



Interview with Dr Anirudh Kumar

 “My go-to resource to improve the safety and care of my patients”

Case study: BMJ Best Practice

Dr Anirudh Kumar is an Acute Medicine Specialty Doctor at Barnsley Hospital. We recently spoke to him about his experience using BMJ Best Practice, and how the BMJ Best Practice app went from ‘lying dormant on his phone’ to becoming his go-to resource to help improve the safety and care of his patients.

“I work as a registrar level in acute medicine and also contribute to the on-call medical registrar rota. In my role I get the opportunity to look after some of the most complex medical patients and this is what really drives me. Around a quarter of my clinical time is dedicated primarily to medical education at an undergraduate and postgraduate level, which provides a good balance within my day-to-day work.

Increasing complexity of patients

“In my five years of clinical practice I’ve started to develop a toolset to manage a variety of common conditions, but working in acute medicine means I’ll always be faced with patients presenting with complex conditions resistant to initial treatment I’m aware of, or presenting with pathologies I’m less experienced in managing.

“BMJ Best Practice provides me with all the information I need to confidently manage these patients. It helps me to consider alternative treatments for patients we are struggling to improve with first-line management. It does this in a systematic way, with the tool very clearly stating first, second, third, fourth-line treatments and beyond.

“Quite often, myself and my acute medicine registrar colleagues are the first point of contact within the hospital for lumbar punctures. We had a patient we were investigating for suspected idiopathic intracranial hypertension. Due to challenging anatomy, we were struggling to technically achieve the lumbar puncture and achieve a draw of cerebrospinal fluid (CSF).

“We’d both heard anecdotal evidence regarding performing lumbar puncture in the erect position can be a little bit easier, but it can cause a falsely elevated CSF pressure. I searched BMJ Best Practice for idiopathic intracranial hypertension. BMJ Best Practice showed there was an evidence base for achieving lumbar puncture for the patient in an erect position, and also detailed what should happen next to achieve an accurate CSF pressure in a safe manner.”

Becoming a BMJ Best Practice Clinical Champion

“Three months ago I became a BMJ Best Practice Clinical Champion. After experiencing how it’s helped me, I’m very happy to promote and recommend it to all healthcare professionals. Regardless of their role, BMJ Best Practice can help all health professionals involved in clinically assessing patients for investigations and management by providing easy and fast access to the latest evidence-based information.”

If you would like to know more about BMJ Best Practice or would like to share your feedback with BMJ, please email nhsengland@bmj.com