JUNIOR DOCTORS EXPERIENCES OF MANAGING INPATIENTS WITH PARKINSON’S DISEASE: A QUALITATIVE STUDY

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Introduction: Timing and dosing of medication is important in PD and can lead to adverse events if not adhered to resulting in poorer quality of life scores and prolonging hospital stay. Medication prescribing errors are highest amongst junior doctors and recent research has demonstrated poor understanding of medicines used in PD. Junior doctors do not feel confident in managing inpatients with PD. What is not well understood is why doctors feel unconfident and why there are poor prescribing habits and a lack of understanding regarding PD medicines.

Method: Ten junior doctors were recruited from a London teaching hospital in the UK. They participated in a semi-structured interview concerning their background and training, support networks, medication issues and experiences of dealing with inpatients with PD. The interviews were coded and analysed.

Results: PD teaching for junior doctors mainly focused on clinical presentation and treatment and not on medication issues. Very limited postgraduate teaching was observed. Junior doctors appeared confused as to their role in managing PD inpatients and lacked guidelines. They had a good support network. Most adverse events were noted to be in vulnerable PD patients.

Conclusions: There appears to be a gap in the transition from undergraduate pharmacology to postgraduate prescribing in PD. This study supports the General Medical Council’s findings on prescribing habits in junior doctors. Clarification of the junior doctor’s role in PD inpatient care is needed. Formal prescribing training for doctors is advised. Further research should look into other healthcare professional’s roles regarding inpatient PD care.