key component of the contract.

**My main responsibility as a GP is** provision of primary health care the community, families and individuals in accordance with the State Standards of medical practice and contract conditions.

Within my personal competence I provide comprehensive medical services to adults, children and pregnant women (in out-patient and at home) including preventive, curative, diagnostic and rehabilitative services;
The list of main activities of FP is as follows:

- Health education and health promotion for all age groups and gender;
- Primary (incl. immunization), secondary (incl. screening) and tertiary prevention;
- Early detection of disease;
- Management of complications conditions encountered in primary care;
- Diagnosis of conditions encountered in primary care on the basis of clinical history, examination and necessary appropriate laboratory/instrumental examinations;
- Management of chronic conditions;
- Management of referral and counter-referral of patients to specialist, hospital, community and social services;
- Physical and psychological rehabilitation of the patients;
- Targeted services for specific groups including:
  - Developmental follow up of infants and children – evaluation of physical and psycho-social development;
  - Timely identification and management of medical problems among children;

- Medical follow-up of adolescents, timely identification and management of existing problems;
- Health promotion of elderly, as well as evaluation of health status, timely identification and management of health needs;
- Health promotion of women;
- Timely identification and management of health problems among women;
- Antenatal and post natal care;
- Care of the terminally ill (palliative care);
- Counseling and psychological support during bereavement;

– Provision of urgent medical care.

Other roles:
Actively support and participate in the process of training and education of FPs, nurses, managers and other primary care team members. In this case the principles of in-service and multidisciplinary training must be followed;
Actively participate in research, promoting the formation of family medicine as academic discipline, development of evidence-based practice and improvement of the quality of care;
Actively participate in public health programs, as well as in implementing the health system reforms in the country.

## 2. Please describe your average day from the moment you wake up to when you return home (please include as many details as possible, including when and how you might use BMJ Best Practice and Learning within your day, as well as any other tools and resource)

My alarm clock (my one years old son, who needs playing and feeding) rang at 6 am.

I get out of bed, have a shower, and get ready. I eat my breakfast with my four years old daughter and 11 years old son and organize sending them to kindergarten and school.

I drive across the city, arriving an half an hour later at the clinic.

Of course, there is no such thing as a “typical” day. Each day is different. But the administrative demands and coordination of doctors are matters with which all doctors are familiar.

I think that every GP works slightly differently in how they manage their workload but all are equally busy.

I’d love to offer an appointment to everybody both - urgent and more routine medical problems. I also have to see all of the unwell patients if there are no appointments left.

I’m in work at 8.45 am.

I catch up on some paperwork before my computer has had a chance to start up starting at 9.00 am.

I see my first patient about 9:00 am.

I have 10 to 20 minutes to call a patient to my consultation room, gather information, examine the patient, diagnose, explain, create a management plan, prescribe and type up my notes. I would like longer appointment times with my patients but that would mean fewer patients seen in the day.

Throughout my day mostly after 4.00 pm, I have to go through referral/counter referral letters/Lab-diagnostic tests results/Phone calls etc., I have received about patients, and plan or alter management accordingly. This can amount to more than 50 documents I have to read carefully and action.

I leave to do house visits late afternoon, after 6.00 pm (more than 15 visits triage from district nurses and 10-15 on call visits in a month)

The receptionist takes calls and for those who are unwell and requesting an urgent appointment or a home visit (or have a question) a call back is requested from me. I can make 5-to 10 telephone calls in the day that is 4 minutes per patient.

Someone calls late in the day to ask how to manage with his/her/mother's/baby's problems. During my working day, other than patients, I routinely receive calls from practice nurses, colleagues, district nurses, health visitors, etc.

I have to attend meetings for conferences, useful and significant events, where we learn from analyzed non-conformities, near-misses or mistakes.

All the while I have all the administration that goes along with running a business. My most difficult challenge of the day is not medical but an administrative problem. Much of the time that I spend with my patients is administrative. It is time-consuming and tiring.

I also have to keep my medical knowledge up to date.

So it's not all just about sitting behind a desk. And just because there may be no patients sitting in front of me that doesn't mean I'm not working or we are closed. However in the evening I think about patient's diagnosis, persons living alone, the tear in their eye heard not good news, the fear.

I understand patients concerns regarding appointment times and access to see a GP. However I don't even get 5 minutes in the day to think about it. I'm working flat out. I wish I had more time.

I do what I can within the constraints of the system and resources. Sometimes, I feel for my patients and that I am not able to provide a perfect service. But I am struggling and I can't see light at the end of the tunnel, but it's not often.

We are doctors and generalists but I can't know everything about everything. I make a note remember to read up on patient's needs before the next visit. However I always remember to find out as much information as I can in case another patient attends with the same or the same patient returns for follow up. I have an understanding of **health based on current evidence**. I often use my weekends and evenings to refresh my knowledge.

I always need to priorities all my other tasks.

Sometimes, I leave my office late night.

This is my day as a GP. In fact it seems that currently things are getting busier every week. I am not always available for my family.

I wish I could offer more, but I'm just human like everyone else. I have thoughts, emotions, and feelings. Patients quite rightly are only worried about their own health when they call me. But I have to look after the needs of 3000 people and priorities. But I don't blame patients for this and neither do most GPs. Unfortunately everything in life has an opportunity cost and we can only work within the resources we are given.

## 3. What are typically the main challenges you face in your role?

General practice in Georgia faces significant challenges to its capacity to fulfill its role and function: in its financing, recognition, capacity to provide comprehensive care, and integration with the rest of the health system, however, a strong primary medical care system is essential to the equity, efficiency and effectiveness of the health system as a whole.

The main challenges as follows:

- These include the increased costs of operating a practice, time-consuming regulatory burdens, and hassles with getting paid by patients/insurance companies/governmental agencies.
- The most difficult challenge of the day is not medical but an administrative problem, which is time-consuming and tiring.
- One of the challenges facing the National Health System in terms of patient care is the lack of close working relationships/interface between general practice, community services, social care and hospital based care. This often leads to fragmentation of care, duplication, inefficiencies and, all too often, the default position is "see you're GP".
- Insurers/Payers do not acknowledge the value of these services and rarely compensate primary care doctors for them. As a result, many of them cannot afford to take time off to rejuvenate their spirits. Others have suffered physical and psychological or marital problems trying to deal with the stresses and dissatisfaction of a career in primary care. The stresses and strains involved is discouraging young medics from the profession.
- Primary care's changing role - GP services are, however, becoming increasingly challenged as a result of rising demand and constraints on the availability of staff. The requirement to contain expenditure while implementing the national reform agenda imposes additional pressures on providers. Achieving financial savings while delivering reforms is going to require a transformation in the skills and working practices of GPs and practice staff, using more complex nursing skill mix.
- Dealing with "rapid changes"
- Managing a Big Load/Work Life Balance - The biggest challenge GPs face is workload which involves: seeing up to 20-25 patients in her morning/evening sessions, which mostly start at 9.00am, speaking to others on the phone, doing home visits at afternoon or lunchtime. This must be done while all the time listening carefully, making detailed notes, dispensing her best advice and making important, sometimes difficult decisions, like whether to send someone for a scan or have them admitted to hospital.
- Time Management.

- Dealing with difficult patient, Patient adherence/compliance, aging population - especially with the growing number of older people who have several things seriously wrong at the same time, such as mental problems, diabetes, heart disease and breathing problems. The reality is that most of the people GP will be dealing with are busy, and many tend to deal only with the most urgent problems on their 'To Do' list.
- Dealing with Government/local organizational mandates (the use of the different International Classification of Diseases (ICD-10 and ICPC-2n together), for billing, for statistics, for electronic health records; the Physician Local Quality Reporting System, etc.).

## 4. How are you using BMJ Best Practice and Learning? Please tell us how they are helping you to address the challenges that you face?

The company's aim is to provide continuous education opportunities for our doctors. Top management is looking at how staff can apply evidence based knowledge more effectively in their day-today practice; knowledge is effectively put into practice and communicated clearly to our customers.

BMJ Best Practice is quite a unique concept and well designed for practical use, has an impressive range of content. Relevant information can be accessed easily and efficiently. It can be applied at the point of care. It is an excellent tool to practice evidence-based medicine. Interface and navigation (including some topics) available in local language as well, Novel standardized navigation structure for each condition including a summary and definition, etiology, epidemiology, through key diagnostic steps and tests into treatment approaches with drugs, guidelines and evidence, finishing with recommendations and outlook for patient follow-up.

BMJ Learning and BMJ Best Practice is an excellent online resource and as the Educator/Trainer as well I try and promote it to all my students, trainees and colleagues.

With BMJ Best Practice, we can still reference the latest evidence, but more importantly we can easily select the topic that is of interest to us from the front screen and then find the supporting information to help us manage and treat our patients confidently and effectively. And that is the most important thing.

Each page linked to BMJ portfolio for easy tracking, recording and planning of CPD/CME, which is used for appraisal and revalidation.

## 5. Please describe how, when and why you use BMJ Best Practice on a daily basis - which topics and what type of content is you mainly accessing and why? How frequently are you using BMJ Best Practice?

I usually use BMJ Best Practice in my everyday practice, at least referring to it five to eight times a week, when the need for efficient and authoritative decision-support is vital. It is used with a patient in ordinary GP consultation or used after the initial consultation to consider diagnosis, management and follow-up care. Mostly I am interested on modules/topics of GP profile, Infectious disease and Psychiatry.

## 6. Please describe how, when and why you use BMJ Learning? Which topics and what type of content are you mainly accessing and why? How frequently are you using BMJ Learning?

I mainly use BMJ Learning when have more free time after 4.00pm or use my weekends and evenings to refresh my knowledge.
I like working on MCQs because:

- Items stated clearly and are quality assured with a high level of reliability and validity.
- Tests are comprehension and critical thinking,
- Use simple sentence structure and precise wording
- Item address an important concept that doctors should have learned from suggested theory
- Each item based on a learning outcome for the course
- Multiple choice items addressing complex thinking skills

## 7. How has your clinical practice changed as a result of using BMJ resources?

The BMJ resources support:

- Gained knowledge, changed skills, attitudes, practice.
- Raised feeling of self-confident
- Changes to my practice – using evidence-based guidelines I am going to modify treatment plans; use alternative communication methodologies with patients, families, and/or the team, change my screening/prevention practice; incorporate different diagnostic strategies into patient evaluation, etc.
- Reduced referrals to specialist care
- Improved provided service quality
- Increased safety, efficiency and effectiveness

## 8. Can you give us any examples of where you have applied the knowledge from the BMJ content in your daily practice/ work? In particular, please give examples of your practice improving as a result of using any BMJ content.

I usually use BMJ Best Practice in my everyday practice, at least referring to it five to eight times a week, when the need for efficient and authoritative decision-support is vital. It is used with a patient in ordinary GP consultation or used after the initial consultation to consider diagnosis, management and follow-up care. It presents step-by-step guidance on each topic, helping us to make both diagnosis and treatment decisions it allows me to make confident decisions with regards to which tests to order or which investigations to do first. It has made me think about which questions to ask and which tests I should undertake.
I and my colleagues have all benefited from BMJ Best Practice significantly.
For example I recently saw a man who had benign paroxysmal positioning vertigo. Before I avoided patients with vertigo. I wanted to use Dix-Hallpike manoeuvre to test patients on vertigo and Epley Maneuver for management Vertigo which can be performed during a clinic visit, or taught to patients to practice at home, or both. I remember, when performing the Dix-Hallpike test, for some patients, this maneuver may not be indicated but I was slightly unsure about contraindications.

So I went to BMJ Best Practice, selected the condition and went to the diagnostic and treatment part. Without delay, I found the latest evidence and guidelines on the most appropriate course of action. The navigation and design of BMJ Best Practice allows me to get to the information I need quickly.

Now, I am self-confident to perform the relevant diagnostic and therapeutic manoeuvres to diagnose and treat benign paroxysmal positioning vertigo. I am aware that Positional nystagmus can be a feature of cerebellar dysfunction, so I should conduct a full neurological examination before making this diagnosis.

We have implemented different investigations/calculators:

- eGFR (estimated Glomerular Filtration Rate) to identify kidney damage
- Albumin creatinine ratio (important in management of chronic diseases as marker for kidney damage)
- Implemented calculator for estimation of Liver Fibrosis
- Translated Liver and Kidney Chronic Disease Topics and conducted the training
- ABI – for screening PAD
- $ABCD^2$ tool to assess stroke risks
- Etc.

## 9. Please tell us how you think the BMJ resources support evidence based medicine. What do you think of the evidence-based guidance and recommendations?

The main barriers we face in our current practice setting that may impact patient outcomes are: Lack of evidence-based guidelines and Lack of applicability of guidelines to our current practice/patients. Indeed, the BMJ resources support translation of evidence based medicine into evidence based practice.

This is where evidence-based medicine can have great power BMJ the best resource available for updating knowledge. As part of the Clinical Decision Support Training Initiative with the Ministry of Health, Labor and Social Affairs of Georgia, our company's health professionals have had access to BMJ Learning and BMJ Best Practice hundreds of online CME modules in over 70 clinical and non-clinical topics. It **gives** medical professionals the best available information for any clinical situation. In a single source there is combined the latest, regularly updated research evidence, guidelines and expert opinion – presented in a step-by-step approach and covering prevention, diagnosis, treatment and prognosis, helping healthcare professionals make decisions with confidence.

## 10. How do the BMJ resources compare to other resources you were accessing before?

Compared to other decision-support tools I use (Medscape, MEDLINE, UPTODATE, EMBASE, Free Medical Journals etc.), I find the authority of the information in BMJ Best Practice to be far superior.

- It is very easy to find the answers I am looking for in BMJ Best Practice.
- I simply type in the symptoms and I am presented with the answer.
- It is knowledgeable and effective
- It is free of commercial bias
- The material is organized clearly for learning to occur.
- The online format is appropriate for the subject matter and I am able to access all components of the activity without difficulty.
- BMJ Learning supports achievement of each of the learning objectives.
- The content learned from BMJ Learning will impact my/team practice

- BMJ Learning Increases knowledge regarding the prevalence and burden of encountering problems in GP practice
- I would recommend BMJ Learning to others.

## 11. How important do you think that continued access to these resources would be for you and your colleagues?

- Continued access to these resources will raise level of commitment to making the changes – I expect to change my practice;
- Continued access to these resources will support greater competence related to data on efficacy and safety of available evidence-based tools for the prevention and management of acute and chronic diseases
- Continued access to these resources will assist in the improvement of quality of PHC -our Competence, Performance, Patient outcomes.
- Continued access to these resources promotes improvement quality of care in whole healthcare system of Georgia and/or patient outcomes.

## 12. Are there any gaps in the content?

No

## 13. What could we do better?

- Availability General Practice topics in **local** language
- Achievements (certificates- credit hours, activity) should be integrated into local validation process and recognized by our Health Government.

## 14. Are there ways we could improve our support?

No idea..