Improving prescribing confidence with common paediatric prescriptions

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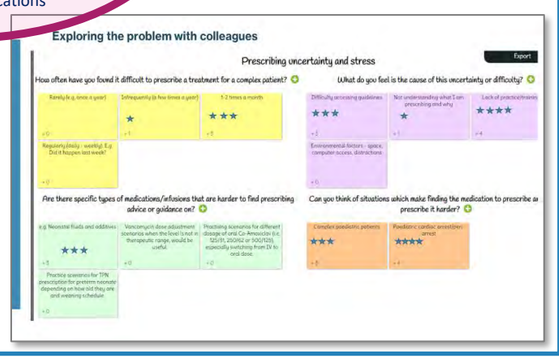
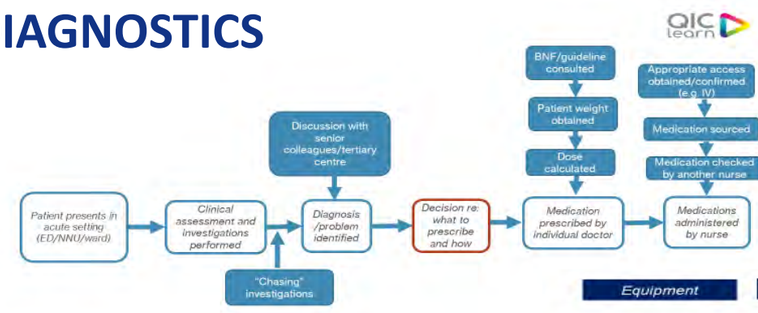
BACKGROUND

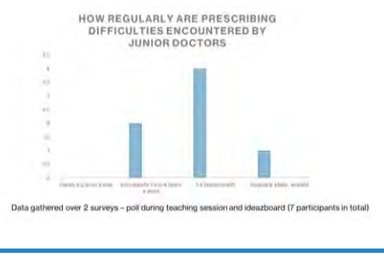
Doctors don't receive enough practical training to prescribe medications for complex patients.

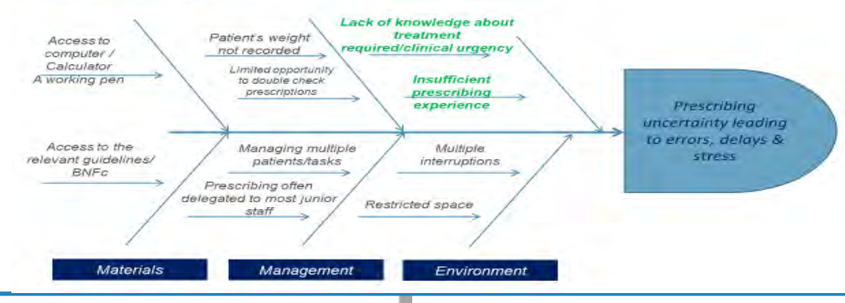
This adds to stress and uncertainty in emergencies; contributes to prescribing errors and delays starting time-critical medications



DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

YOUR AIM
By mid-September 2021, junior paediatric prescribers* *should receive training in*:

1) Prescribing neonatal infusions if working in the neonatal unit.
2) Prescribing in acute asthma/wheeze
*Foundation doctors and senior house officers

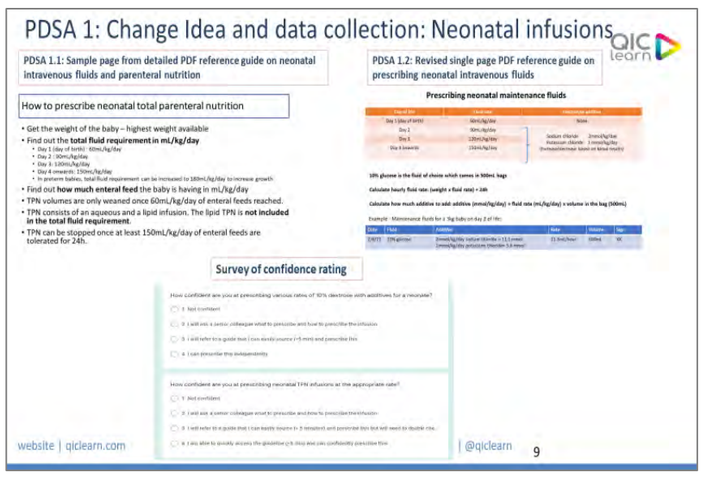
7 steps to measurement

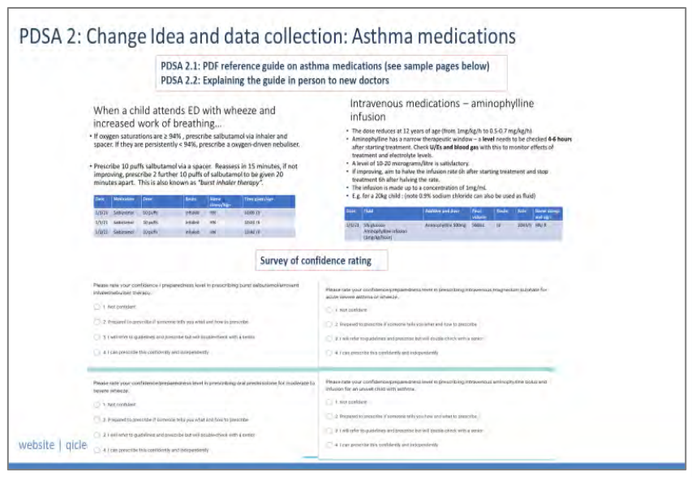
A list of measures you COULD choose from

1) **Measurement of prescribers' confidence/preparedness in the prescribing scenarios specified in the aim.**
2) Number of prescribers who have received training in prescribing in situations specified in the aim.
3) Number of simulation sessions which include prescribing as form of training.

- ☐ Easy
- ☐ Reliable
- ☐ Reproducible
- ☐ Meaningful
- ☐ Informing

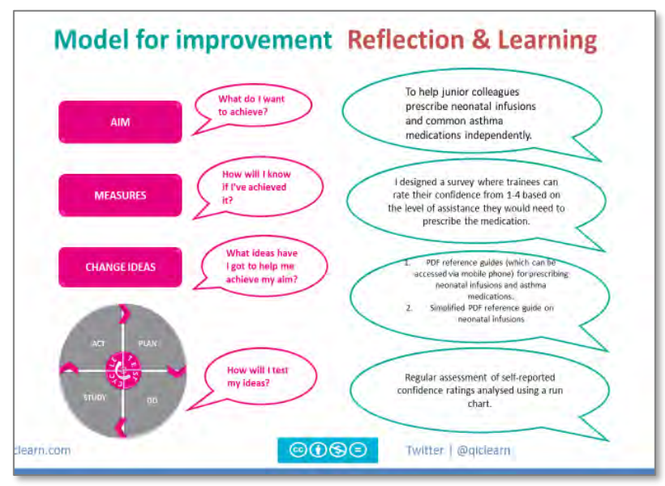
CHANGE IDEAS





PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Detailed PDF reference guide on neonatal intravenous fluids and parenteral nutrition	Design a guide Distribute via email/whatsapp	Advice from mentors – guide was complex, to focus on neonatal fluids Feedback from colleagues – positive but more beneficial earlier in rotation. Increase in confidence scoring noted	ADAPT: Design a separate/one-page prescribing tool and redistribute
1.2	Revised one-page neonatal maintenance fluids prescription guide	Redesign a guide Distribute via email/whatsapp	Increase in confidence rating noted – all trainees surveyed said they were either confident to prescribe independently or using a guide they could access in <5 minutes.	ADAPT/ADOPT: to consider displaying this as a poster in the neonatal unit or as a reference card attached to lanyard.
2.1	Asthma medications PDF reference guide	Design a guide Distribute via email/whatsapp	Advice from mentors – to focus on neonatal fluids alone. Increase in confidence rating noted among trainees but numbers doing survey was limited	ADAPT: Increase distribution
2.2	Distribution of asthma tool in-person rather than via whatsapp/email	Distribute in person rather than via mobile platform to increase use/awareness	Increase in confidence rating noted among trainees especially by opportunistically introducing it to new GP trainees who started in August	ADOPT: Consider adopting following input from trust asthma lead.



RUN CHART

PDSA 1: Neonatal infusions
Median score prior to PDSA = 2.5
Median score after PDSA 1 = 3.5

PDSA 2: Asthma medications
Median score prior to PDSA = 2.63
Median score after PDSA 2: 3.5

REFLECTIONS & LEARNING

- Idea was well-received by junior colleagues who wished they had a prescribing resource when they first started the rotation.
- Producing a prescribing resource for neonatal infusions and asthma took several revisions and was time intensive.
- **Lessons learnt:** To focus on a specific medication and spend more time on the distribution of the resource. In PDSA 1.2, after feedback from mentors I focused on neonatal intravenous fluids alone.
- **Limitations:** Perceived confidence likely to be higher at the time of testing as it is closer to the end of the rotation, limited time period for resource to be used regularly.
- **Future development/PDSA**: Distributing the resource as a reference card attached to a lanyard or displaying it in areas where prescribing occurs i.e. neonatal unit.

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QI Change Champion
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