

Image 3a: CXR showing extensive opacity in the left hemithorax causing mediastinal shift



Image 3b: A CT scan showing a large cystic mass

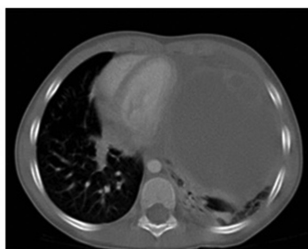
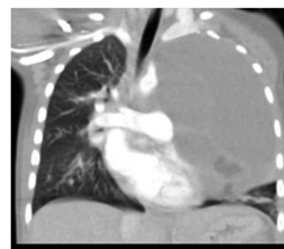


Image 4a: CT scan showing large cystic mass



- Abstract G326(P) Figure 3a** CXR showing extensive opacity in the left hemithorax causing mediastinal shift
- Abstract G326(P) Figure 3b** A CT scan showing a large cystic mass
- Abstract G326(P) Figure 4a** CT scan showing large cystic mass

G327(P) USING REGULAR AUDIT TO DEMONSTRATE IMPROVEMENTS IN PAEDIATRIC AND NEONATAL PRESCRIBING

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Aims Prescribing audits have previously shown that the Women's and Children's Directorate reported higher numbers of prescription errors than other areas in the Trust. The directorate introduced a number of initiatives to improve the quality of prescribing and patient safety. A prescribing team (PT), including senior clinicians, pharmacists and trainees, was formed to monitor progress. Strategies included improving departmental induction, establishing designated prescribing areas and reviewing all errors with the prescriber. Six monthly audits have been conducted to review the quality of prescribing. The impact of these initiatives on paediatric prescribing was assessed.

Methods All inpatient drug charts across the paediatric and neonatal wards were reviewed on three non-consecutive days over a period of three weeks. Prescribing errors were identified by the ward pharmacist. Errors were grouped according to type and further analysed by the PT. Errors deemed to have no clinical significance were excluded. Error rates were compared to the previous audits performed with identical methodology.

Results There were 174 (14%) errors out of 1225 prescriptions on 181 drug charts, an overall reduction of 2% from the last audit (autumn 2013). Improvements achieved were: 24% reduction in drug name errors (21); 6% decrease in dosing errors (23); 11% less errors in strength of preparation (6); 17% improvement in charting allergies (10 omissions). All charts included patient weight. Prescriber's signature omission occurred in 11 (5%) prescriptions with no improvement from the previous audit. The number of drug charts that contained five or more errors was 6 out of 181 charts representing a decrease of 2% since last audit. Disappointingly, there was no improvement in the number of charts containing no errors (84 (47%)).

Conclusion Decreases in the number of prescription errors suggests that the initiatives introduced by the department continue to impact the prescription standards. The introduction of an electronic prescribing system should potentially reduce errors further, standardising drug names and eliminating signature and allergy omissions. Future work will be required to assess the impact of electronic systems on prescribing.

G328(P) EVALUATION OF MEDICAL STUDENT PERCEPTION OF PERFORMANCE OF A TASK VERSUS THE ACTUAL PERFORMANCE

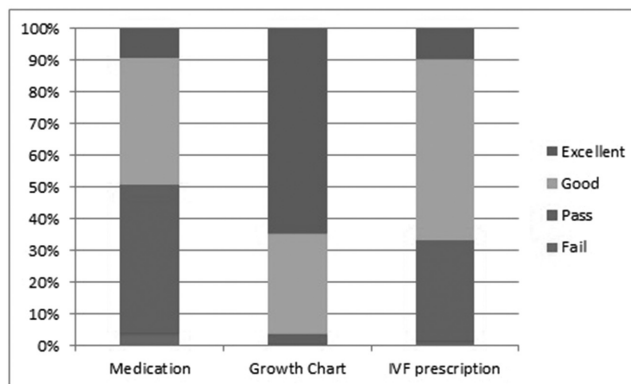
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Aims Approximately 240 4th year medical students from Queen's University Belfast rotate through paediatric units in N. Ireland each year. Paediatric Objective Structured Clinical Examinations revealed poor performance at prescribing paediatric medication despite attendance at an Interprofessional Pharmacy Workshop. The aim of this study is to assess perception of task performance, assess actual task performance and compare.

Methods An end of attachment assessment was carried out on 85 students. Students completed a 'Paediatric Skills Survey' form, indicating on a 5 point likert scale their perceived competency at 16 various tasks. Students were subsequently assessed on three reciprocal tasks, which included prescribing common paediatric medication, prescribing paediatric intravenous maintenance fluids and plotting growth parameters on an appropriate centile chart. Tasks were marked based on pre-defined criteria and results were subsequently analysed in comparison with perception.

Results Results for perception versus performance of skill performance is shown in Figures 1 and 2 respectively. Statistical analysis of perception in respect to actuality gave kappa values -0.010, -0.024 and 0.021 for medication prescription, growth



Abstract G328(P) Figure 1 Perception of performance