Use of clinical practice guidelines in the primary care setting

Utilización de guías de práctica clínica en el contexto de la atención primaria

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Abstract

Introduction: Physicians need to update their medical knowledge continuously. Practice guidelines, usually updated regularly, are intended to facilitate this.
Aim: To explore how general practitioners approach, learn about, and use practice guidelines in their day-to-day decision-making process in primary care.
Method: A qualitative study was conducted with focus group interviews.
Results: Physicians emphasized that practice guidelines could be used to confirm their own knowledge and increase patient confidence.
Conclusions: identified key aspects of learning in the attitude and use of practice guidelines, thus improving the quality of the decision-making process.

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Resumen
Introducción: Los médicos necesitan actualizar sus conocimientos médicos continuamente. Las guías de práctica, que normalmente se actualizan con regularidad, están destinadas a facilitar esto.
Objetivo: Explorar cómo los médicos generales abordan, aprenden y utilizan las guías de práctica en su proceso de toma de decisiones del día a día en la atención primaria.
Método: Se realizó un estudio con enfoque cualitativo con entrevistas de grupos focales.
Resultados: Los médicos destacaron que las guías de práctica podrían usarse no solo para confirmar su propio conocimiento, sino también para aumentar la confianza del paciente
Conclusiones: identificado aspectos clave del aprendizaje en la actitud y uso de las guías de práctica, mejorando así la calidad en el proceso de toma de decisiones.
Palabras Clave: guías clínicas, médicos generales , implementación ,atención primaria
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Introduction

Physicians need to update their medical knowledge continuously. Practice guidelines, usually updated regularly, are intended to facilitate this. They are mainly provided as evidence-based and diagnostic information available on the Internet andin printed material, e.g., in brochures or books. Conferences or discussions with colleagues are other ways of communicating the content of practice guidelines. However, the implementation of practice guidelines in primary care is a complex task(1). General practitioners (GPs) are expected to have overall case responsibility for complex patients with multiple health problems. However, the available guidelines are not designed to guide the comprehensive management of patients with multiple conditions but rather to guide the management of separate diagnoses. Therefore, it is not surprising that previous research has shown a considerable gap between what physicians carry out in clinical practice and what should be done to achieve the levels of care and goals set out in the guidelines(2).

In the Ecuadorian health care system, a common directive in most practice guidelines is that relevant baseline investigation should be performed and evaluated in primary care before patients are referred to secondary care. Specialists, including general practitioners, must keep current and follow practice guidelines. Quality registries at local and national levels are used in many disciplines to monitor compliance with guidelines,

It is of great importance that CPD activities for physicians are based on adult learning principles, and educational research indicates that methods that include interactive learning have the potential to increase knowledge and skills and can change practice behavior(3). Achieving effective and useful CPD in the complex primary care context is challenging. Several qualitative studies have elucidated broad questions such as “GPs’ views on the use of guidelines” or “attitudes towards evidence-based medicine in general.”(4)

Topics such as these tend to elicit general statements rather than provide an in-depth understanding of the factors that facilitate or hinder the use of guidelines in routine care. Conversely, focusing on specific diseases may narrow the perspective and impair comparison across implementation strategies and clinical conditions. In addition, practice guidelines per se do not support interactivity(5). They are mainly formed as written texts that physicians must read, learn, and use in their daily practice. Therefore, it is critically important that the development of guidelines and other sources of knowledge be based on a thorough understanding of the influence of context and interaction among healthcare professionals on learning and performance(6). The study aimed to explore how general practitioners approach, learn about, and use practice guidelines in their day-to-day decision-making process in the primary care setting.

Method

A qualitative approach study was conducted with focus group interviews. Dual Process Theory was used to interpret and discuss the conceptualized issues. The theory is a dominant model for understanding the complex process underlying human decision-making (7).The physicians in this study were selected from 14 primary health care centers (PHCs) in Santo Domingo in 2020. All 14 PACs had previously shown interest in developing practice guidelines. Therefore, all physicians acting in the 14 CAPs during the study, in total 132 (85 women), were invited to participate in the focus group interviews by email, with two reminders. This study was approved by the Universidad Regional Autónoma de Los Andes (UNIANDES).

Twenty-two general practitioners (16 women) representing seven CAPs agreed to participate in the study. The general practitioners had a median of seven years of experience as primary care physicians (interquartile range of 3-14 years). By definition, general practitioners are specialists in family medicine. In this study, for simplicity, all CAP physicians willing to participate in the definition of general practitionerswere included. Therefore, the

definition included both specialists and residents in family medicine. In total, 16 general practitioners were family medicine specialists and six were doing their residency.

The interview guide consisted of an opening question, an introductory question, three central questions covering three important domains, and a closing question. The domains focused on how physicians use practice guidelines in their decision-making and the factors that influence their decision on how to approach a specific type of guideline. In addition, the interviews aimed to explore whether and how guidelines could foster the learning process in daily routine practice. Finally, the interview ended with a closing question asking the participants if they wanted to add anything. This was done so as not to lose any data.

The database and statistical processing of the data were performed and analyzed in the statistical program SPSS 26 (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used for the results collection, presentation and interpretation.

Results

GPs emphasized that recurring structured group dialogues in CAPs were not only a way to exchange knowledge but were also intellectually and socially stimulating and provided an important opportunity for feedback.

Practice guidelines written as strict and detailed instructions requiring specific investigations to be performed before consulting secondary care gave family physicians the feeling of being controlled, with little opportunity to influence patient care. Thus, it made them feel disrespected regarding their competence as family medicine specialists. This misunderstanding and disrespect for the work situation in primary care led to frustration and irritation among the family physicians, expressed during the interviews.

In addition, general practitioners who were family medicine residents were often instructed by their supervisors to strictly follow special flowcharts to optimize patient care for financial reasons. Residents feared that this would reduce their ability to reflect on their decisions and thus reduce their chances of learning from their own experiences.

Physicians suggested more cooperation between primary and secondary care when designing guidelines. This could be a way to make practice guidelines more supportive and open to individualization of decisions, depending on the clinical situation. The primary care physicians noted that introducing new guidelines gradually and continually evaluating them would give feedback to secondary care on how the guidelines are working. They believed that improved dialogue between primary and secondary care would be beneficial in establishing mutual respect between the disciplines.

GPs emphasized that one of the most important aspects of practice guideline usability was that confidence in the content of the guidelines gave a sense of control. They perceived that printed or Internet-based practice guidelines had an important role as necessary quality control and a confirmation of their knowledge. Residents generally wanted to compare different practice guidelines, but they also combined brief summaries with reading more detailed literature. However, general practitioners who were specialists in family medicine and, therefore, more experienced relied on their material gathered from easily accessible files, such as quick reference guides, journal articles, and lecture notes.

The GPs wanted the opportunity to self-assess their knowledge through periodic short quizzes on updated practice guidelines. In addition, many GPs perceived this form of interactive learning with immediate feedback as a stimulating way to confirm and achieve knowledge that would be useful in decision-making.

General practitioners emphasized that practice guidelines provide the possibility to be prepared to seek or confirm one's preunderstanding before the patient's visit. In addition, they can give a sense of complete knowledge, a sense of control, and, therefore, confidence. However, when pressed for time, physicians quickly reviewed practice guidelines with which they were

already familiar or made decisions they felt were correct without reading the guidelines. These strategies created anxiety and uncertainty, especially if they had experienced situations in which these strategies had resulted in wrong decisions.

Physicians noted that practice guidelines could be used to confirm their knowledge and increase patient confidence. In addition, they could confirm that evidence-based investigations and treatment provided the potential to increase patient motivation and knowledge.

A prerequisite for GPs to feel confident in using printed or Internet-based practice guidelines was that the source was well-known and that the guidelines were continually updated. Internet-based practice guidelines directly linked to detailed literature increased the sense of trustworthiness and confidence.

None of the GPs preferred practice guidelines presented as textbooks containing many data, not even as dictionaries. They were perceived as difficult to scan, unsuitable for clinical practice, and therefore only used by GPs with a special interest in the area. GPs noted that guidelines not adapted to clinical practice were not used.

Even if Internet-based practice guidelines are the most common today, most physicians still prefer brief, printed, annually updated brochures, as they are perceived as the most accessible and found on the desktop. In Internet-based sources, finding the required information among all the information provided was often perceived as difficult. Slow electronic systems also made GPs frustrated.

Discussion

Participating physicians emphasized the possibility of learning to use guidelines through interactive contextualized dialogues and trust-building learning to provide high-quality care as important aspects to consider in their approach to practice guidelines. A prerequisite for the use of guidelines was that they should allow access to relevant evidence in the decision-making process.

The importance of networks in decision-making has also been pointed out by Mascia et al., who showed that physicians' attitude toward evidence-based medicine (EBM) is strongly correlated with professional networks[8]. Their conclusion was to avoid marginalization and encourage integration and continuity of care within and across boundaries between different healthcare providers. In a review article, Norman emphasized the importance of dialogue in decision-making [9]. He concluded that there is no single best way to solve a problem in the decision-making process. The knowledge and skill components necessary to achieve the goal of effective care are complex and multidimensional. Feedback or dialogue is essential to this process.

Another aspect of peer learning through dialogue was that group discussions of patients with rare diseases could improve knowledge and decrease the risk of diagnostic errors for general practitioners[10]. Practice guidelines designed as rigid and strictly detailed information were perceived in our study as tasks rather than part of an ongoing learning process, as they did not offer any possibility for personal reflection or dialogue. Therefore, they were considered barriers rather than facilitators in the decision-making process. These findings align with several other studies analyzing barriers to following clinical practice guidelines[11].

Therefore, if family physicians felt more confident in evaluating their results, they could switch between systems 1 and 2 as needed. This, in addition to facilitating decision making and decreasing the risk of diagnostic errors, would also strengthen the autonomy of family physicians. Getting feedback and having confidence in competence would strengthen intrinsic motivation and, thus, autonomy. This, in turn, would promote behavioral changes and a positive attitude toward usingguidelines[12].

Previous studies (13,14) have shown that diagnostic errors are common. The most common were reasoning and diagnostic errors when physicians did not know their actions were incorrect. The conclusion was that a better understanding of the decision-making process could help improve the process and thus improve patient care.

There are several studies, primarily quantitative but also qualitative, that explore

mainly barriers but also facilitating aspects of following practice guidelines(15,16). All participants worked in group practices in the study, which may have influenced the results.

One way to increase the validity between "saying and doing" is to ask questions that reflect how participants act(17,18). Therefore, follow-up questions are used in interviewsto ask for specific examples. Initially, the group construction and scenarios were planned to be the same in all four focus group interviews, but this did not work for practical reasons.

To provide optimal medical care, we need to understand how clinical evidence can be effectively transferred and applied in the primary care setting and appreciate the importance of continuing education or professional development for physicians(19,20). Therefore, learning strategies are considered when developing and implementing new practice guidelines.

Conclusions

Decision-making is central to primary care physicians in their daily practice. It is a dual process that involves using intuitive and analytical thinking in a balanced way to reduce the risk of diagnostic errors and improve the quality of care. In addition, key aspects of learning are considered in the attitude and use of practice guidelines, thus improving quality in the decision-making process. The hypothesis is that learning based on evidence-based practice should start from physicians' own experiences and the special circumstances of the primary care setting.

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