Performance appraisal and continuous professional feedback to family medicine practitioners in TB service delivery

Pilot survey report

29-31 August 2012

In order to pilot appraisal tool TPP staff members – Clinical Advisor M. Gegia and M&E Advisor M.Danelia visited the following village ambulatories: Narazeni, Lia, Darcheli, Ingiri, Kakhati and Akhali Kakhati. A family physician and a nurse were interviewed in each facility and medical documentation was reviewed. The TPP staff had no opportunity to observe the patient consultation due to lack of patients. The majority of practitioners attended a training course in Early Detection and Management of TB at PHC level provided by TPP in July 2012.

Basic findings:

Family physicians received information related to early identification of TB suspects and timely referral to TB specialists, but the type of referral varies from informal – just advising to see TB specialist to formal – using appropriately filled in "form 100" and adequate note in the medical chart. The same applies to the feedback from the TB specialists: in some cases the PHC team does not receive any information, some TB specialist send adequately filled in documentation indicating the diagnosis and the monitoring plan.

Nurses are mostly involved in DOT, whereas family physicians seldom provide monitoring for confirmed TB patients i.e. identification, treatment or referral for side effects. The current practice in the observed clinics varies from no involvement to management of some side effects. From 40 in-service hours per week family doctors on average spend less than half an hour on TB suspects and patients. In case of necessity the nurse mostly advises the patient to see TB specialist.

The training provided information on minimum set of infection control measures, but nurses have limited opportunity to apply this knowledge in practice as they lack personal respirators (N95).

All the appraisees expressed satisfaction with the provided training and job aid, and willingness to participate in continuous professional education. The interviewed family doctors mentioned that their attitudes and practice were altered by the provided training, while general practice nurses did not admit obtaining the information that would change their current practice. Due to possibility of different interpretation of some information, the key messages should be underlined, especially rational use of antibiotics (streptomycin). Even though the training provided guidance on the side effect management, the specific role of family doctors/nurses should be further highlighted in more details. The interviews with the nurses also revealed the need for further training in DOT.

The main strengths of TB care provided by the PHC team are geographical and financial access to care including specific drugs, and also close relations with patients, families and wider community. But most of the appraisees have no clear understanding of the possible change in their role in the coming years, though the more active involvement is acceptable.

As the low patient and community education and stigma related TB represents one of the main constraints for achieving the desirable outcomes of clinical work, the family physicians are willing to improve their communication skills and suggested having info materials for community.

The piloted tool provides opportunity to describe the current medical and management activities. The form is fairly open-ended, although some prompts are supplied to help the appraisee. The toolkit captures 5 forms for appraisal of family physicians and nurses in TB service delivery, namely: basic details, current medical activities, material for appraisal, summary of appraisal discussion with agreed action and development plan, and appraisal evaluation form.

TPP team had a few comments/suggestions only on the component 3: material for appraisal. It is reasonable to modify the given format. Namely, the questions related to TB suspect identification, timely referral and DOT have to be combined as the underling needs are similar, and in addition, a general practice nurse is not involved either in suspect identification or referral. The majority of appraisees are not familiar with such approaches and therefore it will be helpful to give examples of “development needs” in various areas.