

emrU: “It’s such a rich environment to simulate patient care” – Dr. Gary Milavetz

emrU newsletter, March 2014, written by Nick May.

This month’s emrU newsletter features the voices of professors and course directors and their hands-on experiences with emrU. Enjoy. For more information about emrU, [contact Nick May](#).

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How is emrU used in your college (or class)?

Dr. Gary Milavetz: emrU is used in two manners. Our college [Pharmacy] is part of the [Interprofessional Education initiative](#) so we participate with the colleges of Medicine, Nursing, Dentistry, Public Health and – of course – Pharmacy for our first year incoming students to give them an appreciation of **working together to solve patient problems and deliver a higher quality of care**.

And the second part of that question I’ll turn over to Dr. Reist:

Dr. Jeff Reist: We [the College of Pharmacy] just this semester initiated an emrU activity in our Pharmacy Practice Lab with our first year students. It was a medication reconciliation activity where students interacted with a simulated patient, collected a current med list, went into emrU, found the patient (who had been admitted that day), looked at the most recent med list that’s in emrU and then compared those lists and then met with a faculty to discuss how we would reconcile them.

emrU STATISTICS

550 students from **5 colleges** are using emrU this semester.

3 colleges are in the process of creating clinically realistic medical records in emrU.

21 simulated patients built to date.

As of March 2014.

What excites you most about how we are using emrU today?

Professor Tony Brenneman: Students are getting involved with a technology that they will be using for the rest of their life.

Dr. Jeff Reist: The most exciting thing for me is that we have **as close to real life experience as possible** in the safety of the Pharmacy Practice Lab. So **students can really get in there and explore without the fear of messing up a real life patient chart.**

[...] So many times our simulations are not as close to real life as we would want. But this is really *really* close. Because the structure of it is essentially the same as the Epic we all use at the hospital. The screens look the same, the navigation is the same ... the look is the same. **It's as real as it can be. And I think that's really powerful.**

Dr. Gary Milavetz: This is an opportunity to introduce our students to EMRs and to introduce students to interprofessional education. So our students are prepared when they go into rotations and eventually into practice for interprofessional education and **working on a team for better health care.** And also, simply enough, to be ready to go into a hospital or other healthcare institution and **hit the ground running with an electronic medical record.**

Professor Tony Brenneman: When they [students] get into the clinical setting they aren't frustrated or running behind. [Students will] have a good understanding of at least Epic and at least a rudimentary understanding of other systems as well so they can maneuver through them without much difficulty.

What does emrU let you do that you couldn't do before?

Dr. Jeff Reist: Basically, it allows us to recreate an environment that we just had no way of doing before. We were using paper to try to simulate a patient chart in an era where, in real life, that just an outdated, outmoded system.

It was realistic, it was just outdated. And it was, actually, more cumbersome and probably more time-consuming to create than this [patient record in emrU]. Even though I know this was a lot of time for you [Nick]. But as far as being able to quickly change things [...] we would have to create these paper documents and then photocopy them all. And you'd get them all done and realize "oh, you made a mistake in this one" and you'd have to go back to the master and it was a ton of work.

Whereas now, with the ability to duplicate patients once you get a template [created in the EMR] I think it will be much more efficient.

Dr. Gary Milavetz: I think the importance of emrU is that students understand the utility and the benefit of using it [electronic medical records] – they get introduced to using it and then as they go into their professional practice situations they will have the expectation to have that [available].

Professor Tony Brenneman: I think it's the interfacing of the electronic system with the students – that's something we *never* had before. It was all done on [Microsoft] Word document or [Microsoft] PowerPoint or whatever, so it does give this another dimension for the students ... another level of reality to what we're teaching. I think that that is extremely useful and clearly something we couldn't do before because we weren't allowed to get into the EMR system for obvious reasons. And this allows us to do that and to utilize it at higher and higher levels.

What would you tell others (deans, professors, course directors) about emrU?

Dr. Jeff Reist: **We just need to get behind this.** And we need to totally embed it in many of our active learning activities, where it is appropriate, so the students just understand that this system – this electronic medical record – is the backbone of our documentation system, regardless of our setting.

This can't just be an isolated activity here and there that they [the students] do, we have to make it a meaningful part whenever it's appropriate. Instead of giving someone a paper case, say “look it up in Epic (or emrU)”.

Dr. Gary Milavetz: I'd just add that it's an important tool to allow students to work together. **[emrU] is a conversation-enabler.**

Professor Tony Brenneman: **That they should pursue it.** The system has become more and more robust – it continues to become more robust over time. And so something that they don't think could naturally happen may be able to now or, with those ideas, maybe incorporate it into later versions.

I would just encourage people to starting looking at it and tapping into its resources because I think it's got potential.

The voices in this issue

Many thanks this month to Gary, Jeff and Tony for agreeing to be interviewed. Interviews were conducted by [Nick May](#) and condensed. Please note that any **emphasis** is added.



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