

supporting the phase 3 study outcomes. Significant reductions in PEX rates, IV antibiotic use, 'bed days' and associated costs were all observed. Data demonstrated an absolute reduction in the use of 'AWaRE' antibiotics, although use still accounts for a high overall proportion in this cohort. Results are limited by the data periods. Potential impact of the COVID-19 pandemic on PEX rates ('shielding' population) should be considered. Nonetheless, the significance of these findings on overall outcomes and stewardship should not be downplayed. Ongoing review, including expanded patient populations (adults; 6–11 years) is essential. Further works looking at oral antibiotics use, epidemiology, genotype and previous CFTR treatment would support extended evaluation of the overall impact of Kaftrio® on infection management in CF.

## REFERENCES

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### EVALUATING THE IMPACT OF PHARMACIST TEACHING TO MEDICAL STUDENTS ON PAEDIATRIC PRESCRIBING

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**Aim** Medical students have a paediatric placement during their 4th year of medical school. Paediatric pharmacists are involved with teaching sessions to the medical students, including one on prescribing. The overall aim of this audit is to evaluate this teaching on prescribing delivered by the paediatric pharmacist to determine the impact pharmacist has. Specific aims are to: increase the confidence of the medical students in their prescribing; increase their competence in prescribing different medications on a kardex; and determine what extent of prescribing teaching they currently receive. The aim is to collect data for all the students that come for their paediatric placement throughout the academic year (September 2021 – June 2022).

**Method** Prior to the teaching session the medical students were given a questionnaire to complete with questions including how confident they felt in prescribing, how much training they have previously received in prescribing, and a number of different scenarios with medications to prescribe. They then received a teaching session including a practical session of prescribing on kardexes. Following this session, a questionnaire was completed by the medical students asking again about their confidence in prescribing, the different medications to prescribe again, and overall comments on the session.

**Results** The questionnaire was initially trialled on the first set of students in September 2021 and following this, changes were made to the questionnaire. The data from this group was therefore excluded from the results and analysis.

Data was analysed from the questionnaires of 33 students. Before the teaching session, 94% of the students were either 'Not at all confident' or 'Slightly confident' in prescribing for paediatric patients on an inpatient kardex. Following the session this percentage fell to 9% of the students. Instead, 91%

of the students stated they were either 'Somewhat confident' or 'Fairly confident'. The questionnaire contained 5 different medications to be prescribed on a kardex template including gentamicin, Clenil®, prednisolone, Epilim® and paracetamol. In the gentamicin scenario, only 3% of students got it completely correct before the teaching session compared to 21% after the teaching. In the Clenil® scenario, 82% of the students were incorrect, compared to after teaching when only 3% were incorrect, with the remainder being partially or completely correct. When prescribing prednisolone, 48% of the students prescribed it incorrectly before the teaching, with none of the students completing all prescribing elements correctly. After the teaching, only 3% were incorrect, with the majority partially correct and 27% completely correct. In the paracetamol prescription, only 3% of students got this totally correct before teaching with 76% of them completing all prescribing elements correctly after the teaching. In the final scenario on Epilim®, 52% of students were incorrect in their prescription compared to only 6% after the teaching.

**Conclusion** The data shows that the medical students' confidence in prescribing increased following the teaching session. In each of the prescribing scenarios they completed, the accuracy in these increased in all 5 scenarios. The paracetamol scenario showed the greatest improvement of all the scenarios.

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### IMPLEMENTING GREATIX: LEARNING FROM EXCELLENCE IN PAEDIATRIC SERVICES

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**Aim** The paediatric service is extremely good at reporting incidents through Datix system. These incidents are reviewed, learning is identified and then information disseminated, or even a change in practice takes place, all with the aim to improve things and prevent errors happening. A regular bulletin is prepared for the multidisciplinary paediatric team with the paediatric pharmacist involved in the medication section of this bulletin. There is no system within the Trust for reporting all the good things that are happening and it was felt that the department were missing out on learning from these. Learning from Excellence<sup>1</sup> is not new and numerous areas, both locally and nationally have introduced it in some form.

The aim of this project is to identify and learn from everyday excellence as we currently learn from error via Datix, and to also improve staff morale. We wanted to have an anonymised way to let a colleague know they have done a great job. The ultimate goal would be to also interrogate and report findings.

**Method** A paediatric multidisciplinary oversight group was set up by the paediatric pharmacist and paediatric practice educator. A questionnaire was issued to paediatric staff, examining morale. Resources were developed to support reporting, data collection and nominee feedback. Following some meetings and discussions with the Trust IQI team, a GREATix reporting system was introduced into paediatrics. A pilot was initially carried out in one small area of paediatrics, a few changes were made and it was then introduced throughout the trust in paediatrics.

Nominees are issued with a certificate and a letter from head of service and clinical director.