BMJ Best Practice

NHS
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Q+A

An interview with

Dr Chandu Wickramarachchi, Emergency Medicine Doctor

Case study: BMJ Best Practice

Dr Chandu Wickramarachchi is an Emergency Medicine Doctor at Barking, Havering and Redbridge University Hospitals Trust covering King George and Queen's hospitals. Alongside his clinical work, Dr Wickramarachchi's role also includes digital transformation, quality improvement and medical education to help improve the emergency department (ED).

Q. What is your role?

I get a lot of fulfilment from dealing with patients, so when I joined the Trust in 2019, I wanted to get stuck into the hard, messy side of practicing clinical medicine. Being an ED doctor is both stressful and draining, but being able to make a tangible difference to patients is incredibly rewarding. Every shift I do makes me a better doctor and builds up my knowledge for the next case I'm presented with.

My role also includes digital transformation and very recently we moved to a new patient record system. Of course this part of the role still impacts our clinical work, because this is the system we now use to treat our patients.

Q. What challenges do you face in your role?

One of the biggest challenges facing ED doctors is time pressure. Of course, we have our four hour target, but also related to that are the challenges around referring to specialities, waiting for beds, blocks in the clinical workflow and other delays. Time pressure causes stress, four-hour target breaches and sadly sometimes patients not receiving adequate care while they're with us.

Q. How did you hear about BMJ Best Practice and what was it that prompted you to start using it?

An email was circulated by the Trust about how we all have access to BMJ Best Practice. I'm always on the lookout for new tools and tricks, and I'm a bit of a geek, so I looked into it to find out how I could integrate it into my clinical workflow.

Q. Can you describe the impact BMJ Best Practice has had on your practice?

With BMJ Best Practice it's not like I have to relearn something from scratch, it's more like little tweaks or adjustments to my knowledge. I can see things that I may not have known put into context, and then explained very succinctly about how it makes a difference. By making these little adjustments that BMJ Best Practice prompts, it helps me optimise a patient's care.

Using BMJ Best Practice helps improve my awareness of what could go wrong. I recently used the app to look up paracetamol poisoning and the effect of asthma, just to be more aware of anaphylactic reactions. In another recent case I looked up alcohol and benzodiazepines. If things did go wrong in either of these patients, having that prior knowledge would have resulted in them receiving much faster access to life-saving intervention.

I'm a big fan of continuous improvement and having an always learning mindset. BMJ Best Practice really helps with that.

Q. Can you describe a time when you used BMJ Best Practice at the point of care?

I've multiple examples of when I've used BMJ Best Practice at the point of care. While I won't use it with every case, if there's something a bit different or something I'm not so familiar with I will turn to BMJ Best Practice.

There are times when I'll just read the summary. This only takes a minute and provides a nice little refresher of the key 'must know'. Using BMJ Best Practice is also definitely a confidence builder. It reminds me that I do know this stuff, and that's encouraging. And even though I may already know it, by reading through it again reaffirms that neuronal pathway in my mind, somewhere deep in the cortex, where I can retrieve when I need to.

Q. Has BMJ Best Practice changed the type of care that you are able to provide?

Using BMJ Best Practice has certainly helped me to improve the quality of care I give to my patients. While it may not alter a clinical decision, through the prompts and reminders, it helps me to be more dialled into exactly what I'm dealing with.

Even as an ED doctor who technically isn't a specialist, I have confidence that if I need to look further into a topic I can. This is especially valuable when presented with a case that is different or requires specialist knowledge. It also provides a sense of learning with every experience, so even if it doesn't change my clinical decision, it will make me a better doctor for the next time.

Being a good doctor isn't just about the decisions you take. What makes a good doctor is all the stuff that surrounds the practice –compassion for the patient, emotional intelligence and dealing with the family and the knowledge that if things go wrong you can deal with complications. BMJ Best Practice covers some of these things as part of the support tool. It's very holistic. So, in terms of everything that surrounds the decision that makes me a better doctor, BMJ Best Practice has made a big difference to me.

Q. Who would you recommend the BMJ Best Practice to and why?

As an ED doctor, I'd recommend it to all ED clinicians, all the way from F1 to consultants who've been doing it for years and years, for very different reasons. For the F1s it's to give that sense of a safety net, so that they know that if there is something that they are not familiar with, they can read the summary, the management algorithm and the treatment algorithm.

For the middle grade, like me, BMJ Best Practice helps to optimise your practice as a doctor. Every time you get better at what you do because you are reading around the case and building your knowledge.

Then for the consultants, even the ones who have seen everything, it helps them to stay up to date with 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**

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