

Proceedings of 9<sup>th</sup> Multi-Disciplinary Seminar



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# **Proceedings of the 9<sup>th</sup> Multi-Disciplinary Seminar**

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**Investigating Factors That Impede Proper Prescription Writing  
The Case of Jimma University Specialized Hospital**

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**Abstract**

Effective teaching is the collaborative effort of both teachers and students. Teachers are expected to engage their students in teaching and learning process to make them active in the classroom. This is because the implementation of innovative methods requires teachers to focus on the classroom teaching and learning process than the product. Accordingly, the main objective of this study was to investigate the practice and challenges of innovative methods in Asella and Jimma teachers' education colleges. In order to achieve this objective, four basic research questions related to knowledge and attitude of the respondents on innovative methods, practice of innovative methods and factors affecting the practice of innovative methods were formulated. The study focused on 3rd year English majoring students and their respective English teachers of the selected colleges as the participants of the study. The total population of students and their English teachers were 84 and 12 respectively. Accordingly, all the students and the teachers were included in the study. In order to collect data from the samples, three instruments namely questionnaire, classroom observation and FGD were used. The collected data were analyzed using percentage and mean value. The result of the study showed that the magnitude of practicing innovative methods in the class was low. The strategies of innovative methods were employed only sometimes. This shows that the teachers tend to use traditional method of teaching. The major factors affecting the practice of innovative methods in the classroom were identified as shortage of time, large class size, shortage of students' modules and the way the modules were designed and teachers' tendency to use traditional method of teaching. In order to alleviate (minimize) the hampering factors and to promote the practice of the innovative methods, some possible solutions were recommended on the basis of the major findings of the study.

Key words: Innovative methods, practice, challenges, magnitude, effective teaching

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## 1. Introduction

The word "prescription", from "pre-" ("before") and "script" ("writing, written"), refers to the fact that the prescription is an order that must be written down before a drug can be dispensed (DACA of Ethiopia, January 2011). Prescription is a written order by the prescriber to the dispenser on how the drug should be dispensed. It serves as a means of communication among the prescriber, dispenser and drug consumer pertaining to treatment or prophylaxis (DACA of Ethiopia, January 2010).

It is often claimed that the prescription is only meant for peers, who are specialized in deciphering the scabbling because they most probably produce similar notes. Another joke says that while doctors are trained to write unreadable notes, pharmacists are trained to decipher them (Majorie, V. 2012).

Unlike the claim, DACA of Ethiopia (January 2010) argues that though there is no global standard for prescriptions and every country has its own regulations, the most important requirement is that the prescription be clear, legible and indicate precisely what should be given. Precise, according to Neville W. and Martin B., (2006), does not always mean short, but it means accurately expressed. They suggest that something that is precise will be clear and unambiguous, which is what is needed in scientific or medical writing.

Poor handwriting is a well-known and preventable cause of dispensing errors. All physicians share in the responsibility for preventing adverse drug events by writing prescriptions clearly and questioning intent whenever an order is ambiguous (Murray et al., 2009). It is assumed that the doctor is always focusing on the diagnosis and medication more than on writing the prescription (Majorie V. 2012). However, trying to save time by writing quickly is a false economy (National handwriting day, January 23). Doctors are legally obliged to write prescription clearly. They are under a legal duty of care to write clearly, that is with sufficient legibility to prevent medication error (BMJ, 1999).

Some abbreviations that are ambiguous, or that in their written form might be confused with something else, are not recommended and should be avoided during prescription writing (WHO, 2008). This is because abbreviation of the word units to IU resulted in the administration of 10-fold overdoses of insulin when prescriptions for 6IU were misread as 61 units (Pharm J 2001;

267:193). Many serious dispensing errors can be traced to the use of abbreviations (Cohen, 2007). The abbreviation "U" or "I" must NOT be used when writing prescription, as it leads to errors such as misinterpretation of "U" as 0 or 4, or "IU" as 10 or 14. The word "unit" should be written as such. The use of a slash mark (/) to separate names and doses can result in the incorrect drug or dose being dispensed; the slash mark may be interpreted as a letter or number (Teichman and Caffee, 2002). Moreover, unnecessary use of decimal points in prescription writing, results in to ineffective communication that can cause medication error (WHO, 2008).

Prescribing is one aspect of patient care where it is possible to do considerable harm if not done judiciously ([www.xenomed.com/forums/jnma](http://www.xenomed.com/forums/jnma)). More problems caused by medications than illness and implausibly, there is evidence that medication errors and adverse events are the primary cause of death in the United States today (National handwriting day January 23). According to report from the Institute of Medicine (IOM) (July 2006), Doctors' sloppy handwriting kills more than 7,000 people annually in America. As indicated by Majorie V. (2012), many such errors result from unclear abbreviations and dosage indications and illegible writing on some of the 3.2 billion prescriptions written in the U.S. every year.

Moreover, illegible handwriting can delay treatment and lead to unnecessary tests and inappropriate doses which, in turn, can result in discomfort and death (National handwriting day, January 23). Administrators and health systems analysts should be aware of sloppy prescription writing which can lead to prolonged hospital stay and significant clinical deterioration (ibid).

Many pharmacists also complain about sloppy handwriting saying that it is more than an annoyance; it causes some very serious and costly problems in the real world (National handwriting day, January 23).

Abdella, S. H. & Wabe., N. T. (2012) conducted research on Prescribers' adherence to the basic principles of prescription order writing in Jimma health center. Their findings showed that prescribers had good adherence with some variables such as number of drugs per prescription, sex, age and generic name and poor adherence with some variables such as card number, prescribers name and signature and strength. However, this study is different in that it dealt with the factors that contribute to sloppy prescription writing.

The researcher, most of the time, tried to read the prescriptions written for him and for others in hospitals in different times and he found them unclear.

Moreover, he, one day, heard the pharmacists complaining about sloppy prescription writing on one of the FM radio programs in his country. Thus, it is with this intention that he mainly aimed at investigating the factors that impede proper prescription writing in Jimma University specialized hospital. In order to do this, the researcher set the following four specific objectives.

- To assess physicians' knowledge on the impact of sloppy prescription writing
- To identify physicians' perception on the fact that prescriptions should be written clearly
- To identify the extent to which physicians practice their legal responsibility when writing a prescription
- To point out the other factors that affect proper prescription writing

## **2. Materials and Methods**

Institutional based cross- sectional study was carried out on factors that impede proper prescription writing in Jimma University specialized hospital. The term proper in this survey refers to the word clear or legible. Thus, proper prescription writing refers to clear and understandable writing which also incorporates the physician's name and phone number. The combination of qualitative and quantitative methods was employed for the survey.

Physicians and pharmacists of the hospital were the subjects of the study. As the information obtained from the hospital's human resource shows, the total number of Physicians and pharmacists in the hospital were 403 and 50 respectively. In order to get sample physicians, convenience sampling technique was used. Since the pharmacists were few (50) in number, they all were included in the study. Accordingly, 100 (25%) of the Physicians and 50 (100%) of the pharmacists were included in the study.

To collect data for the study, both questionnaire and document analysis were used. The researcher used more of closed-ended questions for both physicians and pharmacists. All the questionnaires were pre tested and finally administered after it was passed through evaluation and criticism and proved to be valuable. All of the respondents answered the questions and turned back the question papers.

In order to substantiate the data obtained through questionnaire, the researcher also used document analysis. As the information obtained from Jimma university model pharmacy shows, number one model pharmacy

receives 500 prescriptions in average per day. The researcher randomly selected 500 prescriptions and analyzed them in terms of the check list he already prepared. The check list contains five (5) items. The five items were chosen because they are more related to the issue of proper prescription writing. Before using the check list for analysis, the researcher got it checked and proved by his colleagues.

The data obtained through the instruments were analyzed using both qualitative and quantitative methods. Simple statistics such as percentage and mean values were used to report the results in numerical values whereas the qualitative data were described using descriptive method.

### 3. Results

Hundred (100), sample physicians and all (50) pharmacists were included in the study. Totally 150 respondents were selected as a sample for the study. Sixty percent (60%) of the physicians are graduating physicians (internship) whereas 35% of them are qualified in first degree (MD) and the rest 5% are specialists. Eighty nine percent (89%) of the physicians are between the ages of 20-30 whereas the rest 11% are between the ages of 31-40. All of the graduating physicians (internship) (60%) have served as a physician for not more than one year and they write 10 to 25 prescriptions per day in average whereas the rest 40% of the physicians have served as a physician for more than two years (ranges from 2-6 years) and they write 30 to 55 prescriptions per day in average.

**Table 1 Data Obtained From Sample Prescriptions**

NO	Item	Yes		No	
		F	%	F	%
1	The prescription is readable	226	45.2	274	54.8
2	Abbreviation is not used	112	22.4	388	77.6
3	Name of the prescriber is written	125	25	375	75
4	Phone number of the prescriber is written	-	-	500	100
5	Signature of the prescriber is put	500	100	-	-

The above table shows that 54.8% of the sample prescriptions are not readable. At the same time, 77.6% of the prescriptions are full of abbreviations. Although 100% of the physicians put their signature on the

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prescription they write, 75% of them do not write their name on the prescription and 100% of the physicians do not write phone number on the prescriptions they write.

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**Table 2 Physicians' Perception on the Way Prescription Should Be Written**

No.	Items	1 Strongly disagree		2 Disagree		3 Not sure		4 Agree		5 Strongly agree		( $\Sigma V X f$ )	$X = \frac{\Sigma V X f}{N}$
		F	%	F	%	F	%	F	%	F	%	F	%
1	Difficult terms are preferable in prescription writing because they are more scientific	27	35			20		18		18			2.9
2	Sloppy hand writing in prescription leads the pharmacists to misinterpretation.	8	4			65		23		23			3.9
3	Sloppy hand writing in prescription can affect the patient.	9	7			60		24		24			2.8
4	Prescription should be written in the way that no one is able to read except the pharmacist.	37	27			20		10		10			2.4
5	It is up to the pharmacist to understand a prescription	40	24	6		18		17		17			2.5
6	Abbreviation is preferable in prescription because writing full word is wasting time.	31	27	1		31		11		11			2.6
7	Prescription writers are legally responsible to write prescription clearly.	15	1			40		43		43			3.9
G/M													3



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Majority of the physicians did not support the use of difficult terms in prescription writing by indicating their strongly disagreement (27%) and disagreement (35%) to the item that says difficult terms are preferable in prescription writing because they are more scientific. Moreover, all of the respondents (100%) showed that sloppy hand writing in prescription leads the pharmacists to misinterpretation and the result can affect the patient.

More than half (64%) of the respondents supported that prescription should be legible to any literate person. The same number (64%) of the respondents (physicians) perceived that they cooperate with pharmacists when unclear prescription is received. Significant number of them (83%) also indicated that they are legally responsible to write a prescription clearly.

Moreover, majority of the respondents did not support the use of abbreviation in prescription writing by indicating that they strongly disagree (31%) and disagree (27%) with the assumption that says abbreviation is preferable in prescription because writing full word is wasting time.

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**Table 3 Physicians' Response on Factors That Affect Their Proper Prescription Writing**

No	Item	1 Never		2 Little		3 Undecided		4 To some extent		5 Too much		(ΣVXf)	$\frac{X=\Sigma VXf}{N}$
		F	%	F	%	F	%	F	%	F	%		
1	Shortage of time	11		20				44		25			3.5
2	Difficulty of some medicine names to spell	7		13				57		23			2.7
3	Lack of concentration	31		24				36		9			2.4
4	Lack of awareness on the consequences of sloppy prescription writing	43		24				14		14			3
5	Lack of feedback from pharmacists on my writing of prescription	18		30				17		17			2.5
6	The way I was taught about prescription writing	38		31				10		10			
G/M													

Majority of the physicians (69%) responded that shortage of time affects their proper prescription writing. The mean value (3.5) also shows that shortage of time affects the physicians' proper prescription writing. The other factor that affects the physicians' proper prescription writing as indicated by many of them (80%) is difficulty of some medicine names to spell. Besides, more than half (52%) of the physicians indicated that they do not get feedback from pharmacists on the illegibility of the prescriptions they (physicians) write.

**Table 4 Physicians' Response on How Often They Write Proper Prescription**

No	Item	1 Never		2 Rarely		3 Sometime		4 Usually		5 Always		$(\sum \sum V Xf)$	$\frac{X=\sum \sum V Xf}{N}$
		F	%	F	%	F	%	F	%	F	%		
1	I write prescriptions clearly	-		-		10		55		35		425	4
2	I write my name on the prescriptions I write	6		16		20		30		28		358	3.6
3	I write my phone number on the prescriptions I write	70				10		11		9		194	1.9
G/M													3

More than half of the physicians (55%) said that they usually write clear prescription whereas 35% of them said that they always write clear prescription. Regarding whether the physicians write their name on the prescription they write or not, the mean value (3.6) tends to show that they usually write their name. Nevertheless, more than half of the respondents (70%) indicated that they do not write their phone number on the prescription they write.

**Table 5: Physicians' Knowledge on How and Why to Write Proper Prescription.**

No	Item	yes		No		Not sure	
		No	%	No	%	No	%
1	The use of abbreviation in prescription increases risk of medication error.	88		9		3	
2	Proper prescription writing is one aspect of patient care.	85		11		4	
3	Decimal number can be misread if zero is not used before the point.	71		15		14	
4	Un clear prescription can miss lead the pharmacist	81		17		2	

Significant number of the physicians (88%) responded that they know that the use of abbreviation in prescription increases risk of medication error. At the same time, 85% of them also said that they know that Proper prescription writing is one aspect of patient care. Moreover, 81% of the physicians showed that they know the consequences of unclear prescription

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**Table 6: Pharmacists' Response on How Often the Physicians Write proper Prescription**

o	Items	1		2		3		4		5		$(\sum V X f)$	$X = \frac{\sum V X f}{N}$
		Never		Rarely		Sometimes		Usually		Always			
		F	%	F	%	F	%	F	%	F	%		
1	Physicians write prescriptions clearly	-	-	-	-	35	70	8	16	7	14		3.4
2	Physicians write their name on the prescriptions they write	46	92	4	8								1.6
3	Physicians write their phone number on the prescriptions they write	47	94	3	6								1
4	Physicians use difficult terms in their prescription writing	1	2	4	8	10	20	14	28	21	42		4
5	Physicians use abbreviations in their prescription writing	2	4	5	10	31	62	12	24				3
G/ M													2.6

Significant number of the pharmacists (70%) responded that physicians write clear prescription only sometimes. The mean value (3.4) also indicates that they do it only sometimes. Moreover, 46% of the pharmacists responded that the physicians never write their name on the prescription they write whereas the rest 54% of them indicated that the physicians rarely write their name on the prescription. Almost all of the respondents (94%) answered that physicians do not also write phone number on the prescription they write. Regarding the use of difficult terms which can affect the readability of prescription, the mean value (4) indicates that the physicians usually use them in the prescriptions they write. More than half (62%) of the pharmacists also said that physicians sometimes use abbreviations when writing prescriptions whereas 24% of them indicated that physicians usually prefer abbreviation to writing full words when writing prescription.

**Table 7 Pharmacists' Perception on the Consequences of Improper Prescription Writing**

No	Items	1 Strongly disagree		2 Disagree		3 Not sure		4 Agree		5 strongly agree		$(\sum VXf)$	$X = \frac{\sum VXf}{N}$
		F	%	F	%	F	%	F	%	F	%		
1	Unclear hand writing in prescription leads me to misinterpretation.	1	2					3	6	46	92		4.9
2	The use of abbreviation in prescription can mislead me	1	2	2	4	1	2	13	26	33	66		4.5
3	Most prescriptions are difficult to understand for the beginners	3	6	5	10	6	12	17	34	19	38		3.8
G/ M													4

Majority of the pharmacists (92%) said that unclear hand writing in prescription can lead them to commit medication error by misinterpreting. The same number (92%) of them also indicated that the use of abbreviation in prescription can mislead them. Moreover, 72% of the respondents supported that most of the prescriptions they receive are difficult to understand for the beginners.



**Table 8 Pharmacists' Reaction to Improper Prescription**

No	Items	1 = Never		2 = Rarely		3 = Sometimes		4 = Usually		5 = Always		$(\sum VXi)$	$\frac{\sum VXi}{N}$
		F	%	F	%	F	%	F	%	F	%		
1	I do not dispense medicine for un clear prescription			5	10					45	90		5
2	I call a prescriber for clarification of un clear prescription.	36	72	14	28								1.3

Majority of the pharmacists (90%) said that they do not dispense medicine for unclear prescription. Besides, 72% of them also indicated that they never call a prescriber for clarification of unclear prescription whereas the rest 28% of them said that they rarely call the prescriber for clarification

### Discussion of the Results

This part deals with the discussions of the results of the study in response to the research objectives. Below are the research questions to be discussed:

- Do physicians have necessary knowledge on the impact of sloppy prescription writing?
- Do physicians positively perceive the fact that prescriptions should be written clearly
- To what extent do physicians practice their legal responsibility when writing a prescription?
- What are the other factors that affect proper prescription writing?

1. Do physicians have necessary knowledge on the impact of sloppy prescription writing?

Being alert to common problems that can occur with medication orders can assist in reducing medication errors (Murray et al., 2009). Thus, in order to assess whether physicians have necessary knowledge on how to write proper prescription, 4 questions were included in physicians' questionnaires. Accordingly, all of the physicians responded that they have necessary knowledge on how to write proper (clear) prescription. They also revealed that clear prescription writing is one aspect of patient care. Nevertheless, their knowledge on the importance of clear prescription writing did not help them to be pragmatic about it because more than half (54.8%) of the sample prescriptions were proved to be unclear. Moreover, 70% of the pharmacists witnessed that physicians write clear prescription only sometimes. This implies that they are not putting their knowledge in to practice.

2. Do physicians positively perceive the fact that prescriptions should be written clearly?

In order to find out physicians' perception on the way how prescription should be written, 7 questions were prepared and included for the physicians. Accordingly, the analyses of physicians' responses revealed that majority of the physicians seem to have positively perceived that prescription should be written clearly to avoid the negative consequences of illegible prescription. Nevertheless, their positive perception on the importance of clear prescription and the consequences of unclear prescription did not help most of them to write it clearly. This was witnessed by the result obtained from document analysis which revealed that 54.8% of the sample prescriptions were found to be unclear.

3. To what extent do physicians practice their legal responsibility when writing a prescription?

Even though there is no global standard for prescriptions and every country has its own regulations, the most important requirement is that the prescription be clear, legible and indicate precisely what should be given (DACA of Ethiopia, January 2010). Precise, according to Neville W. and Martin B., (2006), does not always mean short, but it means accurately expressed. They suggest that something that is precise will be clear and unambiguous, which is what is needed in scientific or medical writing. Neville W. and Martin B., (2006) also emphasize that readers should be able to understand a sentence on first reading, each idea following logically from the previous one. Moreover, if physicians include their name, phone number, signature, date and etc. in the prescriptions they write, not much can go

wrong because if the pharmacist has any questions about the prescription (s), he can easily contact the prescriber (WHO,1992). In line to this, 3 important questions were chosen and included in the physicians' questionnaire to assess how often they write clear prescription and their name and phone number on it. The analysis of their responses is discussed below:

Majority of the physicians indicated that they usually write clear and legible prescriptions. The mean value (4) of their responses on this regard also showed that the physicians usually write clear prescription. Nevertheless, the result of document analysis (sample prescriptions) showed that 54.8% of the prescriptions were unreadable while some from the rest are only semi readable. Moreover, 70% of the pharmacists supported that physicians write clear prescription only sometimes. As a result, many of the pharmacists, when asked what they do when they receive unclear prescription, said that they do not dispense medicine for unclear prescription which results to delay of treatment as a result of which the patient can be victimized. The idea on National handwriting day (January 23) supports this result that illegible handwriting can delay treatment and lead to unnecessary tests and inappropriate doses which, in turn, can result in discomfort and death. This implies that what physicians said about the clarity of their prescriptions and what they did are not the same. The following sample prescriptions support the result:

Doctors are legally obliged to write prescription clearly. They are under a legal duty of care to write clearly, that is with sufficient legibility to prevent medication error (BMJ, 1999). Sloppy handwriting in prescription can be interpreted by the jury as sloppy care (National handwriting day, January 23).

For the question that asks how often the physicians write their name on the prescription they write, majority of them said that they usually write their name on the prescriptions they write. The mean value (3.6) tends to show that they usually write their name on the prescription they write. However, the analysis of sample prescription result shows that few of the physicians (less than 25%) write their name when writing prescription. This shows that there is contradiction between what they say and what they practically do.

Prescriptions have legal implications, as they may indicate that the prescriber takes responsibility for the clinical care of the patient and in particular for monitoring efficacy and safety (Wikipedia, the free encyclopaedia). Writing phone number is one of the implications. More than half of the respondents (70%) indicated that they do not write their phone number on the



**Figure 2: Sample Prescriptions with No Phone Number and Prescribers Name**

This might be the reason for which majority of the pharmacists said that they do not call physicians for clarification of unclear prescription. So the only options that the pharmacists have are either to dispense medicine based on their experience or refrain from dispensing which either of them is not good.

4. What are the other factors that affect proper prescription writing?

Writing clear and unambiguous prescription is very important because it is one aspect of patient care (DACA of Ethiopia, January 2010). Nevertheless, there are many constraints which may hinder the physicians to do so. Regarding this, 6 main common factors are selected and included for the physicians. Below are their discussions:

Majority (69%) of the physicians revealed that shortage of time affects their proper prescription writing. National handwriting day, (January 23), argues that trying to save time by writing quickly in medical is thus a false economy. Moreover, 80% of the physicians indicated that they have spelling

problem when writing some medicines' name. The mean value (3.8) also showed they have spelling problem to some extent. On the free space given to late the respondents write on if they think that there are other factors to affect their clear prescription writing, few of them emphasized the difficulty of some medicine names to spell. This implies that difficulty of some medicine names to spell is one of the factors that affect physicians to write legible prescription.

The other factor which was identified was absence of feedback to physicians from pharmacists on the writing problem of prescription. This implies that there is no communication between the physicians and pharmacists during work time (through tell phone) and meeting time.

### **Conclusions**

This study, as mentioned in the introduction, was intended to investigate the factors that affect proper prescription writing in Jimma University specialized hospital. In order to achieve the main objective, the following four research questions were formulated:

- Do physicians have necessary knowledge on the impact of sloppy prescription writing?
- Do physicians positively perceive the fact that prescriptions should be written clearly?
- To what extent do physicians practice their legal responsibility when writing a prescription?
- What are the other factors that affect proper prescription writing?

Data were collected from both physicians and pharmacists. In order to collect data from the sample, two instruments namely questionnaire and document analysis were used. To substantiate the data obtained through questionnaire, sample prescriptions were analyzed. The collected data were analyzed using both qualitative and quantitative methods of data analysis. The quantitative values were reported using percentage and mean value. Accordingly, the following are the findings of the survey:

- The physicians have necessary knowledge on the negative impact of sloppy prescription writing.
- They also seemed that they have positively perceived that prescription should be written clearly to avoid the negative consequences of illegible prescription. However, the magnitude of

practicing their legal requirements about prescription writing is low because:

- Majority of the sample prescriptions (54.8%) were unclear
- All physicians do not write their phone number on the prescription
- Abbreviations dominating in their prescription
- The main factors that impede their proper prescription writing, as identified in the discussion, are listed below.
- Shortage of time (69%)
- Difficulty of some medicine names to spell (80%)
- Lack of feedback from pharmacists on the writing problem of prescription (52%)

### **Recommendations**

The problem of practice

- Physicians should improve the magnitude of proper prescription writing by doing the following things:
- Write legible Prescriptions to avoid misinterpretation which leads to medication error.
- write full words than using abbreviation in prescription writing
- use zero before decimal point to avoid misreading of a dose
  - write their names and phone number to help the pharmacists to call back for clarification
  - The problem of time
  - The university and the hospital administrative bodies in collaboration with ministry of health should find a way to increase the number of their human resource on this line to minimize burden of prescription writing per day because it is a serious issue.
  - Moreover, the physicians themselves can minimize the problem of time by considering the following points:
    - Avoiding lost time
    - Avoiding late starts and early finishes
    - Handling routine procedures smoothly and quickly

Difficulty of some medicines' name to spell

- The concerned bodies ought to prepare some manual which contains some medicines' names which are considered to be difficult to spell so that those who have spelling problem can study them.
- Physicians should exert their efforts to know how each medicine name is spelt in advance.

Lack of feedback from pharmacists

- First, the physicians themselves should be cooperative by writing their names and phone number on the prescriptions they write to help the pharmacists to call for clarification of unclear prescription which is on the other hand used as feedback for them.
- Second, the university and the hospital administrative bodies should arrange a kind of forum on which both physicians and pharmacists meet to talk how they can make effective collaboration to benefit patients.
- Finally, Ministry of health should give awareness creation on job trainings for the physicians on how and why to write proper prescription because it is one aspect of patient care.

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