

**Clinical Prescribing Teaching  
2011 – 2012**

**Students Pack**

**Teaching Session 1: Plan**

**Learning objectives**

By the end of this session, participants should be able to:

1. List some of the tasks carried out by hospital pharmacists;
2. Be aware of some of the common abbreviations used in prescribing
3. Be able to prescribe medication on a drug chart
4. Be aware of some common problems that occur when medication is prescribed for hospital inpatients
5. To understand and use the Check & Correct Tool when clerking patients on the wards

The Pharmacist leading the session will give you each a Drug Chart from this hospital, and discuss the issues above. This pack contains other resources you will need for the session. Printouts will be given as required at the session.

## Common Abbreviations Used in Prescribing

What do the following abbreviations mean?

OD

BD

TDS

QDS

i

ii

iii

po

pr

pv

iv

sc

im

inh

top

prn

stat

What is the difference between a brand and generic drug?

## Drug Chart Writing Exercise

Mrs T was admitted via A&E and has now arrived on the ward for which you are the FY 1. The relevant section of her initial medical clerking is given below.

You may use the BNF provided.

*Mrs T, 64 yr old lady, admitted last night via A&E with ? chest infection*

*PMH:*

*Angina  
Osteoporosis*

*DH:*

*Simvastatin 40mg once daily  
Alendronate 70mg once weekly  
IMDUR 60mg once daily  
Iron tablets once daily  
Paracetamol 1g four hourly as needed for pain  
Novorapid 5units TDS  
Glargine 20units at night*

*Allergies:*

*Penicillin*

1. Please prescribe Mrs T's usual medication on the drug chart given.
2. Mrs T is a bit dehydrated. The registrar wants you to prescribe 1 litre of normal saline with some potassium intravenously and VTE prophylaxis
3. Later that morning, the consultant recommends adding Augmentin for the treatment of her chest infection. Add this to the drug chart.
4. A week later, Mrs T develops problems with swallowing, and can only swallow liquid medication. What implications does this have?

## **Using the Check and Correct prescribing checklist – guidance for medical students**

### **Background**

The “check and correct” prescribing checklist<sup>1</sup> was originally developed to aid focus on prescribing during consultant-led ward rounds. However we believe it will also be useful for medical students to complete as part of their clinical placements to introduce the concepts of safe prescribing and to integrate the pharmacy-led teaching sessions with practice.

### **Learning objectives**

Following completion of this exercise, medical students should be able to:

- List some key standards for safe prescribing
- Comment on the extent to which prescribing on their placement ward(s) meets these standards

### **What students need to do**

- Obtain / print off a copy of the check and correct checklist
- Complete the tool for 10-15 patients seen on the ward(s) during their clinical attachment. Note that the shaded boxes are unlikely to be relevant on wards where there is electronic prescribing for inpatients
- Add up the total number of boxes with an X for each patient. Are there any patients with no problems at all?
- Come back to the second pharmacy teaching session prepared to discuss what you found, and what you learned from this process.

### **Reference**

1. Caldwell G. Real Time “Check And Correct” Of Drug Charts On Ward Rounds - A Process For Improving Doctors’ Habits In Inpatient Prescribing. Pharmacy Management 2010;26:3-9.

Bryony Dean Franklin  
22 November 2011

**Safe Prescribing Standards–Check and Correct–Report all deficiencies and ensure chart is up to standard**

Date	...../...../.....	Person completing form										Ward or Unit				
	Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Initials															
<b>Safe Prescribing Standard</b>																
Patient name, DOB, hospital number, consultant, ward, and on front page	√ Yes X Not all															
Weight added	√ Yes X No															
All items are readily legible in black, clear and unambiguous – could the patient easily read and check the drug names?	√ Yes X Not all															
Drug allergy box completed?	√ Yes X No															
If any drugs prescribed in units other than “mg” is the unit written in longhand e.g. micrograms, not mcg, units not “U” for INSULIN and DALTEPARIN? (g is allowed)	√ Yes X Not all ---n/a															
For all ANTI-INFECTIVE AGENTS both a duration and indication are written?	√ Yes X Not all ---n/a															
All prescribed drug doses administered? (If not, why not? Was doctor informed? Should drug be stopped?)	√ Yes X No															
Use of approved generic names * e.g. dalteparin not Fragmin simvastatin not Zocor co-amoxiclav not Augmentin	√ Yes X No															
PRN drugs all have dose and where appropriate a maximum frequency e.g. morphine, paracetamol?	√ Yes X Not all -- n/a															
Has the doctor signed and dated each prescription	√ Yes X No															
Venous thromboprophylaxis data fully completed and most appropriate drug prescribed?	√ Yes X No															
Perfection?	√ Yes X No															
Count N° of Boxes with an “X”																

**Comments**

\* You may need help from a Pharmacist on generic names  
Shaded boxes not relevant where there is electronic prescribing

## Clinical Prescribing Teaching

### Compulsory Attendance and Feedback Form Session 1

Name:

Site:

Number of students in Group:

**Please complete this form at the end of the session and hand it to the Pharmacist before you leave. They will give it to the teaching co-ordinators.**

Session Objectives:

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Did the session achieve the stated learning outcomes? Yes / No

Was there enough opportunity for questions? Yes / No

Was the length of training session Too long / too short / just right?

#### What is your evaluation of the session in relation to:

Clearly audible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mumbled
Explanations clear & understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incomprehensible
Lively/interesting presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monotonous
Stressed important material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All material seemed the same
I have learned a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have learned nothing
Teaching methods appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching methods not appropriate
The material will improve my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My practice will not improve

How would you rate the overall quality (including organisation) of the session out of 10: \_\_\_\_\_

How do you feel this session could be improved?

What else could be included in the session that you feel would be relevant?

Is there anything you would like to add?

***All feedback is valuable, thank you very much.***