



The BMJ Clinical Decision Support Training Initiative: supporting the management of complicated conditions

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My role is diverse but my main areas of focus include investigating patients with complicated neurological problems and conducting critical incident investigations when things go wrong. At Geo-Hospitals I supervise medical management in the emergency room (ER), intensive care unit (ICU), surgery, obstetrics and gynecology and internal medicine. I also write protocols to support the improvement of clinical management within these units.

Continuous professional development and learning are important

Patients are often referred to Geo-Hospitals from other clinics with conditions that are serious or that have progressed. So my main day-to-day challenge is the treatment of patients with complicated diseases where the cause of the symptoms is unclear.

In order to deal with these challenges, I focus on my ongoing professional development by constantly updating my knowledge. I refer to many resources, however I prefer BMJ Learning because of the clear structure, content and easy application of the guidance to my clinical practice. BMJ Learning has been very helpful in assisting me to treat patients with complicated conditions.

I have recently referred to the mycotoxins, cardiology and diabetes modules. I especially liked the module on diabetic ketoacidosis (DKA), which provided a clear and simple definition of the condition and full guidance on its resolution, outlining monitoring details and insulin dosage, especially transition from intravenous to subcutaneous injection once DKA has resolved.

BMJ Learning is also helping my staff with their continuous medical education. I believe our access to BMJ Learning will make a big impact in our clinics over a sustained period of time.

BMJ Best Practice provides support in the patient consultation

Within patient consultations, BMJ Best Practice supports my clinical decisions. I keep it open during the consultation as it provides me with clear guidance quickly and supports me in making decisions about treatment plans, tests and prescriptions. It is reassuring to know I am always accessing the latest evidence based information.

The topic on 'Common toxic plant ingestions' helped me to advise a patient against using a nutritional supplement containing Ginko Biloba. The patient was using warfarin, and the BMJ guidance pointed out a potential negative interaction this could have with anticoagulants. Therefore I advised strongly against its use - in

order to prevent potential side effects such as internal bleeding and hemorrhagic stroke.

The BMJ Best Practice topic on 'Systemic lupus erythematosus' helped with the appropriate management of a patient who had a new onset neuropathy. Based on the guidance I advised her to continue treatment in hospital and we started additional treatment with cyclophosphamide and steroids.

I also recently saw a patient with myasthenia gravis. Measuring ptosis and arm abduction time (as suggested in BMJ Best Practice) gave me an

The long term benefits of access

In Georgia there is a big focus on working towards evidence based medicine and guidelines. However, at present many physicians refer to a variety of guidelines including local ones which are not always as updated as European or NICE guidelines. In addition, at larger clinics and hospitals, it is common for the staff to follow internal protocols that have been created within their institution.

At Geo-Clinics, I am in the process of creating protocols that are evidence based and that encourage the modern management of patients using both BMJ Best Practice and BMJ Learning. These protocols are being implemented across the hospital group. Our team have already prepared protocols in the treatment of nosocomial pneumonia, community acquired pneumonia and acute liver failure. They are all built on evidence based guidance, and they are reasonably easy and cost-effective to implement.

excellent means of monitoring and measuring the progress and effects of prescribed treatments.

Recently I treated a patient with pressure ulcers, a condition I only knew a little bit about. The BMJ Best Practice topic helped me to learn a great deal about it and so this improved my management. I treated the patient with stage IV infected pressure ulcers and diabetes mellitus, and used an empirical antibiotic regimen for 2 weeks in combination with pressure relief, good hygiene, and skin care. Her condition is now much improved.

Looking to the future, I believe there will be ongoing issues with access to evidence based knowledge, which could impact the timely diagnosis of patients in primary care. There is a need to improve this in Georgia as we cannot always send a patient to a specialist and we need to manage many patients ourselves.

Patients are referred to our clinics from other general practices and sometimes they have not been treated effectively or according to the latest evidence. This means that problems escalate and the diagnosis sometimes comes too late. Also occasionally there are problems or delays in conducting investigations or getting the results. Wider access to the right information to help streamline care is critical. BMJ Best Practice and BMJ Learning can help healthcare professionals to manage patients more effectively.