

Evaluation of Effectiveness and relevance of Safe medication practice tutorials as a Course for Pharmacist prescribers

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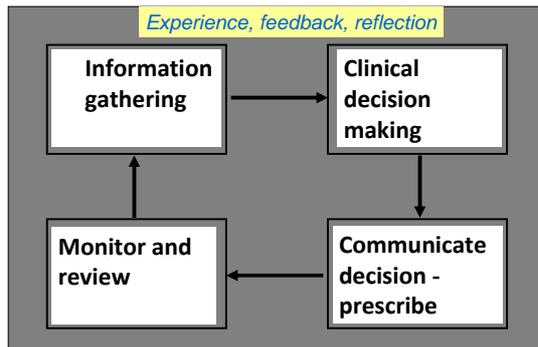
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Overview

- Background to Safe Medication Practice Tutorials
- Auckland Prescribing projects
- Evaluation of pharmacist tutorial
- Discussions
- Lessons learned

Competencies to Competent prescribers (Coombes I)

Experience, feedback, reflection



Four components of prescribing (Coombes I)

- Review:
 - control of symptoms and signs
 - adherence
 - patient's outcomes
- Consider need to tailor therapy to patient, continued or ceased
- factors for non-adherence
 - View/ assess patient's needs holistically (psychosocial, physical)
- Consider cost/availability of options
- Select drug, form, route, dose, frequency, duration

Safe medication practice tutorials: a practical approach to preparing prescribers

Ian Coombes, Charles Mitchell, Danielle Stowasser, University of Queensland, Australia

Teachers should include patient safety measures

INTRODUCTION

Background Clinically significant prescribing errors occur in between 0.3 and 39.1 per cent of prescriptions, many of which result in patient harm.^{1,2}

the causes and frequency of medication errors, which included prescribing errors. The report identified models of good practice to improve medication safety, many of which focus on reducing prescribing errors.³

as the cornerstone in the improvement of the safety of prescribing. Recommendations included enhanced pharmacology and therapeutics training for medical students and junior doctors.⁴ The General Medical Council (GMC) in the UK recommends that graduate doctors have knowledge and

A report by the British

A recent symposium focused

Content of the SMMPT program

1. Human error and incident analysis
2. Medication history taking & confirmation
3. General prescribing, ADRs & antibiotics
4. Anticoagulation
5. Fluids and electrolytes
6. Analgesics & insulin
7. Graded assertiveness/effective communication
8. Discharge medication; continuum of care

SMPT methodology

- Raised error awareness, videos, cases, scenarios
- Prescribing scenarios, cases and problems
- Limited theory on therapeutics
- Role play – followed same patients
- Reviewing and utilising each others work
- Deconstruction of process and errors
- Delivered key messages

Background- NZ Pharmacist Discharge Prescribing Project

- Discharge pilots in two secondary care settings:
 - rehabilitation / aged care (2 pharmacists- ctrl/Int)
 - mental health (2 pharmacists - ctrl/Int)
 - all practitioners > 5 years clinical experience
- Focus on discharges and increasing medication safety and patient flow
- Prescriptions to be dispensed by community pharmacists
- Grant application to Health Workforce NZ

Objectives of workshop

- Share findings of medical and non medical prescribing research Brisbane and Auckland
- Understand the cognitive and mechanical components of safe prescribing
- Increase awareness of medication risks and errors
- Confirm history and reconciliation techniques
- To gain skills of safe prescribing
- To gain an understanding and practice effective communication (Graded Assertiveness)

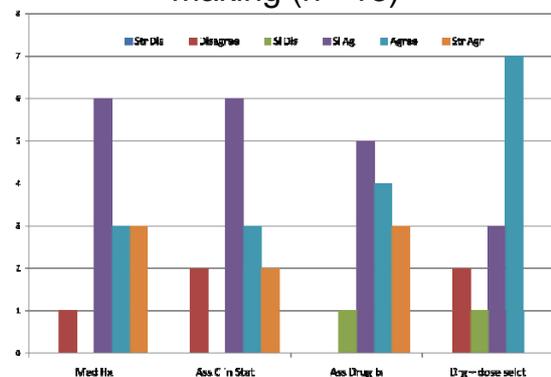
Method

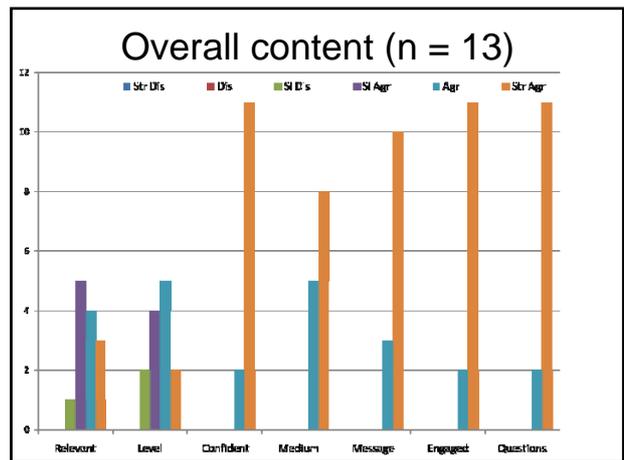
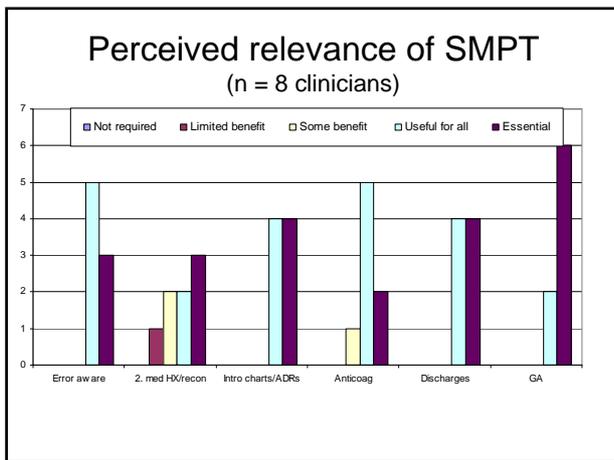
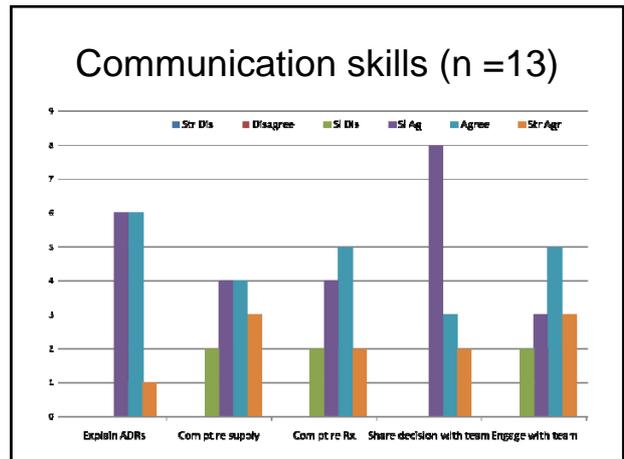
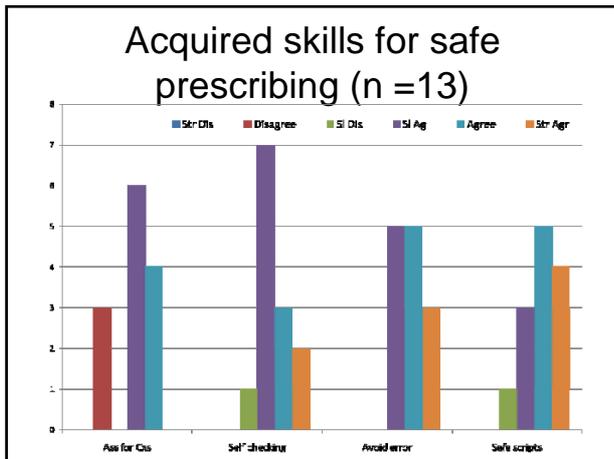
- 1 day – 7 hours
- Small group
 - n=13
 - most advanced practitioners specialising in areas of older age, mental health, surgery and medicine
- Hands on
- Case based, interactive, peer review
- Use of scenarios, videos, feedback
- Utilised local prescribing systems

Evaluation

- Attitudinal Questionnaire – 6 point Likert
 - Strongly disagree, disagree, slightly disagree, slightly agree, agree, strongly agree
- Based on proposed prescriber competencies (Pharmacy Council) “*The prescribing training increased my knowledge/ skills/ awareness or ability to..*”
 - Information gathering (competencies)
 - Decision making (competencies)
 - Communication (competencies)
- Perceived relevance of individual tutorials
- General feedback of tutorials and comments

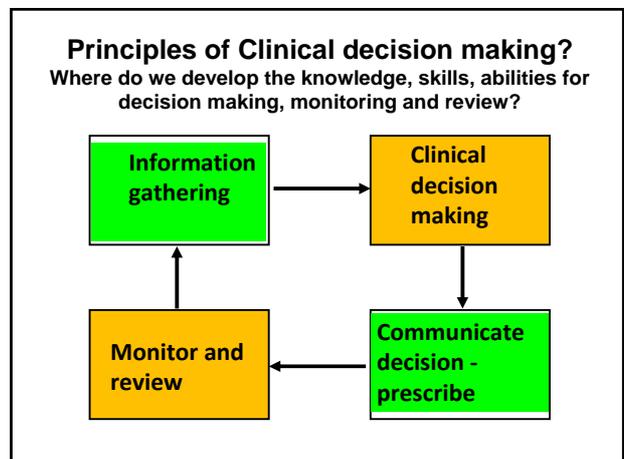
Information gathering and decision making (n =13)





Open comments

- I think it was a fantastic workshop and that all it's content should be part of any qualification for a prescriber!!
- Principles based stuff very relevant. Some of specifics not relevant but highlighted important issues nevertheless.
- Some stuff revision rather than new .. but consolidation with revision is a supportive peer environment was very useful, thanks.
- Didn't think I needed to do this before



Summary

- Modules seen as useful/ essential
 1. Human error awareness
 2. Introduction to charts – avoiding common errors
 3. Discharge processes
 4. Graded assertiveness –effective communication
- History taking/ reconciliation limited benefit
- Raised awareness of risks and processes involved
- Changed paradigm from reviewer to generator of prescribing decisions and prescriptions
- The process and tools needs to be a component of an advanced practitioner's development

Questions