Infectious diseases in Georgia: a new BMJ educational initiative for healthcare professionals

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Infectious diseases are a serious and growing public health problem in Georgia. New and emerging infectious diseases such as HIV and hepatitis C have a significant effect on patient and population health. At the same time infectious diseases that have been in existence for many years (such as tuberculosis and anthrax) continue to pose a threat. And there is a need for vigilance against evolving risks such as those from Ebola, pandemic influenza and Zika. As the emerging threats from infectious diseases continue to rise on a global scale, the average healthcare professional often feels anxious and uncertain of their knowledge base - how can they possibly keep on top of the latest medical knowledge and research in all these areas?

The simple answer is that it is difficult to keep your knowledge updated using traditional forms of medical education. The rapid growth of medical knowledge in infectious diseases and indeed in primary care and public health more widely means that it is impossible for an individual doctor or other healthcare professional to learn it all. Attending face to face lectures is time consuming and expensive, and the knowledge recall from lectures is less than optimal in any case. The answer lies in new ways of learning that harness new technologies and that deliver learning at a time and place that doctors need it. This will mean both online learning and online clinical decision support.

The Ministry of Labour, Health and Social Affairs of Georgia and the National Center for Disease Control and Public Health (NCDC) are delighted to announce a new BMJ clinical decision support training initiative on infectious diseases. Selected health professionals, researchers and educators throughout Georgia will have access to leading BMJ resources. This includes access to BMJ’s online learning website (BMJ Learning) and clinical decision support tool (BMJ Best Practice). All the content will be available in English for the first year and during this time, BMJ will translate a significant amount of the most popular, as well as infectious disease content, into Georgian. Both tools contain information on acute and chronic diseases relevant to doctors working in both primary and secondary care. Activities on both resources can be automatically tracked so that users have a record of their learning and online searches all in one place, to support continuing medical education and professional development. BMJ will be working with the Ministry of Health on accreditation of these resources - so that users will be able to claim continuous professional development credits.

BMJ Learning contains learning resources in a variety of formats. Users can watch videos, listen to podcasts, read text and image resources and interact with the content in a range of ways.
The most sophisticated resources are interactive case histories, which involve a pre-test to assess baseline knowledge, realistic case scenarios and a post-test to demonstrate knowledge improvement: this format is a proven way of helping healthcare professionals improve their knowledge and problem solving skills. (Walsh et al 2007) If learners pass the post-test, they get a personalized certificate of completion stating that they completed the module and passed the assessment. This certificate can be showed to their manager or head of department at annual appraisals and assessments. Most importantly healthcare professionals can learn at a time and place that suits them — they will no longer be held back by the constraints of time and space that are an inseparable part of face-to-face healthcare professional education.

In the future, online learning will increasingly be accessed on mobile devices, and so BMJ Learning now creates short resources that will work on any screen size. All of the content on BMJ Learning has, at its core, the practical application of knowledge. The purpose of the content is to help doctors and other healthcare professionals drive clinical quality improvement, patient safety and better patient experience. (Gould et al 2015; Walsh et al 2002)

BMJ Best Practice is a clinical decision support tool which offers evidence based and continually updated resources at the point of care. It covers over one thousand of the most common and important diseases (from Actinomycosis to Zika virus). In some areas of medicine that are rapidly changing, BMJ Best Practice can incorporate new evidence into resources within weeks and months.

BMJ Best Practice provides evidence at the right time and in the right place when the clinician needs it; there is an emphasis on clinically important practice-changing evidence and patient-centered evidence-based medicine that takes into account the real world of patients with complex multimorbidity. (Barnett et al 2012). BMJ Best Practice helps hospitals and primary care providers around the world ensure better, safer care and reduce variation in clinical practice by giving clinicians fast access to the latest information to support their clinical decisions.

Clinical decision support must be based on the core principles of evidence-based medicine. Structured around the clinical workflow and updated daily, BMJ Best Practice draws on the latest evidence-based research, guidelines and expert opinion to offer step-by-step guidance on diagnosis, prognosis, treatment and prevention. Where evidence is not available, it provides the best available alternative — sound expert clinical advice.

BMJ Best Practice helps users put knowledge into practice for the direct benefit of patients. It answers “real-world” questions that are important to clinicians. For each disease, it provides comprehensive content on how to diagnose, investigate and manage patients with the relevant disease. At the same time the content is concise and structured so that it is easy to search and
find what you need. BMJ Best Practice is accessible on desktop computers, mobile devices, and there is also off-line access via an iOS and Android app. Finally, the resource is also available in print – users can create a PDF and print it out to read at a time and place that is convenient to them. All online usage is automatically tracked - for the added benefit of continuing professional development.

Lastly, the content on BMJ Best Practice is independent and unbiased. (Loder et al 2015) Editorial independence is vital for clinical decision support to be trusted. BMJ Best Practice has always been independent of any sponsors or advertisers – these are not allowed to influence the content. Those who help create content (external contributors, authors and reviewers) are required to declare competing interests and these interests are then published onto the site.

The final offering from BMJ is BMJ Portfolio. This enables activities on BMJ Best Practice and BMJ Learning to be tracked so that users have a record of all their searches and activities on BMJ Best Practice and all the learning modules completed on BMJ Learning. BMJ Portfolio also enables users to record other professional development activities that they have done (such as audit or research). Learning from other resources can also be recorded here so that there is one single record of all learning. It allows users to reflect on their activities (in keeping with best practice in medical education) and also evaluate the impact of activities on actual clinical practice.

The Ministry of Labour, Health and Social Affairs of Georgia, the National Center for Disease Control and Public Health (NCDC) and BMJ will be working closely together to ensure that health professionals are receiving the ongoing support they need to make the most of this clinical decision support initiative and to demonstrate the impact the program is having on healthcare in Georgia. If you are interested in access to these resources, or would like to be involved in the program, please contact Elene Godziashvili, elene.godziashvili@gmail.com.

References


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