

Continuing professional development Workshop on quality – a case report

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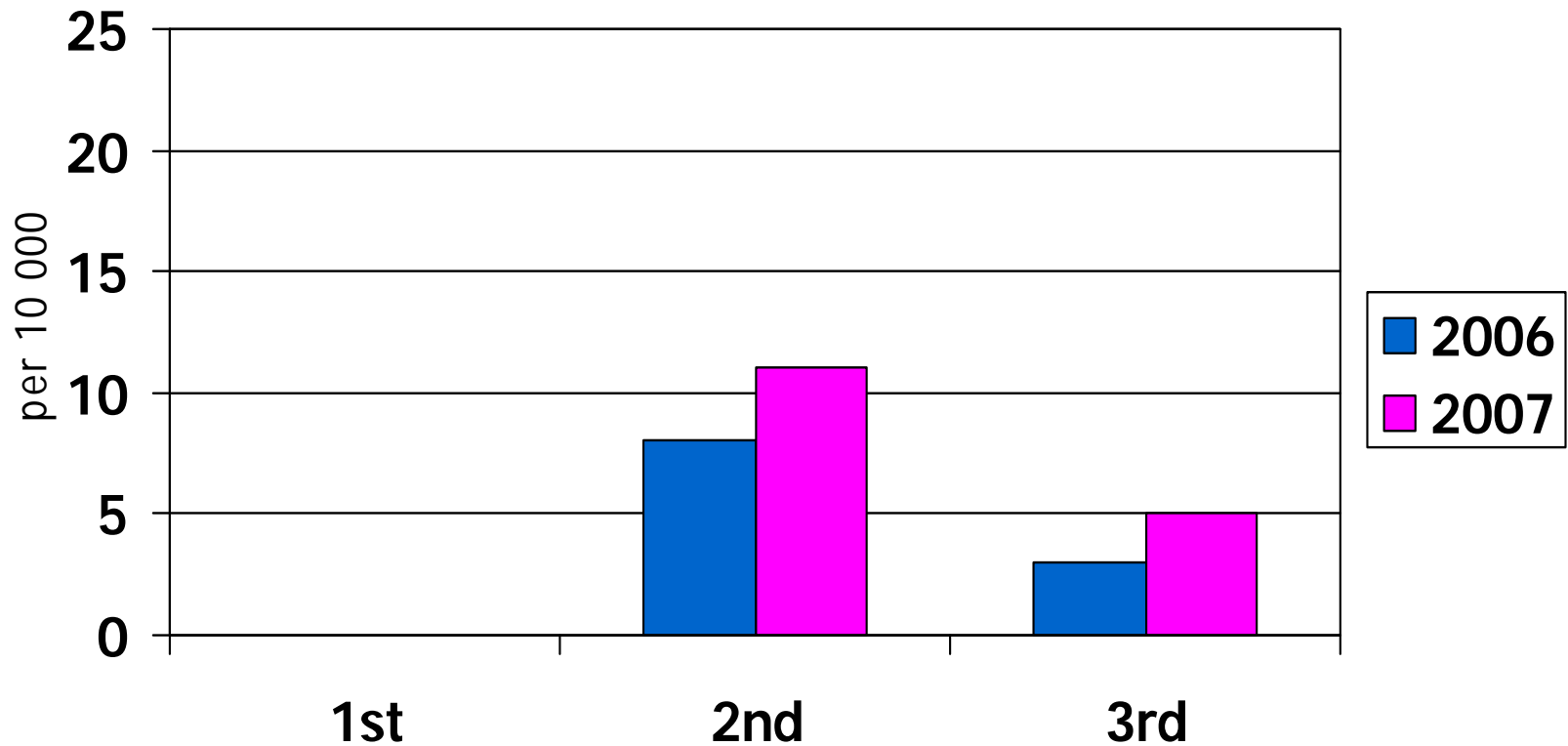
Quality indicators project

Background

- Was conceived and launched in 2007 in St Petersburg
- Hospitalization rate for some diseases (hypertension, asthma, diabetes) may serve as a primary care quality indicator
- The analysis of hospitalizations of patients with hypertension demonstrated a big difference between three GP practices

Rate of urgent hospitalization of pts with hypertension (I10-I15, ICD 10)

Hypertension (emergency)



How to understand this difference?

- 32 physicians were interviewed and good awareness about national hypertension guidelines was noted
- When patient records were studied, opposite results were discovered – bad quality of medical documentation

Research question

- We were willing to test and pilot, if a workshop with a participatory and active-learning basis would work in the environment where more traditional teacher-centred methods have been used
- Could it be possible to raise some ideas towards assessing one's own work

Workshop on Assessing one's own work

- Leaders Paula Vainiomäki and Elena Frolova
- Three group leaders from St. P.
- Participants: 33 family physicians from the 2nd GP department , head physician, representative of local authority

The workshop aim and preparation

- The aim of workshop was to inform and try to involve participants in basics of assessing their own work, to share experiences and realise, that there are different ways of quality assessment
- Careful preparation was done, clinical cases and fictive audit reports selected
- Rehearsal with group leaders, time schedule
- Methods used: small lectures and much group work

Background of the participating doctors

- Family physicians were not involved in the quality assessment process previously
- There is no system of CPD, but a well established state system of postgraduate education exists: the STATE and authority are responsible for professional development
- Postgraduate education based on the traditional teacher-centered methods. Physicians do not realize their responsibility for QUALITY but mostly for certificate – motivation for CPD may be absent

Group work started

- 3 different clinical cases (hypertension, diabetes 2, risky patient) were presented
- The main question for group work session: What happens during the consultation?

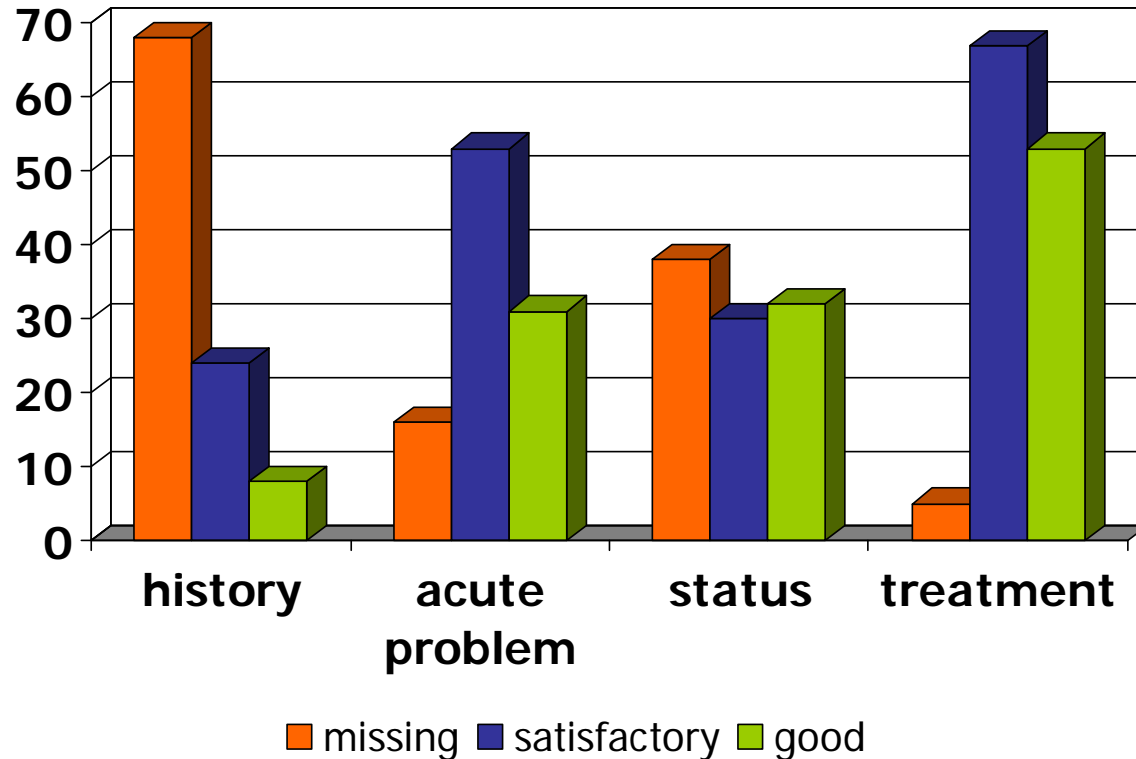
- A lively discussion came immediately
- Ideal consultation models were listed.
- We questioned: are you honest now? Will this all happen during all consultations?

Workshop content

- The second part of group task: what do you write down during such consultations?
- Try to be honest!
- The best practices were listed again

- Information about the audit of Finnish records was given to encourage the participants
- Information about the audit of records of the participants (results of our project) was given
- Competence is good, but performance?

Auditing Finnish patient records: The records were not according to the rules?



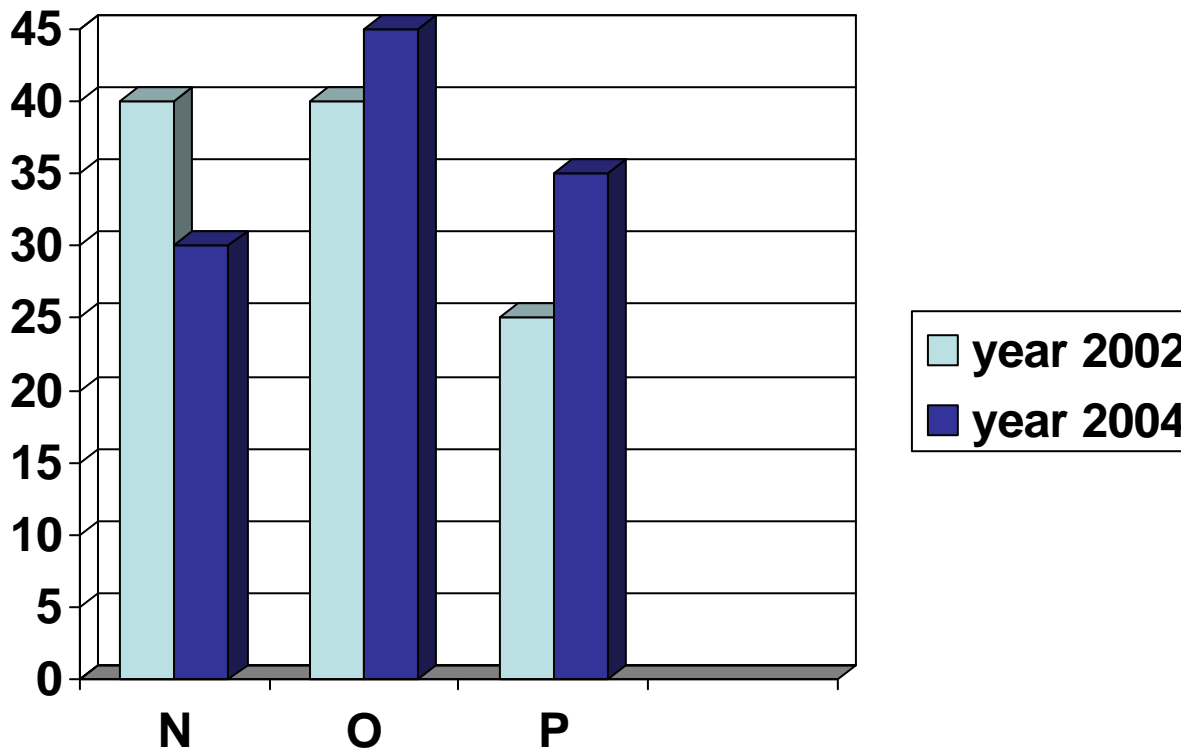
The Finnish patient records need to be improved (Scandinavian Journal of Primary Health Care, 2008; 26: 117-122 .

Results of auditing records in SPb

- 50 records of hypertensive pts referred to hospital and stayed there for 2-5 days
- Information about risk factors and risk evaluation was absent; prescription of medicines – was incomplete; physical examination was not described completely in all patients cards
- Indications for hospitalization were not established

Third task for the groups consisted of fictive audit, done in some polyclinics (some examples were given, here you see one)

Diabetes-patients whose feet have been examined in different polyclinics
N, O and P (Percents of all diabetes patients) during two years time
Please, consider issues behind the differences



Examples of the discussion:

The doctors were easily inventing a lot of causes why the guideline to examine the feet of diabetes patients was not followed. (*"there was no time", "it was not easy to get the patient undress", "I did not feel this to be the most important issue" etc*)

Immediate evaluation of the session by the participants

- “Quality of their own work is very interesting topic for them”
- They were surprised that “the quality problem is the paneuropean problem”
- They “understood that the situation could be changed if they will participate in the elaborating of quality indicators”
- They “become more familiar with the audit method”
- They “become motivated to use this method in the assessing of their own work”

Evaluation of the session by the participants

- They stressed in the evaluation form that there was a good opportunity for them to discuss their work not only with external experts but between the colleagues
- They asked to continue such discussions and meetings

Evaluation of the session by the participants

- The topic was interesting to me – 100%
- The method used to run this session was appropriate to the content -93% agreed
- I have obtained benefit from this workshop for my own work – 93% agreed
- The general goals of the session were fulfilled – 80% agreed, 20% in some level
- I was able to achieve my own goals for this session – 40% completely agreed, 40 % almost completely, 20% in some grade
- I am sure I will use these ideas in my work – 86% completely agreed

Why did it go well

- Careful preparation
- New participatory method of learning
- Important topic
- They found solution themselves
- Nobody blamed them

We are going on in the future

- Educational course on the quality assessment in general practice for physicians in practices, participated in the project
- Educational seminar for the family medicine teachers “How to plan your CPD and audit your work”
- April 2009 conference on quality improvement
- Repeated evaluation of records and hospitalization rate in 2009