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Medication safety and quality improvement in PGY1 teaching

Background—We read with interest and admiration the recent letter in the *NZMJ*[1] which demonstrates the value of engaging junior medical staff actively in quality and safety practices and activities. The following describes our recent experience at Waitemata District Health Board (WDHB)

Prescribing is the commonest therapeutic intervention. It is also a major source of inadvertent harm for hospital patients. Medication errors and adverse drug events affect an unacceptable number of New Zealanders each year, with resultant permanent disability or death.[2]

WDHB has included medication safety as a consistent theme running through the PGY1 education programme. The aim has been to demonstrate and profile the role of the quality management team in promoting safe practice.

Improving prescribing practice is part of a nationwide patient safety agenda. We have profiled patient and medication safety, utilising the skills of our quality teams and pharmacists by including them in formal teaching and clinical learning thus creating opportunities for this to happen.

Intervention—Our goal was to promote collaboration between physicians and pharmacists and to role model high performance interprofessional teams in action, emphasising team work as one of the most effective approach's to ensure safe patient care.

Our quality pharmacist was co-opted onto the medical education team to incorporate and weave medication safety into the PGY1 programme. The two core goals were:

1. To promote and support workplace collaborative practice between pharmacists and PGY1 doctors
2. To promote safe prescribing in order to reduce the risk of prescribing and administration errors

The programme included interactive, case based activities during orientation and e-Learning modules on prescribing and medication safety in concert with formal teaching presentations.

The quality pharmacist contributed to House Officer teaching twice a month and was regularly present to contribute and answer questions. This included attending case presentations by junior doctors and responding to medication related questions as they arose.

Ward pharmacists supported these new prescribers on the ward and contributed to the formal teaching programme by delivering content from their specialist area.

The following are the key features of the year-long programme

- A blended learning approach utilised available internally developed e-learning prescribing modules as part of the programme, linked to consultant medical teaching sessions. We included pharmacist input into the teaching programme (often alongside other health professionals such as nurses and therapists) ensuring that collaborative practice was consistently modelled and utilised in teaching.
- Team pharmacists on the ward were included in the PGY1 programme to highlight their skills and encourage active on going engagement between the two professions on the ward. We linked teaching and practice in meaningful ways that engaged PGY1's actively in the pursuit of medication safety by problem solving and discussion on the wards
- Collaboration between pharmacists, medical staff and the quality team in the teaching was demonstrated .The management of medication safety incidents as they occurred was addressed. After reported events and near misses we provided feedback to the group on a monthly basis on local and national errors and/or any patient complaints as they occurred through the inclusion of feedback sessions from the broader quality team as a monthly scheduled session during PGY1/2 teaching.

Outcomes—We are currently evaluating this programme. Survey results to date show that PGY1s appreciate and value the programme, enjoy teaching offered by the pharmacists and self-report an increased awareness of prescribing and medication safety. From August we started collecting data to explore the impact on the prescribing practice of PGY1s and have undertaken a survey of PGY1 doctors to explore attitudes of this group to working with pharmacists.

Conclusion—The programme is successful and has enhanced interprofessional understanding (something shown by the WHO to enhance patient safety). This has been achieved by role modelling, dialogue across disciplines, collaboration both in practice and in formal teaching forums.

Prescribing is a challenging area of practice for PGY1 doctors. At WDHB we made a commitment to include medication safety as a thread running through the programme. Working as a team (Pharmacy and Medical Education) we used workplace and interprofessional learning theory to inform this creative project and successful project.

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