26 Weeks to Using Computers in Consultation

The following programme is designed to help GPs and nurses who do not yet use the computer during consultations. It is based on research (for a Psychology Master's degree) which demonstrated that GPs who had used a computer in consultation for more than 6 months had more positive attitudes towards their usage than those who had not. Use it for 6 months (and probably less) and you won't want to be without it. Prior to this period, basic training in logging-in, using Windows etc. will need to have been completed. Also, comprehensive training in the use of Read codes will need to be provided during this period.

Week 1 Training need: selecting patients and accessing a consultation screen
Call up and check the existing computer records of each patient prior to/during the consultation. Do not attempt to make any entries.

Weeks 2-3 Training need: adding acute prescriptions/printing prescriptions
Enter acute prescription (doctors and prescribing nurses) or procedure (non-prescribing nurses) for the last patient in each session. If the last patient does not need any treatment, enter the details of an earlier patient after the last patient has left the room. In week 3, also print the prescriptions.

Weeks 4-12 Training need: using formularies, changing to and from generics, etc.
Enter prescription/procedure for second last and last patient, then third last to last, etc., initially at a rate of one extra patient every week. Gradually increase the number of extra patients each week, until the above information is being entered for all patients. Working "backwards" prevents knock-on delays occurring early in consultation sessions.

Weeks 13-14 Training need: repeat prescribing
Update repeat prescriptions when these are changed (week 13), and begin printing them (week 14).

Weeks 15-16 Training need: recording non-Read code entries e.g. blood pressure readings
Add any examination findings, ensuring that all blood pressures at least are added for the first two days, then adding additional findings in stages.

Weeks 17-19 Training need: diagnoses/symptoms and where to use Read codes
In addition to the above, begin entering the reason for the consultation. (Nurses can start this in week 13.) In week 19, begin entering missing historical records of major significance.

Weeks 20-21 Training need: using condition-specific screens e.g. diabetes
Once the above standard has been achieved, begin using additional consultation screens.

Weeks 22-25 Training need: searches and recalls
When all of the above are being entered routinely, start adding one additional screening item per week for appropriate consultations, e.g. blood pressure in week 22, blood pressure plus smoking status in week 23, and so on.

Week 26 Training need: routine troubleshooting e.g. dealing with frozen screens or printers (these can take place earlier if required)
After six months, each of the doctors and nurses should be capable of updating consultation details efficiently, with speed and confidence both increasing with regular use, and managing their own systems to a reasonable level. On-going training in advanced features and shortcuts will be required, as will upgrade training when new software or hardware is installed.

Practices should adapt this programme to suit their own needs.

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