Who’s afraid of prescribing?

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What this session will cover

• Why do we undertake prescribing courses?
• What drugs should be prescribed?
• What skills are needed to prescribe?
• What barriers are there to prescribing?
• Trouble-shooting- questions & discussion

Why do we undertake prescribing courses?

• Work requirement
• Can’t do my job without it
• Personal ambition
• Like being challenged
• Want to expand my role/position
• Other

What drugs should be prescribed?

• Generic drugs- paracetamol, antibiotics
• Specific drugs- cardiac drugs in heart failure
• Controlled substances- opiates
• Experimental drugs- drug trials, unlicensed
• Other- chemotherapy drugs??

What skills are needed to prescribe?

• Specialist clinical knowledge
• Specialist clinical skills
• Experience in the clinical area
• Pharmacological theory- pharmacokinetics, pharmacodynamics, bioavailability etc
• Regulatory and legal knowledge
• Local policies and guidelines
• Good clinical decision making skills
• CONFIDENCE

Objectives for an advanced practitioner:

• Undertake a comprehensive systematic clinical assessment integrating relevant underlying physiology & pathophysiology;
• Apply clinical decision making to clinical practice;
• Demonstrate through oral & written methods, assessment findings, rationale for tests, interpretation of the results & management plan;
• Justify diagnostic & other laboratory tests & interpret the results with primary diagnosis & differential diagnoses;
Objectives for an advanced practitioner:

- Demonstrate clinical decision making skills, rationalizing & prioritizing skills incorporating assessment & laboratory findings, patient/clients personal & socio-cultural needs into a plan of care;
- Incorporate health education into management of patient cohort as appropriate;
- Demonstrate appropriate referral skills of patients/clients to other healthcare professionals & critically evaluate their role to multidisciplinary care;
- Demonstrate the incorporation of NMC competencies standards into clinical practice.

Objectives for prescribing:

- use the foundational knowledge of pharmacokinetics, pharmacodynamics & therapeutics, in order to critically analyse how medications affect physiological, biochemical and pathophysiological processes.
- determine which medications should be administered to particular patients in order to ensure therapeutic effects are optimised & adverse effects are minimized.
- articulate the key pharmacological characteristics of drug classes, as well derive an understanding of specific features of individual drugs.
- explore how social, political & ethical principles of medication management are applied in the advanced practice setting.
- critically review the application of clinical pharmacology to your specific area of advanced practice.

Clinical decision making

- Scenario:
  - You are asked to see a patient, you assess them and decide the need prescribe drug A, how did you come to this decision?
  - What factors did you consider?
  - Did you have a methodological way of coming to this conclusion?

Medication Appropriateness Index

- Tool developed to examine clinical appropriateness of prescribing
- Good reliability and validity
- Consists of 10 criteria
  - Indication, effectiveness, dosage, directions, practicality, drug-drug interaction, drug-disease interaction, duplication, duration, cost


What barriers are there to prescribing?

- Own psychological barriers
- Barriers from colleagues- nursing & non-nursing
- Lack of perceived support
- Lack of practice
- Not motivated
- Risk of doing something ‘wrong’/writing up wrong drug or incorrect dose etc
**Are nurses prescribing appropriately?**

- 10 doctors, 7 pharmacists & 3 nurses
- Used MAI to evaluate 100 consultations
- ALL prescribing appropriately using 10 criteria
  - Inappropriate directions: 12% nurses, 11% pharmacists
  - Cost of drug: nurses 16%, pharmacists 22%
  - Areas for quality improvement
  - Overall clinically appropriate prescribing being done

**Confidence in medication management**

- A Cashin et al- Int J of Nursing Practice 2014; 20:1-7
- 209 nurse practitioners took part in survey (83%)
- 90% in public health sector with 32% in ED, 15% chronic disease management, 14% acute (non-emergency) care
- Highest confidence in providing education, monitoring responses to medication and least confident in recommending complementary medicines, discontinuing or adjusting medications prescribed by others
- Years of experience linked to confidence (but most < 5 yrs experience)

**What are nurse prescribers prescribing?**

- Buckley et al (2013)
- Electronic survey of NPs in Australia (n=209)
- Previous lit: 78% were prescribing as part of their practice & 59% once a day
- 234 medications prescribed
- Types:
  - Anti-infective drugs
  - Analgesia
  - Psychotropic
  - Cardiovascular
  - Musculoskeletal
  - Gastrointestinal

**How do nurse prescribers prescribe in primary & secondary care?**

- Bowskill et al (2012)
- Case study of 26 nurse prescribers using semi-structured interview
- 21/26 prescribing (81% v. 19% (average 14%)
- Reasons not: software problems, not feeling responsible, new role
- Only 1 in 5 had prescribed since qualification
- Trust between Dr and nurse & nurse and employer integral to success
- Restrictions imposed in secondary care
- Without trust, the nurse will not prescribe
- Need trust for effective integration

**Points of learning**

- Are you going to prescribe
- Are you aware of what your barriers are/will be?
- How are you going to overcome these barriers?
- Remember- you have to start somewhere and the more you prescribe, the more confidence you will have in your new skill

**Summary or key points**

- Get prescribing!
- Ensure you have completed a full clinical assessment before you prescribe
- Use the MAI checklist
- Be confident & ask for assistance if required
References and recommended reading

- Cashin A et al. Nurse practitioner prescribing practice in Australia: Confidence in aspects of medication management. *Int J of Nursing Practice* 2014; 20:1-7