

## Prescribing pattern of interns: Time for new interventions

Banerjee and Bhadury have presented a helpful insight into the prescribing pattern of interns in a primary health center in India.<sup>[1]</sup> The results that emerge are not entirely positive. Clearly, there are many areas where improvements need to be made to prescribing. For example, the frequency of drug administration was not mentioned in all prescriptions, nor was the intended duration of therapy mentioned in all prescriptions. The authors suggest more and better medical education in prescribing as a means of improving quality and that undoubtedly should improve matters. Leaders in medical education should give particular consideration to interprofessional education in this field – whereby medical students, student nurses, and student pharmacists learn together to improve prescribing. Prescribing is ultimately a team-based activity and so any attempt to improve it should address the needs of teams, as well as individuals. Collaborative team-based activities can improve the quality of prescribing.<sup>[2]</sup> However, education on its own may not be sufficient to make significant progress. Even the most well-educated doctors occasionally make errors – it worth thinking of different means of addressing this problem which affects all healthcare systems in the world.<sup>[3]</sup> One alternative intervention is to use new technologies to reduce errors.<sup>[4]</sup>

The introduction of electronic prescribing may be one such new innovation. Electronic prescribing could effectively prevent interns from making many of the errors cited.<sup>[5]</sup> For example, if a drug is prescribed by its brand name, electronic software could detect this and suggest to the prescriber that the generic

name is used instead. If a drug is prescribed parenterally and an equally effective oral preparation is available, the software could suggest a change in this regard also. Other problems identified by the study included the failure to record the frequency of drug administration or the duration of therapy. Once again electronic prescribing systems could pick this up immediately, and prevent the prescriber from submitting their prescription until these vital parameters are completed in full. New technologies have transformed practice in many walks of life and indeed within certain specialties in medicine.<sup>[6]</sup> It is now time to ensure that we harness new technologies to make prescribing safer for our patients.

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