

SOPHIES made easy: Part 8



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Last time we completed our coverage of the so-called database questions. These are the ones which require no input from the user. They simply ask the software to look into the electronic patient record and retrieve some element of their registration or clinical details.

It's now time to move on to the information questions. It's really very straightforward, because there is only one example, known as \$TEXT—and like the database questions, this requires no input from the user. It simply presents a point of information, often to forewarn the user about what they can expect from the next section of the guideline.

\$TEXT

Fire up the Graphical SOPHIE Editor and double-click on the text icon on your mode palette. (The text icon is the one with a yellow letter 'i' which looks something like a Tourist Information sign and underneath it says 'text' in that curiously intuitive way which is so customary in all aspects of our clinical software.)

You now have something which should look like Fig. 1.

Now double-click on the top left hand corner where it says 'Text display' and Fig. 2 is what you get.

Experienced readers may be a little disappointed at this stage, because they will be used to seeing a window full of tabs, radio buttons, drop-down menus or, in other words The Works. The text question is curiously bereft of all these features because all you have is a window where you can, well, write some text actually. There is no limit to the amount of text you can write in one window, but be careful not to alienate your user with your verbosity!

So what do you write? Anything you please. Where this question is so useful is when it can alert the user of your SOPHIE to a problem, or give them relevant information at various points in the guideline. Here are a few examples.

A SOPHIE guideline is often used to monitor a chronic disease process, such as asthma or diabetes. (In fact this is not what Peter Johnson intended when he first designed the SOPHIE

application all those years ago, but that's now immaterial.) The monitoring of chronic disease often involves various key points in the history, as well as various tests and examinations. Not everyone does all these things in exactly the same order, but of course your SOPHIE guideline (which like all good guidelines will incorporate a structure which has been agreed by all your team members) will require everyone to record things in exactly the same order. Throwing in the occasional text question can warn your users what the guideline is going to require next:

- From a laboratory results guideline (written before Path Links): 'You will now be asked to choose 'novice' or 'expert' status to enter lab results. Expert status will run more quickly because you will be asked fewer

- From another new patient screening guideline: 'You now have to decide if your patient is at risk of Hepatitis B because of their job and offer immunisation accordingly.'

The \$TEXT question may also be used to warn clinicians:

- From a new patient screening guideline: 'Your patient appears to be less than 5 years of age, and therefore too young to undergo new patient screening.'
- From an antenatal guideline: 'Your patient appears to be of the male gender and not suitable for this guideline.'

Next we move into the area of subtle arm-twisting. You have to be very sure of your ground before using this tactic, which can quite easily cause angst in the team if overused. Imagine the hypertension protocol which asks the user to check the patient's blood

pressure because a judiciously placed \$FETCH question has determined that the patient has not had their BP

checked within the agreed recent time

interval. If the user hits the 'Don't Know'

button, thus skipping the question he might get the \$TEXT message

on his screen: 'Look back has determined that this patient has not had their BP

checked for more than five years, despite having an

established diagnosis of hypertension. You will now be given another chance to check their blood

pressure.'

You can see the opportunities, can't you? By simply putting a Yes/No \$YN question using 'Would you like to go back and record the BP?' immediately after the \$TEXT file you can guide your luddite Senior Partner back to the relevant question if he answers 'Yes' and if the old codger really wants to answer 'No' then that is entirely up to him!

Well that's all there is to know about the \$TEXT question! Simple, or what? Of course there is the usual exit stuff that you might want to use, as outlined earlier in the series, but there is only one exit point from \$TEXT, marked by the yellow arrow at bottom left of the window, and 99% of the time the question simply moves straight on to another question without further ado in terms of notes or medication.

Since we have now covered the only example of the so-called 'information' questions we can move on next time to the 'patient' questions—the ones which require input from the user, usually as a result of information gleaned from the patient during the history or examination. In fact we've already dipped into this section when we discussed \$VAL two issues ago, but there are another six questions in this section so the excitement is far from over!

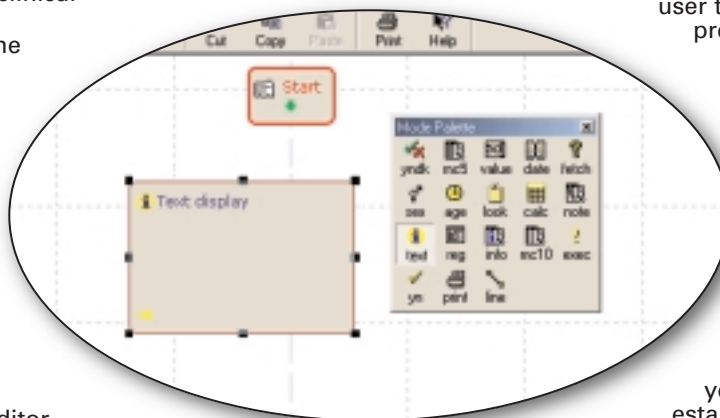


Fig. 1

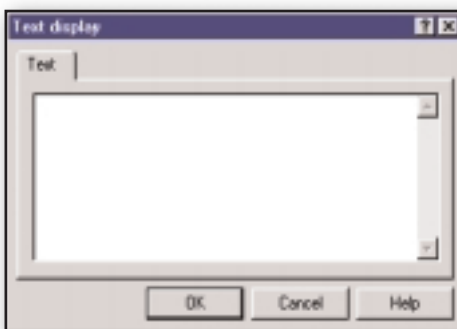


Fig. 2

questions, but it does require previous experience of this program.'

- From a new patient screening guideline: 'This part of the guideline will calculate a BMI for you.'

Another common use for a \$TEXT question is to warn the user that the answers they have already input into the guideline may require further specific action.

- From a new patient screening guideline: 'Your patient appears to be 75 years of age or more, so this screen will incorporate a Geriatric Screening questionnaire in addition to the standard New Patient protocol.'