A MIXED METHODS EVALUATION OF THE CROSS-
MONITORING OF PRESCRIPTIONS ON PROPHYLAXIS
A218
theoretical frameworks. 23 Pharmacists and tutors were invited
effectiveness of the programme.
macists working in these sectors. The aim was to assess the
development of trainings dispensed by a pharmacy technician
nurse of another care service.

A116
conducted.
Aim and objectives A cross-sector Pharmacist Foundation Train-
ing programme was introduced in Scotland from September
1 to develop transferable skills and competences for phar-
working in these sectors. The aim was to assess the
effectiveness of the programme.

Materials and methods The approach was underpinned by two
theoretical frameworks. Pharmacists and tutors were invited
to take part in focus groups at baseline, mid, and end-of-train-
ing, to explore their experiences. Proceedings were audio-
recorded and transcribed. On-line baseline and end-of-training
self-assessment questionnaires and routine assessment data
were analysed.

Data was managed in nVIVO v11 and analysed thematically
Quantitative data from the questionnaires and assessments was
analysed in SPSS and Excel.

Results Of the 72 registered FPs, 48 (67%) completed a base-
line questionnaire. Twenty pharmacists (28%) and 16 tutors
attended a focus group. Preliminary focus group themes
include training/support needs, professional identity, patient
safety, and training barriers/facilitators. Tutors highlighted skill
gaps and noted variation in competence, training and support
needs.

Questionnaire analyses suggest that pharmacists feel part of
the team. They are confident communicating with patients/
carers, meeting their needs, and managing pharmaceutical care
issues. But have less confidence dealing with supply chain
issues or applying local formularies.

Conclusions and relevance Baseline data suggests pharmacists’
high self-assessed competence is not matched by reflective
focus group discussions or tutor feedback. Ongoing evaluation
will confirm if the programme has enabled the development of
the requisite competences for future practice.

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NP-008 MONITORING OF PRESCRIPTIONS ON PROPHYLAXIS
OF VENOUS THROMBOEMBOLISM (VTE) IN MEDICAL
PATIENTS IN BEATRIZ ÂNGELO HOSPITAL
F Tâtá1, P Cardoso, L Soares, R Figueiredo, T Lobo, M Capoulas, A Lobo, E Marques,
C Santos. Hospital Beatriz Ângelo, Loures, Portugal
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Background and importance VTE is an important public
health problem because of its impact in terms of morbidity,
mortality, and associated costs. VTE prevention is a priority
strategy to improve patient safety. More than half of all
hospitalised patients are at risk for VTE. Previous studies
have reported overall VTE prophylaxis rates ranging from
13% to 64%.

Aim and objective To assess the risk of VTE in patients hospita-
Izised for medical pathology, using clinical records using the
Padua score. Classify patients according to prescription, risk
factors (RF) and contraindication (CI). To verify the use of a
VTE risk assessment model. Create a computer application
with the Padua score and integrate it into the prescription
program.

Materials and methods Descriptive observational study during
September in the medical patients admitted with age ≥18
years. Patients were classified according to the Padua score,
LMWH prescription and contraindications in 5 populations:
(a) with prescription and without RF or CI, (b) without pre-
scription and with RF (c) with an unadjusted dose (d) with
prescription and with RF, (e) without prescription and without
RF or CI. Pharmacological intervention was performed in
patients classified in (a), (b) and (c), pharmaceutical interven-
tion, medical justification and information on the use of a
VTE evaluation model were recorded.

Results Of the total number of patients (218), 66.5% had a
risk of VTE of these 58.7% had no CI for pharmacological
prophylaxis. Of the population without risk of VTE 35.6% have a prescription of prophylaxis.

Conclusion and relevance According to the results, 42% of the
patients do not have prophylactic prescription or have an
unadjusted dose. In patients with score ≥4 and without CI, the prophylaxis percentage is lower in cancer patients. The
vast majority of physicians still do not use a VTE risk assess-
ment model. The application with Padua score was presented to
physicians.