

Teaching Prescription Writing to Undergraduate Medical Students: What We Have Done and What We Now Need to Do

Suparna Chatterjee

Professor, Department of Pharmacology
Institute of Postgraduate Medical Education & Research, Kolkata
Email: drsupchat@gmail.com

Inadequate training in prescribing skills is a lacuna of under-graduate medical training globally and more so in India. It is a well-recognized fact that prescribing is an error prone complex process that poses a threat to patient safety. Prescribing errors may not only lead to safety threats to our patients but may also pose similar threats to our professional lives.

Acquiring the skill of prescription writing is not a one time learning skill but requires continuous upgradation. Most of the medical undergraduates as per the current MCI curriculum receive their initial training in prescription writing by pharmacologists during their second professional MBBS course and are assessed in this skill only at the second professional MBBS examinations. Unfortunately neither training nor assessment of this skill is undertaken in subsequent professional examinations when students are exposed to patients and are taught clinical subjects.

The prevalent practice of teaching prescription writing in majority settings is to provide some standard prescriptions for common diseases which the students have to memorize and reproduce them ad verbatim during assessments. This method of teaching and assessment is not desirable as it does not give the students an opportunity to be exposed and trained in the underlying processes involved in prescription writing. Although second professional medical students have only elementary knowledge of various clinical conditions but they must know that writing a correct and rational prescription requires sound knowledge of pharmacology, therapeutics and the underlying diseases as well as critical thinking in decision making and communicative skills.

The new MBBS curriculum shall be effective shortly and with limited time available we need to act promptly as adequate emphasis has been laid on prescription writing skill. We therefore need to avail this opportunity to try and significantly improve the way we had been training and assessing our students. We need to first sensitize and train ourselves for which we need to develop some common trainer's manual and student guidebook. The manual should have structured training modules and assessment tools.

For example we need to develop simple structured modules for training students as to how to undertake the following:

- a) How to take a medication history?
- b) How to obtain unbiased scientific prescribing information about the prescribed drugs?
- c) How to choose a drug which is most appropriate for a given patient and in a given setting?
- d) How to assess patient's medication compliance and adherence?
- e) How to actually write a prescription?
- f) How to communicate a prescription to a patient or to any healthcare personnel?
- g) How to monitor important safety issues related to prescribed drugs?

Although most of the teachers and their institutes would be agreeable to take on this task but there will be several logistic and infrastructure related problems that most of us will experience in implementing it, for example, large student strength in several medical colleges, poor student teacher ratio, lack of proper resource materials relevant to our needs, inadequate cooperation from clinical disciplines where multidisciplinary approach is planned and time constraints during formative and summative assessments. However, with an optimistic enthusiasm we have to try to put in our best efforts to transform ourselves and make the best use of resources to usher in some changes that will not only benefit the student community but also ourselves. Finally, the task of prescription writing continues as long as any doctor practices, therefore we must also empower our students so that they should be lifelong learners and must imbibe the habit of self directed learning.