Epic Willow Trainer Training Practice Test (Sample)

Study Guide

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Questions

1. What does the doctor receive as a prompt when changes are made that affect the order's intent?

A. Notification of the change

B. Prompt to co-sign the new order

C. No prompt is given

D. Report of the previous order

2. Which group is primarily responsible for monitoring the medication administration process in Epic Willow?

A. Healthcare providers and administrative staff

B. Pharmacy technicians and data analysts

C. Pharmacists and healthcare providers

D. Human resources and compliance officers

3. Which step is NOT part of the patient supplied medication workflow?

A. Pharmacist modifies the order

B. Nurse sends medical orders to the pharmacy

C. Pharmacist verifies the medication order

D. Nurse prepares medications for surgery

4. How does Epic Willow facilitate multi-disciplinary care?

A. By providing individual medication records per discipline

B. By allowing manual updates of patient information

C. By enabling sharing of medication records across various disciplines

D. By restricting access to medication histories

5. How does the user find a specific patient in the Epic system to return orders?

A. Enter the Order ID directly

B. Search by Date of Birth

C. Use Last Name, First Name

D. Select the medication first

6. What does binoculars in the "R" column of the Pharmacist Queue indicate?

A. A pharmacist has viewed the unverified orders.

B. A pharmacist has completed the verification process.

C. There are pending orders that need to be reviewed.

D. The orders require special attention due to alerts.

7. How can pharmacists monitor adverse drug events using Epic Willow?

A. By relying on patient self-reports only

B. Through reporting tools for documentation and analysis

C. By conducting surveys outside the system

D. By solely consulting medical literature

8. What is the record used to document medication that the patient does not know?

A. UNKNOWN TO PATIENT

B. NOT REPORTED

C. PATIENT UNKNOWN

D. NO INFORMATION

9. How should the pharmacist approach changes that may confuse others in the Pharmacist Queue?

A. Change anything necessary for a quick turnaround.

B. Should avoid changes that might confuse clinical intent.

C. Revise all orders for clarity's sake.

D. Follow up with the pharmacy director for new protocols.

10. What should a pharmacist do if they need to re-dispense a medication?

A. Start the transaction over

B. Check the order history

C. Send an alert to the nurse

D. Affix a new label

Answers

1. B
2. C
3. D
4. C
5. C
6. A
7. B
8. A
9. B
10. A

Explanations

1. What does the doctor receive as a prompt when changes are made that affect the order's intent?

A. Notification of the change

B. Prompt to co-sign the new order

C. No prompt is given

D. Report of the previous order

When changes are made that affect the order's intent, the doctor receives a prompt to co-sign the new order. This is crucial for maintaining accountability and ensuring that the physician is aware of any modifications that may impact patient care. Co-signing the order serves as a mechanism for the physician to review the adjustments and confirm their agreement with the changes made. This process helps to reduce the likelihood of errors and ensures that all team members are aligned regarding the patient's treatment plan. The other options do not adequately address the importance of physician involvement. A notification of the change may not ensure the physician's active engagement or agreement with the new order. There may be instances where no prompt is given, which could lead to confusion or miscommunication about the patient's care. Additionally, merely providing a report of the previous order does not require the physician's consent or acknowledgment of the changes made, which is integral to the decision-making process in a clinical setting.

2. Which group is primarily responsible for monitoring the medication administration process in Epic Willow?

A. Healthcare providers and administrative staff

B. Pharmacy technicians and data analysts

C. Pharmacists and healthcare providers

D. Human resources and compliance officers

The group primarily responsible for monitoring the medication administration process in Epic Willow consists of pharmacists and healthcare providers. This is because pharmacists possess specialized knowledge of medications, including their effects, dosing, and potential interactions. They have a critical role in ensuring that medications are administered safely and effectively, which is central to the medication administration process. Healthcare providers, such as physicians and nurses, are on the front lines of patient care and are involved in prescribing and administering medications. They work closely with pharmacists to ensure that treatment plans are appropriate for individual patients and to monitor any side effects or complications that may arise during the medication administration process. Through collaboration and communication between pharmacists and healthcare providers, the medication administration process is maintained with a focus on patient safety and accurate medication management. This integration of expertise is essential for the effective use of the Epic Willow system in managing prescriptions and tracking patient outcomes.

3. Which step is NOT part of the patient supplied medication workflow?

A. Pharmacist modifies the order

B. Nurse sends medical orders to the pharmacy

C. Pharmacist verifies the medication order

D. Nurse prepares medications for surgery

The correct choice reflects a step that is outside the typical workflow for patient-supplied medications. In a patient-supplied medication workflow, steps generally involve the verification and management of those medications by pharmacy and nursing staff to ensure safety and compliance with medical orders. When a nurse prepares medications for surgery, this step usually pertains to medications that are already provided by the institution or pharmacy rather than those supplied by the patient. Patient-supplied medications must go through a verification process to ensure they are appropriate for use, which involves the pharmacist reviewing the order and verifying the supplied medication against medical needs. Since preparing for surgery typically involves institutional protocols and medications meant for surgery, this step does not apply to the specific workflow concerning medications supplied by patients. Other steps, such as modifying the medication order and sending medical orders to the pharmacy, are integral components of ensuring that patient-supplied medications are correctly managed and administered in a clinical setting.

4. How does Epic Willow facilitate multi-disciplinary care?

A. By providing individual medication records per discipline

B. By allowing manual updates of patient information

C. By enabling sharing of medication records across various disciplines

D. By restricting access to medication histories

Epic Willow facilitates multi-disciplinary care primarily by enabling the sharing of medication records across various disciplines. This capability is essential for coordinated patient care, as it allows healthcare providers from different specialties to access a unified view of a patient's medication history. With this access, providers can avoid potential medication conflicts, ensure continuity of care, and make informed decisions based on the comprehensive medical background of the patient. Sharing medication records across disciplines promotes collaborative care, enhances communication among healthcare teams, and ultimately supports better patient outcomes. When different healthcare professionals—such as doctors, nurses, and pharmacists—can review the same medication information, it fosters a more integrated approach to treatment and reduces the risk of errors that can arise from fragmented data. The other potential choices do not support multi-disciplinary care in the same effective way. Individual medication records per discipline would likely result in disjointed information, making it challenging for providers to have a holistic understanding of a patient's needs. Manual updates of patient information could introduce inconsistencies and errors, which could compromise patient safety and care quality. Finally, restricting access to medication histories would hinder communication and collaboration, making it difficult for providers to coordinate care effectively.

5. How does the user find a specific patient in the Epic system to return orders?

A. Enter the Order ID directly

B. Search by Date of Birth

C. Use Last Name, First Name

D. Select the medication first

To locate a specific patient in the Epic system when returning orders, using the patient's last name and first name is an effective method. This approach allows the user to leverage the comprehensive identification system in place within Epic, which typically links a patient's records and orders to their full name. This method is especially useful in environments with a high volume of patients, as it helps to reduce ambiguities associated with common last names or initials. Searching by last name followed by first name narrows down the results significantly, leading to a more efficient retrieval process compared to broader search criteria. In contrast, while entering the Order ID directly could seem efficient, it requires prior knowledge of that specific identifier and may not be applicable in situations where the user does not have it on hand. Searching by Date of Birth may also have limitations, especially in cases where there are multiple patients with the same date of birth. Selecting medication first doesn't directly contribute to locating a patient since it relates to the order rather than patient identification. Thus, using the patient's last name and first name is the most straightforward and reliable option for finding a specific patient in Epic.

6. What does binoculars in the "R" column of the Pharmacist Queue indicate?

A. A pharmacist has viewed the unverified orders.

B. A pharmacist has completed the verification process.

C. There are pending orders that need to be reviewed.

D. The orders require special attention due to alerts.

In the context of the Pharmacist Queue, the presence of binoculars in the "R" column indicates that a pharmacist has viewed the unverified orders. This symbol serves as a visual cue to signify that the pharmacist is aware of these orders, which may still require further actions such as verification or intervention. It helps in understanding the workflow and prioritization of tasks, allowing team members to quickly assess the status of unverified orders at a glance. The other options pertain to different situations within the verification process. For instance, when a pharmacist has completed the verification process, it would typically be indicated by a different marker or status. Pending orders would reflect tasks that have not been addressed yet, and alerts usually denote that special attention is needed for certain orders, different from the mere act of viewing them. Understanding this distinction is crucial for effective communication in pharmacy operations.

7. How can pharmacists monitor adverse drug events using Epic Willow?

A. By relying on patient self-reports only

B. Through reporting tools for documentation and analysis

C. By conducting surveys outside the system

D. By solely consulting medical literature

Using Epic Willow, pharmacists can monitor adverse drug events effectively through robust reporting tools designed for documentation and analysis. These tools allow pharmacists to track and record any adverse drug reactions that patients experience, ensuring accurate and timely communication regarding these events. They facilitate the collection of comprehensive data, provide reports that can be reviewed for trends, and enable pharmacists to identify potential safety issues related to medications. The information gathered through these tools is crucial in making informed decisions about patient care, identifying potential risks associated with medications, and implementing strategies to mitigate these risks. By utilizing the system's reporting capabilities, pharmacists can contribute to ongoing patient safety improvements and ensure that adverse events are addressed systematically, rather than relying solely on anecdotal evidence or external surveys. This systematic approach enhances the ability to monitor, analyze, and respond to adverse drug events in a proactive manner.

8. What is the record used to document medication that the patient does not know?

A. UNKNOWN TO PATIENT

B. NOT REPORTED

C. PATIENT UNKNOWN

D. NO INFORMATION

The record used to document medication that the patient does not know being labeled as "UNKNOWN TO PATIENT" is accurate because it clearly indicates that the patient lacks information about their medication. This term directly addresses the situation where a healthcare provider needs to document the patient's unfamiliarity with their medication regimen. Using "UNKNOWN TO PATIENT" effectively communicates that the healthcare provider has recognized the patient's inability to provide information, which is important for ensuring safety in medication administration and proper treatment. This clarity is crucial, particularly in situations where accurate medication history is necessary for effective care. The other terms might not convey the intended meaning as precisely as "UNKNOWN TO PATIENT." For example, "NOT REPORTED" implies that the medication information may have been available but simply was not disclosed, whereas "PATIENT UNKNOWN" might create confusion around whether the patient themselves are unknown or the information regarding medications is unreported. "NO INFORMATION" could suggest a broader lack of data that may not be specific to the patient's awareness of their medications. Therefore, "UNKNOWN TO PATIENT" serves as the most definitive way to document this specific scenario.

9. How should the pharmacist approach changes that may confuse others in the Pharmacist Queue?

A. Change anything necessary for a quick turnaround.

B. Should avoid changes that might confuse clinical intent.

C. Revise all orders for clarity's sake.

D. Follow up with the pharmacy director for new protocols.

Choosing to avoid changes that might confuse clinical intent is essential for maintaining clear communication and ensuring patient safety in the Pharmacist Queue. The role of a pharmacist involves making informed decisions based on the clinical context of prescriptions and medications. When changes are made, it's crucial to consider how those changes will be interpreted by other healthcare team members and whether they might lead to misunderstandings regarding a patient's treatment plan. Maintaining clarity in clinical intent helps preserve the integrity of the prescription process and ensures that all team members remain aligned in their understanding of a patient's needs. This approach fosters a collaborative environment and safeguards against any potential errors that may arise from confusion. By prioritizing clarity, the pharmacist is also supporting best practices in medication management and patient care. The other options may lead to increased confusion or disrupt the established protocols and teamwork required in a healthcare setting. Following a course of action that could lead to ambiguity or miscommunication would not be in the best interest of patient safety or the efficiency of pharmacy operations.

10. What should a pharmacist do if they need to re-dispense a medication?

A. Start the transaction over

B. Check the order history

C. Send an alert to the nurse

D. Affix a new label

In situations where a pharmacist needs to re-dispense a medication, starting the transaction over is an essential step because it ensures that the entire dispensing process—including verifying the prescription, checking patient information, and preparing the medication—is completed accurately. This approach minimizes the risk of dispensing errors and allows the pharmacist to confirm that all necessary checks are performed, such as ensuring that the medication is appropriate for the patient and adhering to any changes in the order since the initial dispensing. Though some other choices may seem beneficial, they might not cover all the bases involved in the re-dispensing process. For example, checking the order history is important for verifying the patient's previous prescriptions and medication use but does not address the need to reprocess the entire dispensing procedure. Sending an alert to the nurse could facilitate communication regarding the dispensing but lacks the hands-on assurance needed to re-check and re-dispense the medication safely. Affixing a new label is also necessary with re-dispensing, but this step should follow the proper initial transaction procedures to ensure that all information is current and correct. Thus, restarting the transaction encompasses all necessary steps for accuracy and compliance in the medication dispensing process.