P 41

EVALUATION OF THE IMPACT OF PAEDIATRIC PRESCRIBING TEACHING FOR MEDICAL UNDERGRADUATES: A REAL LIFE PRESCRIBING SCENARIO

Andrew Wignell,¹ Don Sharkey². ¹Pharmacy Department, Nottingham University Hospitals NHS Trust; ²Academic Child Health, School of Medicine, University of Nottingham

10.1136/archdischild-2015-308634.49

Introduction Prescribing errors occur in approximately 6% of all paediatric prescriptions, many with significant consequences. Four years ago, pharmacist-led teaching on safe, effective prescribing for children was introduced to the Child Health undergraduate module at Nottingham University Medical School. A year later a 'real life' paediatric prescribing examination was introduced into the module assessment. We aimed to evaluate the impact of this teaching during standardised student assessments.

Methods Immediately prior to starting the Child Health module at the start of their Clinical Phase 2 year (4th year), ninety undergraduate medical students were given 15 minutes to complete a prescribing exercise. Provided with a hospital inpatient drug chart and a copy of the BNF for Children, the students were asked to prescribe two regular medications and IV maintenance fluid for a paediatric patient. Students received safe prescribing and therapeutics teaching from pharmacists during the ten week module and were subsequently required to repeat a similar prescribing exercise as part of the assessment for the course. In order to test retention, seventy final year students (after final exams) took the same prescribing exercise. All three prescribing tasks were marked by the same Paediatric Pharmacist (using a standardised marking scheme) and a total of ten marks were available in each case.

Results The median score achieved by students before the Child Health module was eight (IQR 2); after the module the median mark achieved was ten (IQR 1) which remained the same in the final year. At baseline, the mean number of errors was 2.15; this reduced to 0.78 after the Child Health module and then fell further to 0.52 when students were tested in the fifth year. The number of significant overdoses prescribed prior to the Child Health module was eight; this reduced to five for the post-module and final year assessments. Prior to the teaching, 7% of students completed all aspects of the task correctly; this increased to 52% and 66% after the module and in the final year respectively.

Conclusion Student paediatric prescribing skills significantly improve after receiving safe-prescribing teaching during the Child Health module, both in terms of the overall performance for the assessment and a reduction in errors, especially significant overdoses. Importantly, these improvements were maintained when students were reassessed shortly before commencing Foundation training.