

Interview with Dr Victor Chuprina, Oncosurgeon, Abdominal surgery department, Poltava Regional Cancer Hospital, Ukraine

BMJ interviewed Dr Victor Chuprina to hear about his experience using BMJ Learning and BMJ Best Practice.

Before you accessed the BMJ resources, how different was your practice?

Before BMJ I was practicing according to my local protocols. Evidence based medicine is not so widespread in Ukraine.

Do you use guidelines in your clinical practice? How many different documents and guidelines do you currently have to refer to in your clinical practice?

There are local protocols for every disease; speaking about my department, we are working according to 12, maybe more. Sometimes we treat not abdominal cancer pathology but pathology from general surgery (hernias, cholecystitis and so on) and provide diagnostic laparoscopy for patient from other departments. So, we have to work according to different guidelines.

How often do you have to take decisions that are not fully in line with national guidelines?

National guidelines are just a scheme of how to diagnose, treat and make a surveillance; according to them we have local guidelines however, I sometimes make decisions outside these guidelines maybe once or twice a week. There are different situations in practice and the way how we diagnose and treat can be changed, if there is a need for it.

How long does it take usually to get acquainted with one particular guideline for a specific disease? How often do you need to go back to the same guideline to memorize it?

1 - 2 hours for getting acquainted and I might revisit the guidelines once or twice to memorise them.

Did you apply the new knowledge from the BMJ content in your clinical practice?

Yes I applied the content from both BMJ Best Practice and BMJ Learning to help me treat and diagnose patients. After reviewing the Best Practice content, I have changed my approach for treating patients with gastric cancer.

Did you apply the new knowledge from the BMJ content in your clinical practice?

Yes I applied the content from both BMJ Best Practice and Learning to help me to treat and diagnose patients. After reviewing the Best Practice content, I have changed my approach for treating patients with gastric cancer.

One example is a 55 year old man with gastric cancer. In the past we would have just offered surgery but we are now practicing according to the modern evidence base as outlined in the BMJ resources. As advised we started pre-op chemotherapy, then did a gastrectomy and then started adjuvant chemotherapy. He is now better and at home and is receiving follow-up care. He has had no metastases or recurrence.

A problem my department faces is that we are often unclear if we are following the latest guidelines. Some of our local protocols are around 20 years out of date and haven't changed since the 1990s. BMJ content is helping our department to modernise our protocols. We are now going through them in a systematic way to update them according to the the evidence based guidance from BMJ. As an example, we have done this for the management of pancreatic cancer, liver cancer and also other procedures such as hysterectomy.

Did the BMJ resources help you to practice in line with evidence based guidelines?

Yes BMJ resources definitely helped me practice evidence based guidelines.

Was it faster or more efficient to use the BMJ resources?

BMJ resources are very simple to use, clear and straight to the point. I can access the information I need on my smartphone as well as the internet. I can use them anytime that suits me at work or at night time when I am home.

What did you think of the quality of the content on oncology?

I found all the information that I needed. There were no gaps in the content.

Was the content easy to access? How could we improve our support?

Yes very easy.

Do you have any further comments or thoughts you would like to share?

Thank you for giving me access it has been very useful and helpful for me and my department.

Would you like to share your feedback with BMJ?

Please email Kate Shanahan, kshanahan@bmj.com