

## PGY1 – Medication Safety Learning Experience

### Preceptor

Mike Wyant, RPh

Hours: 0800 to 1730 Monday to Friday

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### General Description

Medication Safety is a four-week rotation located at Asante Rogue Regional Medical Center. This rotation occurs concurrently with the 4-week Formulary learning experience. The Medication Safety Officer's duties include:

- In cooperation with other individuals and teams, assisting in education of managers & staff about medication safety issues and med error reporting.
- Developing multi-disciplinary solutions to issues relating to safe medication practices.
- Reviewing of safe medication practices & standards from national and local organizations e.g Det Norske Veritas (DNV), Institute for Safe Medication Practices (ISMP), Food and Drug Administration (FDA), American Society of Health-System Pharmacists (ASHP), Oregon Board of Pharmacy.
- Reviewing medication safety alerts from FDA, ISMP, DNV as appropriate.
- Reviewing adverse drug events including medication-related significant safety events.
- Reviewing policies and procedures that have medication safety implications.
  - At minimum triennial review and revision of High-Alert Medication policy.
  - At minimum triennial review and revision of Look-Alike/Sound-Alike Medication policy.
- Reviewing as appropriate, safety issue findings from hospital medication safety reports and area inspection reports.
- Reporting Medication Error Data and Adverse Drug Reaction data to the Pharmacy and Therapeutics Committee.
- Reviewing existing and proposed information technology (IT) solutions to medication ordering, delivery and administration.
- As appropriate and in cooperation with other safety committees, discuss, evaluate and recommend corrective steps for medication safety incidents.
- Setting annual medication safety goals that are congruent with nationally recognized medication safety best practices.
- Publishing and distributing a quarterly newsletter addressing current medication safety issues.

### Expectation of the Resident

The resident will work closely with the Medication Safety Coordinator during this rotation. The resident will learn about responsible event reporting and how to analyze and categorize each event. The resident will be involved in developing policies, procedures, and employee education for various events (actual activities are dependent on the need to of the organization at time of rotation). The resident will also work with a variety of other health care professionals addressing medication safety from the individual to the institutional level.

### Staffing/Meeting Attendance

Rotation Attendance: Required five days per week.

- Pharmacy & Therapeutics Committee: Required attendance. The resident is encouraged to present reports and recommendations to the P&T Committee and/or System Formulary Management Committee
- 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.
- 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

### Topics for Discussion

- Understanding of the systems-based approach to medication safety.
- Understand of the concept of a just culture.
- Discussion of second victims.
- Apparent Cause Analysis
- Root Cause Analysis
- Automation and technology
- High alert medications
- Look alike/sound alike medications
- Institute for Safe Medication Practices (ISMP)
- Best practices

### Educational Goals/Objectives

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

#### Goals and Objectives – Assessment Criteria

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
2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.	<ul style="list-style-type: none"> <li>• Appropriately analyze reported problems and determines opportunities for improvement based on assessment of relevant data.</li> <li>• Uses best practices resources, such as ASHP Best Practices, PAI assessment, and ISMP, to identify opportunities for improvements.</li> </ul>

		<ul style="list-style-type: none"> <li>• When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts). Explain the concept of system error.</li> <li>• Explain the definitions of the various terms associated with adverse drug events (e.g., medication misadventure, medication error, adverse drug reaction, error, accident, systems error, individual error, latent error).</li> <li>• State sources of information on the design, implementation, and maintenance of safe medication-use systems.</li> <li>• Explain the meaning of the term “culture of safety.”</li> <li>• Explain methods for analyzing processes within a medication-use system (root cause analysis, failure mode and effect analysis).</li> <li>• Explain how to categorize medication errors using the ASHP Guidelines on Preventing Medication Errors in Hospitals.</li> <li>• Explain how to categorize medication errors using the National Coordinating Council for Medication Error Reporting and Prevention’s medication index for categorizing errors.</li> <li>• Explain how to categorize medication errors using one’s own institution’s categorization methodology.</li> <li>• Explain the role of the MUE in measuring outcomes of the medication-use process.</li> <li>• Explanation provides accurate definition of terms associated with adverse drug events.</li> <li>• Accurately states sources of information on the design, implementation, and maintenance of safe medication-use systems.</li> <li>• Explanation reflects understanding of system error.</li> <li>• Explanation reflects understanding of human factors error.</li> <li>• Cites the potential contribution of automation and technology to preventing medication misadventures at the departmental and at the organizational levels.</li> <li>• Cites the potential contribution of automation and technology to the occurrence of medication</li> </ul>
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		misadventures at the departmental and organizational levels.
2.1.4	(Applying) Participate in medication event reporting and monitoring.	<ul style="list-style-type: none"> <li>Effectively uses currently available technology and automation that supports a safe medication-use process.</li> <li>Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs.</li> <li>Explain the importance of continually reassessing medication-use policies.</li> <li>Exercise skill in the revision of a policy or procedure when necessitated by the implementation of a change in a medication use process.</li> </ul>
<b>GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.</b>		
Objective Number	Objective	Activities
2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.	<ul style="list-style-type: none"> <li>Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.</li> <li>Uses best practices or evidence-based principles to identify opportunities for improvements such as ISMP, ASHP, TJC, DNV, PAI and other resources.</li> <li>Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.</li> </ul>
<b>Competency Area R3: Leadership and Management</b>		
<b>GOAL R3.1 Demonstrate leadership skills.</b>		
Objective Number	Objective	Activities
3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	<ul style="list-style-type: none"> <li>Demonstrates effective time management.</li> <li>Manages conflict effectively.</li> <li>Demonstrates effective negotiation skills.</li> <li>Demonstrates ability to lead interprofessional teams.</li> <li>Uses effective communication skills and styles.</li> </ul>

		<ul style="list-style-type: none"> <li>• Demonstrates understanding of perspectives of various health care professionals.</li> <li>• Effectively expresses benefits of personal profession-wide leadership and advocacy.</li> </ul>
3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>• Accurately summarizes one’s own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).</li> <li>• Effectively uses a self-evaluation process for developing professional direction, goals, and plans.</li> <li>• Effectively engages in self-evaluation of progress on specified goals and plans.</li> <li>• Demonstrates ability to use and incorporate constructive feedback from others.</li> </ul>
<b>GOAL R3.2 Demonstrate management skills.</b>		
<b>Objective Number</b>	<b>Objective</b>	<b>Activities</b>
R3.2.3 Teach – Not Evaluate	(Applying) Contribute to departmental management.	<ul style="list-style-type: none"> <li>• Helps identify and define significant departmental needs.</li> <li>• Helps develop plans that address departmental needs.</li> <li>• Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.</li> <li>• Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.</li> <li>• Fully describes two or more approaches to managing practice that facilitate interdisciplinary patient-centered care and pharmacy practice excellence.</li> </ul>
R3.2.4	Applying) Manages one’s own practice effectively	<ul style="list-style-type: none"> <li>• Accurately assesses successes and areas for improvement (e.g., staffing projects, teaching) in managing one’s own practice.</li> <li>• Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.</li> <li>• Routinely seeks applicable new learning opportunities when performance does not meet expectations.</li> <li>• Demonstrates effective workload management and time management skills.</li> </ul>

		<ul style="list-style-type: none"> <li>• Assumes responsibility for personal work quality and improvement.</li> <li>• Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings).</li> <li>• Sets and meets realistic goals and timelines.</li> <li>• Demonstrates awareness of own values, motivations, and emotions.</li> <li>• Demonstrates enthusiasm, self-motivation, and “can-do” approach.</li> </ul>
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**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.

Office extension: Appropriate for urgent questions pertaining to patient care.

Pager: Residents to page preceptor for urgent/emergency situations 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: Resident to review safety newsletters and articles selected by preceptor. Preceptor to teach safety concepts including but not limited to Apparent Cause Analysis, Root Cause Analysis, Failure Mode Effects Analysis, and Responsible Event Reporting. Resident will review best practices by the Institute for Safe Medication Practices.

Week 2: Resident to author a safety bulletin on a relevant topic. Preceptor and Resident will review patient charts and investigate reported safety events. When necessary, Resident and Preceptor will collaborate with other hospital departments to determine root causes.

Week 3: Resident to participate in an Apparent Cause Analysis (ACA). If no ACA is currently in progress Resident will thoroughly review at least 2 prior ACA’s.

Week 4: Resident will review a Root Cause Analysis (RCA) in conjunction with Risk Management. By the end of week 4 the Resident shall have participated in the Medication Safety Council meeting and the Patient Safety Council meeting. This may occur earlier than week 4 depending on scheduling.

**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. Pharm Academic 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 Pharm Academic. Evaluations will be completed no later than 7 days from the last day of rotation.

<b>What</b>	<b>Who</b>	<b>When</b>
Summative	Preceptor	End of rotation
Preceptor/Learning Experience Evaluation	Resident	End of rotation

### Content of the Evaluation

The preceptor is expected to grade the resident on the following scale:

NI (Needs Improvement): Resident needs a more exposure and additional formal evaluation on the topic, likely in two separate rotations. Will be accompanied by actionable feedback from the preceptor.

SP (Satisfactory Progress): 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. Will be accompanied by actionable feedback from the preceptor.

Ach (Achieved):

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. 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

At the end of the learning experience (preferably on the final day, if able, and no later than 7 days from the last day of rotation), the preceptor will be expected to discuss the evaluation – with a copy of the evaluation in hand – of the learning experience with the resident, in person, to help clarify any potential misunderstandings and to ensure that residents get the most out of the feedback provided.