

A survey evaluating prescribers' views on safe insulin prescribing tips (SIPS)

Background

Insulin is a common medication prescribed in hospital settings. Insulin is also both a high risk drug, and a common source of serious medication errors for hospital patients.

Following discussion with junior doctors, safe insulin prescribing tips (SIPS) were developed and distributed weekly to all prescribers on selected wards to support their prescribing practice.

This survey explores the views of doctors regarding these SIPS with question themes on format, design and content and use of the SIPS. The results will be used to inform future service delivery.

We would be grateful if you could complete this short survey to share your views and opinions of the SIPS. The survey should take no more than five minutes to complete.

Participation is voluntary. All information and responses will be confidential.

Section 1: Demographics (please circle relevant response)

Age (years)	21-25	26-30	31-35	36+		
Gender	Male	Female				
Grade	FY1	FY2	CT	ST	Specialty grade	Consultant
	Non-Medical Prescriber AfC Band.....					

Please read the following statements and circle the response that best represents your opinion. If you have additional comments please provide these in the space provided in the comments section at the end of the survey.

Key: SD= Strongly Disagree, D= Disagree, N= Neutral, A= Agree, SA= Strongly Agree.

Section 2: Background

1. I have received the weekly safe insulin prescribing tips (SIPS) by e-mail	SD	D	N	A	SA
2. I have discussed the safe insulin prescribing tips with my ward pharmacist	SD	D	N	A	SA
3. I have discussed the safe insulin prescribing tips with other doctors	SD	D	N	A	SA
4. I believe that discussing the SIPS with the ward pharmacists is useful	SD	D	N	A	SA

Please use this section to provide any additional comments:

Section 3: Format of SIPS

5. I am satisfied with the format of the SIPS	SD	D	N	A	SA
6. I would prefer the SIPS to be shared via social media (e.g. twitter or facebook)	SD	D	N	A	SA
7. I would prefer the SIPS to be delivered by text to my mobile	SD	D	N	A	SA
8. I would prefer to access the SIPS via a smartphone app	SD	D	N	A	SA
9. I would prefer to access the SIPS on the intranet in my own time	SD	D	N	A	SA
10. I am satisfied with the time taken to read the SIPS	SD	D	N	A	SA
11. I am satisfied with the time taken to discuss the SIPS	SD	D	N	A	SA

Please use this section to provide any additional comments on the format of the SIPS:

Section 4: Design and content of SIPS

12. I am satisfied with the colour and design of the SIPS	SD	D	N	A	SA
13. I believe the SIPS layout was easy to follow	SD	D	N	A	SA
14. I believe that the SIPS encouraged me to reflect on my insulin prescribing	SD	D	N	A	SA
15. I believe that the SIPS contained practical safe prescribing tips	SD	D	N	A	SA
16. I believe the SIPS contained useful prescribing examples	SD	D	N	A	SA

Please use this section to provide any additional comments on the design and content of the SIPS:

Section 5: Use of the SIPS

Key: SD= Strongly Disagree, D= Disagree, N= Neutral, A= Agree, SA= Strongly Agree.

17. I have found the SIPS to be useful	SD	D	N	A	SA
18. I believe that the SIPS will reduce insulin prescribing errors	SD	D	N	A	SA
19. I believe that the SIPS will improve insulin prescribing safety	SD	D	N	A	SA
20. I believe that the SIPS have informed my insulin prescribing practice	SD	D	N	A	SA
21. I believe that I am more confident with my insulin prescribing following the SIPS	SD	D	N	A	SA
22. I believe that the SIPS have helped me when prescribing insulin	SD	D	N	A	SA
23. I believe that the SIPS have helped me when adjusting insulin doses	SD	D	N	A	SA
24. I believe that the SIPS have helped me when prescribing GKIs	SD	D	N	A	SA
25. I believe that the SIPS have increased my awareness of insulin prescribing errors	SD	D	N	A	SA
26. I believe that safe prescribing tips should be developed for other prescribing areas e.g. opioids, anticoagulants etc.	SD	D	N	A	SA
27. I believe the SIPS should continue to be delivered weekly	SD	D	N	A	SA

Please use this section to provide any additional comments on the use of the SIPS:

Thank you for completing the survey

Please return completed surveys to your ward pharmacist or to Michael Lloyd, Pharmacy department, level 1, Yellow zone, Whiston hospital or via email Michael.lloyd@sthk.nhs.uk