An Audit Of Prescribing Errors And A Report Of Junior Doctors’ Awareness And Perceptions After Feedback Intervention By A Pharmacist In A UK Hospital

Obirenjeyi Kudehinbu¹, Katharine Morgan², Maria Toufexis², Maja Begovic², Lok Yap², Helen Taylor²

¹school of pharmacy, university of london, WC1N 1AX, United Kingdom, ²whittington hospital, N19 5NF, United Kingdom

Background: The best form of education on prescribing errors is often feedback on doctors' own prescribing practices. Whilst the impact of pharmacists' interventions in preventing doctors' prescribing errors are well documented in the literature, there are limited studies on the impact of pharmacists’ feedback on junior doctors' perceptions. Hence, the aim of this study was to evaluate junior doctors' awareness after group sessions on prescribing errors by a pharmacist and their perceived value of pharmacists’ feedback.

Method: Pharmacists on two wards in a UK hospital namely the medical admissions unit (MAU) and the care of the older person (COOP) ward audited all prescribing errors they identified on their wards over a 6-weeks period. These errors were feedback to 10 junior doctors working on these wards in group sessions. The impact of this feedback on awareness and junior doctors' perceptions of pharmacists’ feedback (group session and one to one) were measured using a pre-post intervention study design involving a questionnaire and a focus group discussion.

Results: The prescribing error with the highest prevalence on the two wards studied was omitted medicines (38.6% (59 out of 153 errors) on MAU and 30.8% (12 out of 39 errors) on COOP ward). The results from the questionnaire study showed that there was no significant difference before and after the pharmacist's feedback intervention with the exception of awareness of the frequency of occurrence of prescribing errors. This suggests that junior doctors' awareness of prescribing errors did not change significantly (except their awareness of the frequency of occurrence of prescribing errors, p = 0.022). The focus group discussion showed that the junior doctors that participated in this study were aware of prescribing errors. 8 out of the 10 junior doctors that participated in the study agreed that pharmacists’ feedback sessions were useful to their practice at baseline and this number increased to 10 after the pharmacist's feedback sessions. Junior doctors thus considered pharmacists’ feedback to be useful. However, group feedback was considered less useful than one to one feedback.

Conclusion: Providing group feedback on prescribing errors did not significantly increase awareness in junior doctors with the exception of awareness of the frequency of occurrence of prescribing errors. This study highlights the fact that junior doctors perceive feedback to be important to their practice, though group feedback was considered less useful than one to one feedback.