



Interview with Dr Larissa Bredneva - Central Municipal Clinical Hospital No. 1, Zhytomyr

Dr Larissa is a specialist in infectious diseases at Central Municipal Clinical Hospital No. 1, a trainer and a lecturer at Zhytomyr Institute of Nursing. She is also a member of a working group with the Ministry of Health of Ukraine.

BMJ chatted to Larissa recently to hear about her role and how **BMJ Learning** is supporting her.

Can you tell us about yourself and your role?

I am a specialist in infectious diseases and work in the outpatient department of Central Municipal Clinical Hospital № 1. My major functions at the hospital are clinical, advisory and preventative works, the treatment of patients with infectious diseases and staff training. I also work in clinical advisory and treatment of infectious diseases at the Public Health

Management Office; up to 2014 I was Non-staff Chief Doctor of Infectious Diseases.

In addition I lecture at Zhytomyr Institute of Nursing. I am also a member of a working group with the Ministry of Health of Ukraine and worked on the national strategy for the prevention of Hepatitis B and C. Hepatology is one of my special interests.

How are you using BMJ Learning in your role? What information do you find most useful?

I have found all the content very useful especially for the treatment of patients with severe infectious diseases. I have used BMJ Learning to find the latest guidance and help me make evidence-based decisions, especially in relation to infectious diseases and

hepatitis. In addition, I regularly update the materials of my lectures with the latest information from BMJ. The resources will also help me prepare for an upcoming conference at my hospital this year.

Has your practice changed as a result of having access to the evidence-based guidance on BMJ Learning?

I am fortunate to have access to international resources, and have subscribed to BMJ before, so I am well aware of, and practice evidence-based medicine. However, the BMJ Clinical Decision Support Training Initiative in Ukraine is a welcome and enriching opportunity that allows many more health professionals to have access to evidence-based guidance. Doctors throughout Ukraine, including at my


hospital, need access to the latest international information that can help us continuously improve our practice. With limited access to this guidance, improvements to healthcare can be slow. However knowledge of evidence-based medicine is now increasing in Ukraine. For instance, I have helped create local evidence-based guidelines on hepatitis.

How have you applied the knowledge from BMJ Learning in your daily practice?

I have shared the information from BMJ Learning with my colleagues, my students and in training. Previously at my hospital, some colleagues were prescribing steroids and antiviral drugs to patients with infectious mononucleosis. On BMJ Learning I found comprehensive evidence-based information stating not to prescribe corticosteroids to patients without upper airway obstruction or haemolytic anaemia with thrombocytopenia. Based on this guidance, we now no longer prescribe these treatments.

With great interest I read the 'Chronic fatigue syndrome and Paracetamol overdose' module and also shared information with my colleagues. The 'Listeriosis topic' helped me confirm that a patient in the hospital was wrongly diagnosed and helped with the differential diagnosis of the case. Thanks to the topic 'Anal itching' I was able to diagnose a thyroid

dysfunction in my patient. In the 'Botulism' topic I was able to find new information about the botulism infant age group (attributed to honey ingestion) and found out about the detailed description of botulism immunoglobulin (not registered in Ukraine). Unfortunately, at present in Ukraine the antitoxin is not available; this is the cause of death of patients. I have also found very new guidance on Henipaviruses, Herpes B virus which I was not aware of before. I have referred to the 'Management of chronic hepatitis B infection' topic and thanks to the clear information, ongoing management of my patients has become even more straightforward. Hepatitis B and C are issues in Ukraine, however they are not always diagnosed correctly and sometimes missed. Also, patients are not always referred and reported appropriately. BMJ Learning will help all doctors to correct these shortcomings in the management of hepatitis.

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How does BMJ Learning compare to other resources you are using?

I wouldn't compare BMJ Learning to other resources; they complement each other very well. The level and quality of the content is excellent and it is very interesting. I don't feel time passing when using BMJ Learning because the content is very engaging. BMJ has helped me get the most current information on infectious diseases.

How important is continued access to these resources for you and your colleagues?

The BMJ Clinical Decision Support Training Initiative is outstanding and a great experience for me and others to be involved in. I would like to see the initiative grow to include more health professionals and also to include more universities. Ukrainian medicine and my hospital in particular needs to work towards

evidence-based international standards. By learning from foreign experience, we can identify improvements we can make. I hope that these small changes together will result a better standard of care and better patient outcomes, both in Ukraine and globally. We are moving forward together.

If you would like to know more about the Clinical Decision Support Training Initiative or would like to share your feedback with BMJ, please email Kate Shanahan, kshanahan@bmj.com