

# Improving the prescribing practice of newly-qualified doctors

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It is known that prescribing errors in hospitals are common and that junior doctors may make more mistakes than senior doctors as they write the most prescriptions in hospital settings.

In a recent collaborative project, Karen Mattick, Professor of Medical Education at the University of Exeter Medical School, led a team from the Royal Devon and Exeter Hospital (RD&E) consisting of a Clinical Pharmacist, Antimicrobial Pharmacist, Clinical Pharmacy Manager and a Consultant Surgeon to see if there was a way of supporting junior [doctors](#) to improve their prescribing capabilities.

Karen Mattick explains: "We were aware that prescribing errors are common and that junior doctors were an important target group for interventions, since they may make more mistakes than senior doctors and write the most prescriptions in hospital settings. Recent research highlights an important role for pharmacists in supporting junior doctors to improve their prescribing capabilities. We were also aware that performance feedback is likely to have significant educational impact."

Odran Farrell, Clinical Pharmacist says: "We developed and implemented a simple prescribing feedback intervention as we kept hearing that junior doctors were getting very little in the way of feedback. We devised a pharmacist-led feedback project for junior doctors, where we filmed them taking the drug histories of real patients and writing up their drug charts, with a Go Pro camera. A pharmacist then watched the footage and met with the junior doctor to review it

together, discuss the good aspects of their practice and explore where there were areas to improve on."

Karen continues: "In the pilot at the RD&E, sixteen of twenty five (64%) junior doctors rotating through the surgical admissions unit of RD&E received feedback on their prescribing. The 40% reduction in the number of [pharmacist](#) interventions (each equating to a prescribing error in some form) after implementation was impressive. Most prescribing errors would have had minimal risk of harm to patients but a small number of errors were more serious."

On reviewing the video footage, junior doctors that took part and pharmacists noted the distracting locations they had chosen to prescribe medicines and complete documentation. One junior doctor commented "Probably the thing I think I learnt the most was watching how many times I got interrupted whilst prescribing. A drug chart takes 10 minutes I think I got interrupted 12 times during the process!" After the project, many junior doctors used quiet office space instead of the busy ward to undertake this task.

Odran concluded: "We concluded that everyone benefits from junior doctors receiving [feedback](#) on their prescribing practice – and pharmacists are well placed to provide it. The use of video-based reflection, for example in the environment in which prescriptions are written, has led to behaviour change. Implementing this approach more widely would reduce prescription errors still further and improve support and development of [junior doctors](#). Going forward we are looking at ways we can incorporate this into daily process."

Provided by University of Exeter

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