PGY1 – Informatics Learning Experience

Preceptor

Mike Kasik, PharmD
Hours: 0800 to 1700 M-F, unless specified by preceptor
Contact: (541)789-6907, michael.kasik@asante.org

General Description

During this 4-week rotation at Asante, the resident will devote time to understanding pharmacy informatics role. Through a series of readings and interactions with the preceptor, the resident will learn about pharmacy informatics issues that range from medication build to order set review. The resident will be exposed to some or all of the following: Electronic Medical Record (EMR), Computer Provider Order Entry (CPOE), Clinical Decision Support (CDS), eMAR, and Bar Code Medication Administration (BCMA). The resident will be exposed to process/workflow re-design, system testing and maintenance. The resident will attend various meetings including Physician Advisory Council, Pharmacy Advisory Council, Willow/Rx Leadership, Order Set Clearing House, Pharmacy & Therapeutics Committee, Willow team, and pharmacy department. The resident will utilize clinical-decision making skills to convey recommendations to the informatics team. The resident will gain a basic understanding of the language and concepts of information technology. The preceptor may assign projects based on organizational needs and preceptor's choice.

Abbreviations

- ERX = Electronic Medication Record
- EFY = Electronic Formulary
- FDB = First Data Bank
- OSQ = Smart Group
- LSD = System Definition
- PRL = Order Set/Smart Set
- LGL = Best Practice Advisory (BPA)
- SME = Subject Matter Expert
- Dispense code = Label
- Orderable = series of mixture records, dosing options
- Therapy Plan (pt. specific in outpatient setting, recurring therapy) vs. Order Set

Teams

- ADT = Admission/Discharge/Transfer (Registration)
- Cadence = Scheduling
- HB = Hospital Billing
- HIM = Health Information Management (e.g. coding, transcription)
- Clinical Documentation ("ClinDoc")/Stork = Nursing
- Orders = Order Sets / Non-medication Orders
- Beaker = Lab
- Willow = Pharmacy
- OpTime = Surgery/Anesthesia
- ASAP = Emergency Dept.

- Radiant = Radiology/Imaging
- Ambulatory = Outpatient, MFM (Maternal Fetal Medicine), AIS, Rehab

Staffing/Meeting Attendance

- Rotation Attendance: Required five days per week.
- Staffing: Residents are required to notify the primary preceptor/preceptor of any scheduled staffing or requested project days. The primary preceptor reserves the right to shift these days to optimize days working together.
- Case Conference or Journal Clubs: The resident may attend any case conference or journal clubs for students.
- Pharmacy & Therapeutics Committee: Residents are required to notify the primary preceptor/preceptor in advanced when they are attending a P&T committee meeting. This meeting usually occurs on the last Tuesday once a month.
- Absences: Scheduled time off is not allowed when resident is scheduled with the primary preceptor.
- Others: As deemed necessary by the Residency Director, residency program, and/or preceptor

Goals to be TAUGHT and FORMALLY EVALUATED

The resident's achievement of the goals of the residency is determined through assessment of the resident's ability to perform the associated objectives. The table below demonstrates the relationship between the activities the resident will perform on the learning experience and the goals/objectives assigned to the learning experience.

Competency Area R1: Patient Care		
Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
Objective Number	**Objective**	**Activities**
1.1.3	(Applying) Collect information on which to base safe and effective medication therapy.	• Identify patient(s) for clinical chart review and case presentation. Record information collected in a manner that it can be used for subsequent problem solving and decision making. • Discuss case(s) with Willow pharmacist team daily and be prepared to make recommendations and support your decisions.
Competency Area R2: Advancing Practice and Improving Patient Care		
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.		
Objective Number	**Objective**	**Activities**

2.1.1	(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	• Develop assigned protocol or review assigned protocol and identify opportunities for improvement. • Perform drug class review or monograph as needed
2.1.2	(Applying) Participate in a medication-use evaluation.	• Perform MUE as identified by Willow team, Clinical Coordinator, Medication Safety Officer, or other clinician in association with a formulary interest or Epic concern
2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.	• Identify clinical decision support improvement opportunity (ie BPA, order set, etc) based on experience working within the EMR and develop a plan to implement the change. • Build and implement decision support tool • When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).

Competency Area R3: Leadership and Management		
GOAL R3.1 Demonstrate leadership skills.		
Objective Number	**Objective**	**Activities**
R3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	• Demonstrates effective time management. • Uses effective communication skills and styles during attendance of required meetings. • Manages conflict effectively, utilize effective negotiation skills and demonstrates ability to lead inter-professional teams. • Demonstrates understanding of perspectives of various health care professionals. • Effectively expresses benefits of personal profession-wide leadership and advocacy.

Communication

Daily as necessary with preceptor

E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.

Halo: Appropriate for urgent questions pertaining to patient care

Personal phone number: Provided to resident at time of learning experience for emergency issues

Expected Progression of resident responsibility on this learning experience

Day 1: Preceptor to review learning activities and expectations with resident.

Week 1:

- Identify an opportunity to utilize clinical decision support element within Epic (ie Best Practice Advisory) or enhance/optimize a current order set or protocol
- Identify a patient and complete a full chart review. Present morning updates to Willow team daily. May follow more than one patient if desired or as clinical situation dictates
- Gain an overview of medical informatics and the many roles the informatics practitioner assumes

Week 2:

- Informatics immersion – Willow team task assignments. Shadowing other Epic teams
- Continue to discuss optimization opportunities within the system and limitations of the EHR

Week 3:

- Utilize Epic and skills learned on rotation to perform a Medication Usage Evaluation or Medication monograph preparation
- Process Drug information questions utilizing appropriate resources
- Case Presentation

Week 4:

- Complete exit evaluation and wrap up

In addition to the above items, resident is also expected to attend various meetings and will assist with other Epic teams as clinical need necessitates.

Evaluation Strategy

The preceptor will provide both written and verbal formative feedback during the course of the rotation. Additional customized assessments and/or snapshots may be conducted at the discretion of the preceptor or directive of the RPD to assess the resident's skill in a particular area. PharmAcademic will be used for documentation of scheduled evaluations (both formative and summative per the chart below). The resident and preceptor will independently complete the evaluations. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and resident self-assessment skills. Following discussion, preceptor will provide documentation of the discussion and correlation of resident self-assessment on the preceptor evaluation prior to submitting evaluation in PharmAcademic. Evaluations will be completed no later than 7 days past due date specified below.

What	Who	When
Summative	Preceptor	End of week 4
Preceptor/Learning Experience Evaluation	Resident	End of week 4

Content of the evaluation

The preceptor is expected to grade the resident on the following scale: NI (Needs Improvement), SP (Satisfactory Progress) and Ach (Achieved) depending on the performance of the resident.

- A grade of "NI" means that the resident needs a more exposure and additional formal evaluation on the topic, likely in two separate rotations. Any grade of NI *must* be accompanied by actionable feedback (what must the resident to do improve) for every objective graded NI.
- A grade of "SP" means that the resident is doing what they need to be doing, considering the place they are in the program, but the preceptor does not yet feel that they have achieved the goal. Any goal graded with an "SP" should have actionable feedback (what must the resident to do improve) provided to the resident about what they must do to "achieve" that particular goal.
- A grade of "Ach" means that the resident is doing what would be expected of a resident at or near the end of his or her program or comparable to a pharmacist with a year of time spent working. "Achieved" does not mean that the resident *cannot* improve, but it means that the resident would not likely benefit much from further additional formal evaluation.

Timing of the Evaluation

Preferably on the final day, if able. Each member of the preceptor team will be expected to discuss the evaluation – with a copy of the evaluation in hand – of the learning experience with the resident to help clarify any potential misunderstandings and to ensure that residents get the most out of the feedback provided.