



**Drug Information Learning Experience:**

**Preceptor: Beth Beasley, Pharm.D.**

**Drug Information Specialist**

**Office: Cape Fear Valley Medical Center (CFVMC), Pharmacy Administrative Hall**

**Hours: 8am – 5pm (variable)**

1. **General Description**

Drug Information is a required six month longitudinal rotation that provides PGY1 residents a learning experience primarily in the inpatient setting of Cape Fear Valley Health System. The drug information rotation also touches other areas of the health system including the Cape Fear Valley Health System (CFVHS) owned outpatient pharmacies, Long Term Acute Care Hospital, Critical Access Hospital, Rehabilitation Center, Express Cares, Behavioral Health Care Inpatient / Outpatient units, and CFVHS owned clinics.

The Pharmacy Drug Information (DI) Specialist serves as a member of the pharmacy management team. Some of the responsibilities of the DI Specialist include, but not limited to, the following: providing drug information upon request to physicians, pharmacists, and other specialties needing these services; ensuring pharmacy compliance with standards set by state and federal regulatory agencies; serving as the coordinator for the Corporate Pharmacy and Therapeutics Committee; providing pharmacy related education to all health system disciplines as necessary; conducting medication usage evaluations (MUEs); performing drug class reviews; serving on health system interdisciplinary teams; identifying and implementing cost saving initiatives; and maintaining drug information references for the health system including all hospitals, clinics, and other outlying areas.

The pharmacy resident is responsible for responding to inquiries for drug information after gaining the appropriate information from the requestor, researching the inquiry, and providing the answer to the requestor. Other responsibilities can be found below in the activity table.

Good communication and interpersonal skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame through prioritization.

1. **Topics Covered**

Topics in which the resident will be expected to gain proficiency through literature review, assigned readings, topic discussion, and/or patient medical record review including, but not limited to:

1. Pharmacy and Therapeutics Committee (P&T)
2. Medical Executive Committee (MEC)
3. Medication Occurrences (MOs) / Adverse Drug Reactions (ADRs)
	1. Reportable Events – When and where to report
		1. North Carolina Board of Pharmacy (NCBOP)
		2. FDA Med Watch
		3. Manufacturer
	2. Investigational Tools
		1. Root Cause Analysis (RCA)
		2. Failure Mode Effects Analysis (FMEA)
		3. ACA (Apparent Cause Analysis (ACA)
4. Regulatory Agencies – Requirements and Inspections
	1. Centers for Medicare and Medicaid Services (CMS)
	2. The Joint Commission (TJC)
	3. NCBOP
	4. FDA
5. Formulary Management
	1. Drug Monographs
	2. Pharmacoeconomics
	3. Class Reviews
	4. Medication Usage Evaluation (MUE)
	5. Drug Shortages
	6. Drug Recalls
6. **Goals and Objectives**

The goals selected to be taught and evaluated during the Drug Information experience include:

R2.1 Demonstrate ability to manage formulary and medication –use processes, as applicable to the organization

R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol

R2.1.2 Participate in a medication –use evaluation

R2.1.3 Identify opportunities for improvement of the medication –use

system

R2.1.4 Participate in medication event reporting and monitoring

R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement

R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

R4.1.1 Design effective educational activities

R4.1.2 Use effective presentation and teaching skills to deliver education

1. **Preceptor Interaction**

Daily as scheduled

Preceptor is available at additional times throughout the day.

Schedule is posted outside office door.

Please note: While preceptor is always available, the amount of scheduled one-on-one-time the preceptor spends with resident will be customized based upon resident’s abilities and timing of the learning experience during the residency training year.

**5) Communication:**

1. Scheduled meeting times
2. E-mail: bbeasley@capefearvalley.com
3. Cell Phone: Residents may text or call preceptor when a timely response is necessary.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the midpoint performance evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | Midpoint |
| Summative Self-evaluation | Resident | End of learning experience |
| ASHP Preceptor Evaluation | Resident | Midpoint and end of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | Midpoint and end of learning experience |