ICU
MANAGEMENT & PRACTICE

Lack Of Training For Prescribing Children's Medicines May Increase Risk Of Error

The authors, from The University of Nottingham, base their findings on a trawl of published research on techniques to reduce prescribing errors and a survey of healthcare professionals and medicine researchers working in child health on training methods. The School of Pharmacy at the University of London, and the Royal College of Paediatrics and Child Health, were also involved in the research.

Children pose particular prescribing problems, because the absence of formulations designed specifically for them means that doses have to be individually calculated, increasing the chances of error. And they are particularly vulnerable to the consequences of a mistake, say the authors of the research.

Previous research shows that junior doctors often feel inadequately prepared to prescribe confidently or don't know which drugs to prescribe for conditions, such as chest infections or anaphylaxis, a life-threatening allergic reaction.

Little research has been published on either the teaching of prescribing skills or the ways in which competencies are assessed, the authors found.

Two studies came to light, and although they showed that the error rate fell after particular techniques were introduced, it was impossible to tell from the conclusions which proved most effective. A total of 319 out of 559 questionnaires were returned, giving a response rate of 57%.

The responses showed that training in how to avoid mistakes in prescribing medicines for children was brief and done predominantly in lecture format. There was little practical, hands-on training.

In 13 centres training took the form of a presentation by specialist pharmacists, lasting between 30 and 60 minutes, mostly at induction.

Eleven taught the completion of a drug chart, while seven discussed common prescribing errors. Ten centres provided trainees with an induction pack containing written information. One centre provided a computer based prescribing course to teach trainees how to calculate drug doses correctly.

Only three centres tested prescribing competency, using workbooks, questions during lectures or formal testing.

But there is no validated method of assessment, and no national standards, say the authors, led by Dr Sharon Conroy, of The University of Nottingham. Dr Conroy and colleagues acknowledge that their research may not reflect a comprehensive picture of training for prescribing, but suggest that at the very least it is important to find out which teaching methods work best to cut errors, if indeed any do work well.

Journal reference: 'Educational interventions to reduce prescribing errors' Online First Arch Dis Child 2007; doi: 10.1136/adc.2007.127761

Adapted from materials provided by University of Nottingham.

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Published on : Mon, 21 Jan 2008