

Evaluating supervisor feedback when DemDx Clinical Assessment Platform Tool is used by advanced healthcare professionals when assessing patients in primary care

In submission

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Abstract

This study evaluates supervisor feedback after the implementation of the DemDx Clinical Assessment Platform (CAP) among Allied Health Professionals (AHPs) to improve the quality of clinical assessment and notes within primary care NHS settings. Accurate, timely clinical notes are crucial for patient safety. Primary care notes are frequently reviewed during audits, inspections, and incident analyses.

This study analysed feedback from GPs who supervised the implementation of the DemDx CAP and assessed its impact on clinical assessments and note taking. A survey was created and included a variety of questions to assess the effect that the DemDx CAP had on the quality of AHPs clinical assessment including the impact on debriefs and the confidence that supervisors had on their colleagues' assessments. The supervisors ranked each question from 'not at all' to 'extremely'. The results showed that overall, the supervisors noted an improvement in the quality of clinical notes and felt more confident in their colleagues' clinical assessments. This suggests that the implementation of DemDx CAP can be of great benefit in reducing the supervision burden on GPs, whilst also improving the quality and efficacy of clinical assessments.

Background

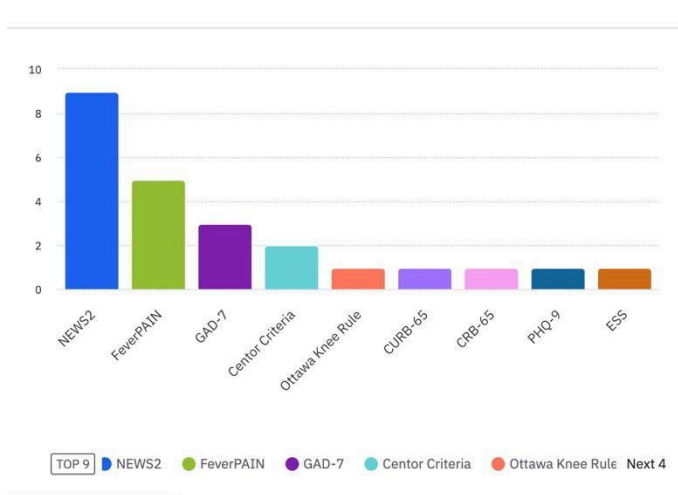
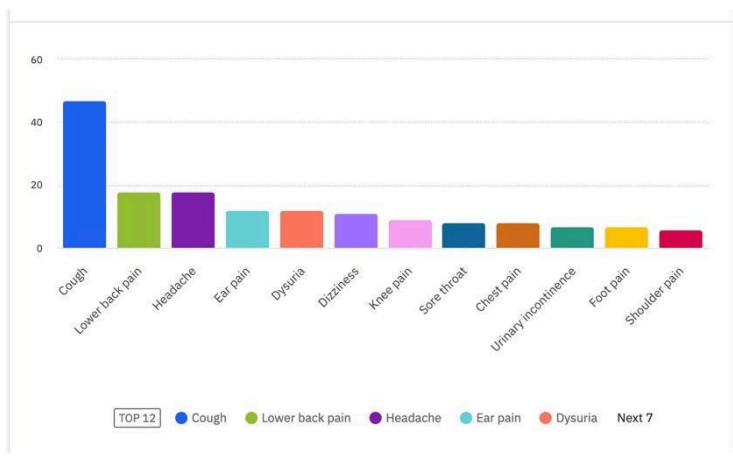
More recently, there has been a drastic change in the primary care workforce and an increase in the employment of staff with new clinical roles such as physician associates and nurse practitioners (*Primary Care Workforce Quarterly Update, 2024*). GPs are ultimately responsible for the care provided by the team and have a duty to supervise the management and documentation of patients. Supervising AHPs is important for patient safety, the ongoing training of the workforce and to ensure compliance with regulations. Supervision also ensures that any complex cases are handled appropriately by AHPs, especially those that may fall outside their level of clinical confidence and require more guidance.

However, supervising as a GP takes a considerable amount of time, often requiring the creation of debrief sessions taking time out of patient facing clinic hours. Additionally, GPs must stay available for immediate consultations during clinical hours, which can interrupt their own patient schedules. GPs often spend 14% of their clinical time documenting and updating electronic health records (*Identifying how GPs spend their time and the obstacles they face: A mixed method study - PMC, 2021*). Although extensive supervision is necessary to maintain high-quality care, it does increase the workload for GPs.

DemDx CAP hopes to improve clinical assessments taking by creating a standardised framework with a note builder tool. This will ensure that all notes made are consistent in their accuracy, structure, and clarity, which can improve patient care and reduce errors. Additionally, having a set framework can reduce the supervising burden on GPs and create more time for them to have better quality discussions about patients.

Methods

From November 2023 until May 2024, the software was implemented. A variety of AHPs including physician associates, foundation year two doctors and nurse practitioners used the software during clinics. During this period, the AHPs still had allocated debrief time with their GP supervisor. These debriefs were recorded so that the GP supervising could make a note of the session duration, discussion and frequency of guidance provided.



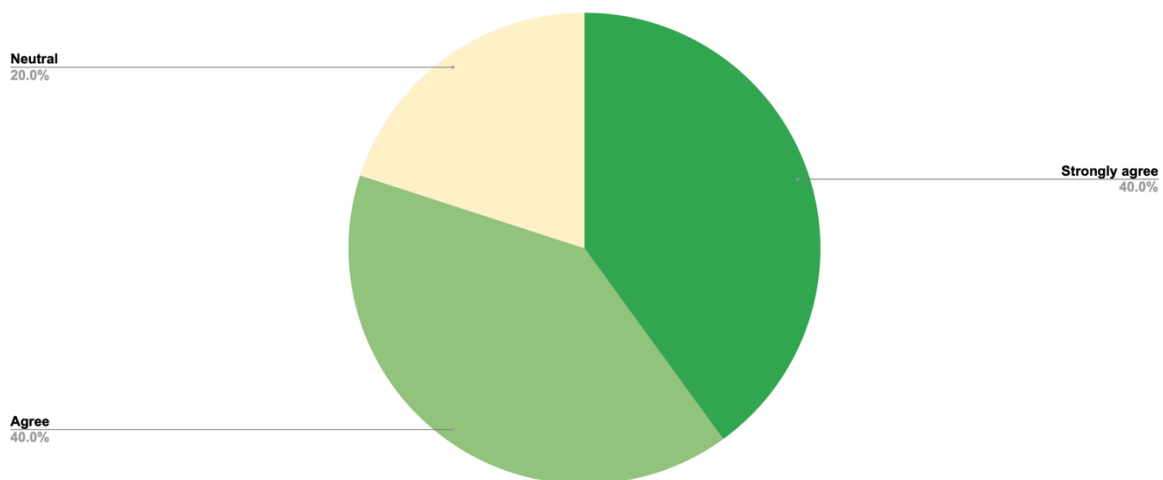
To gain feedback, all five GP supervisors filled out a survey on the usefulness of DemDx CAP at improving the quality of clinical notes, reducing debrief time and improving their confidence in their colleagues' assessments. Answers ranged from 'not at all' to 'extremely'. The feedback was collated and the data was expressed as percentages.

Results

All five GP supervisors responded to the survey and the results are outlined in the pie charts below. As the number of supervisors was small, more studies would be required to validate the findings.

The quality of the clinical notes

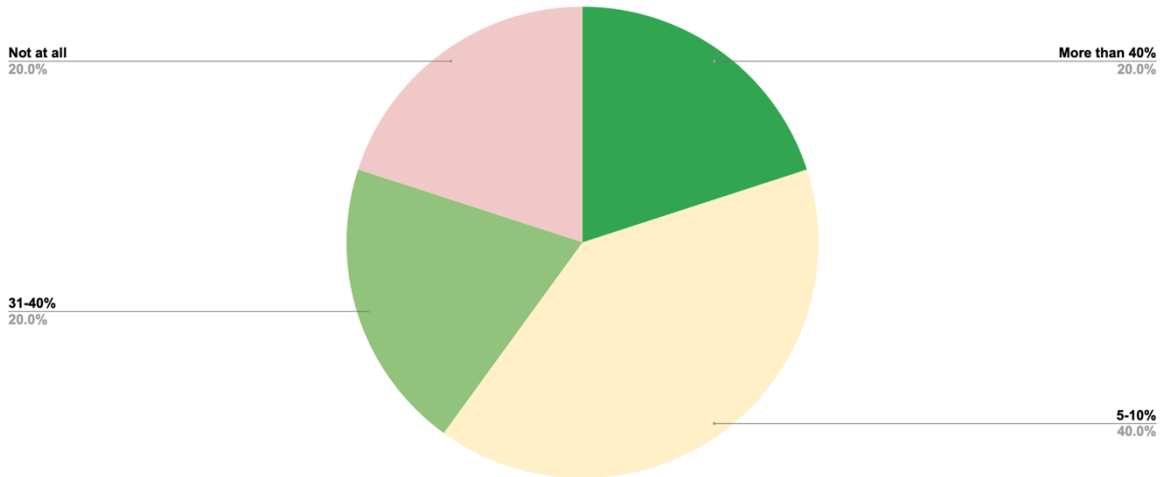
Do you agree that the quality of notes made by clinicians has improved with DemDx?



The results show that 80% of supervisors overall agree that the DemDx CAP has improved the quality of notes made by the ANPs when compared with the pre-intervention notes. 20% of supervisors remained neutral.

Supervision time

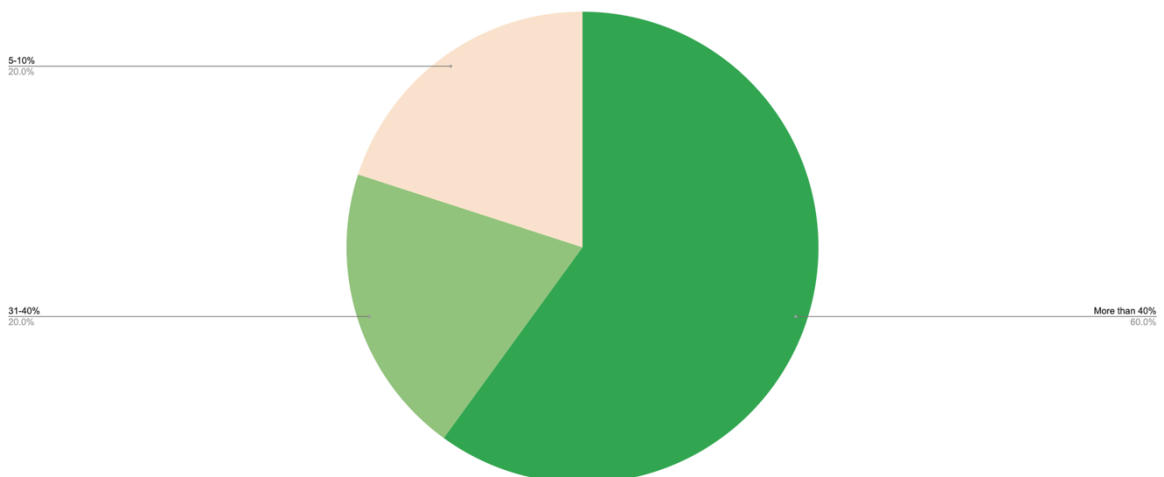
How much has juniors' use of DemDx reduced your clinical supervision time by?



The impact on supervision time was less apparent. 60% of supervisors felt that the DemDx CAP made no or little difference on clinical supervision time. However, 40% of supervisors found that DemDx CAP reduced clinical supervision time by a minimum of 31%.

Confidence in assessment

How much has the use of DemDx by AHPs/PAs/FY2s increased your confidence in their assessments?



80% of supervisors were at least 31% more confident in their colleagues' assessments after the implementation of the DemDx CAP. 20% of supervisors felt that the implementation made little difference.

Discussion and conclusion

It is evident that a digital platform such as the CAP is a positive approach towards supervision exchange.

A key finding was that overall, supervisors felt more confident in their colleagues' assessments after the implementation of DemDx CAP. Having a framework ultimately ensures the maintenance of high-quality note taking by encouraging standardisation and consistency. It also ensures that all necessary details are clearly documented, and any important interactions or decisions are not missed out. Another positive impact is that the software makes clinical notes compliant with clinical audit trail requirements, reducing the time that GPs would usually spend assessing clinical notes.

Although it was difficult to comment on whether debrief time was significantly reduced, it is apparent that there is great potential for clinical framework to streamline the documentation process and save time for both GPs and AHPs. More studies would be required to validate this and consistent usage by the AHPs would be required to reduce the debrief duration overtime. In addition, a reduction in debrief time means that GPs can prioritise higher quality discussion with their colleagues instead.

References

Primary Care Workforce Quarterly Update, NHS Digital. (2024, March 31). Retrieved June 27, 2024, from

<https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-workforce-quarterly-update/31-march-2024>

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