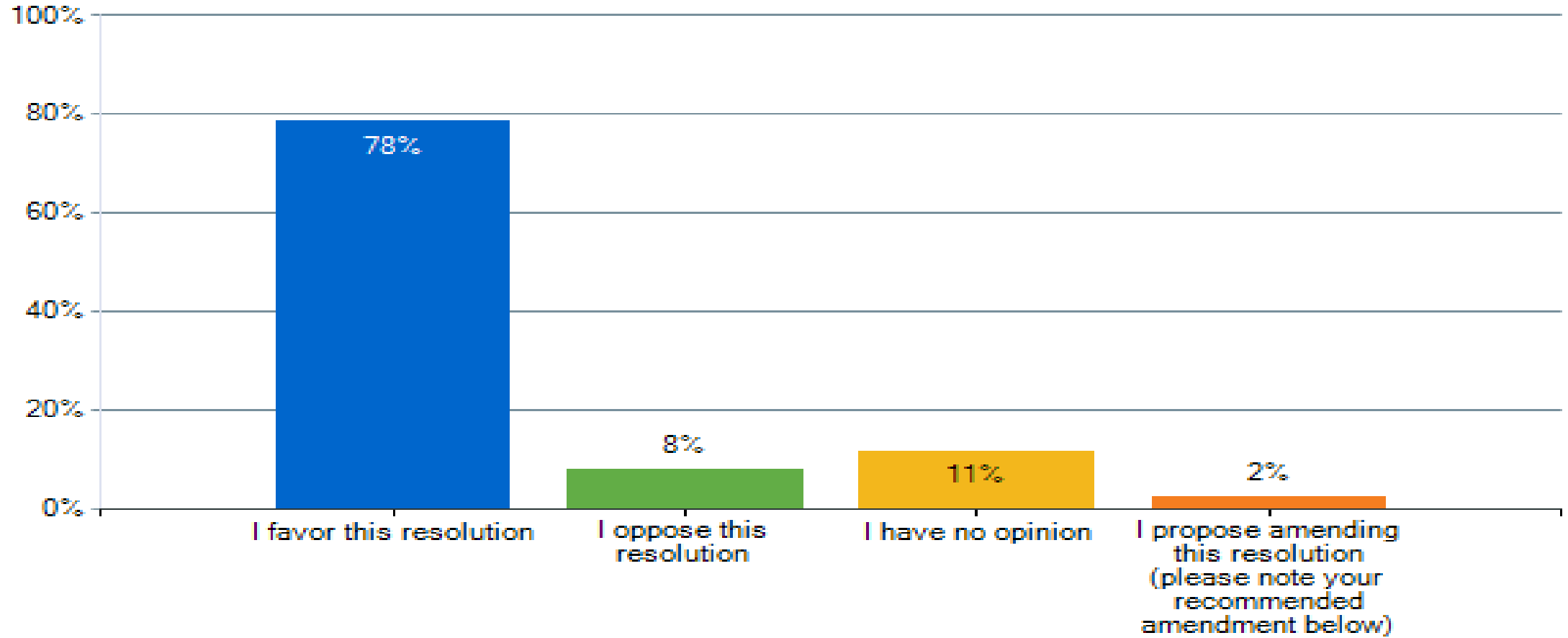
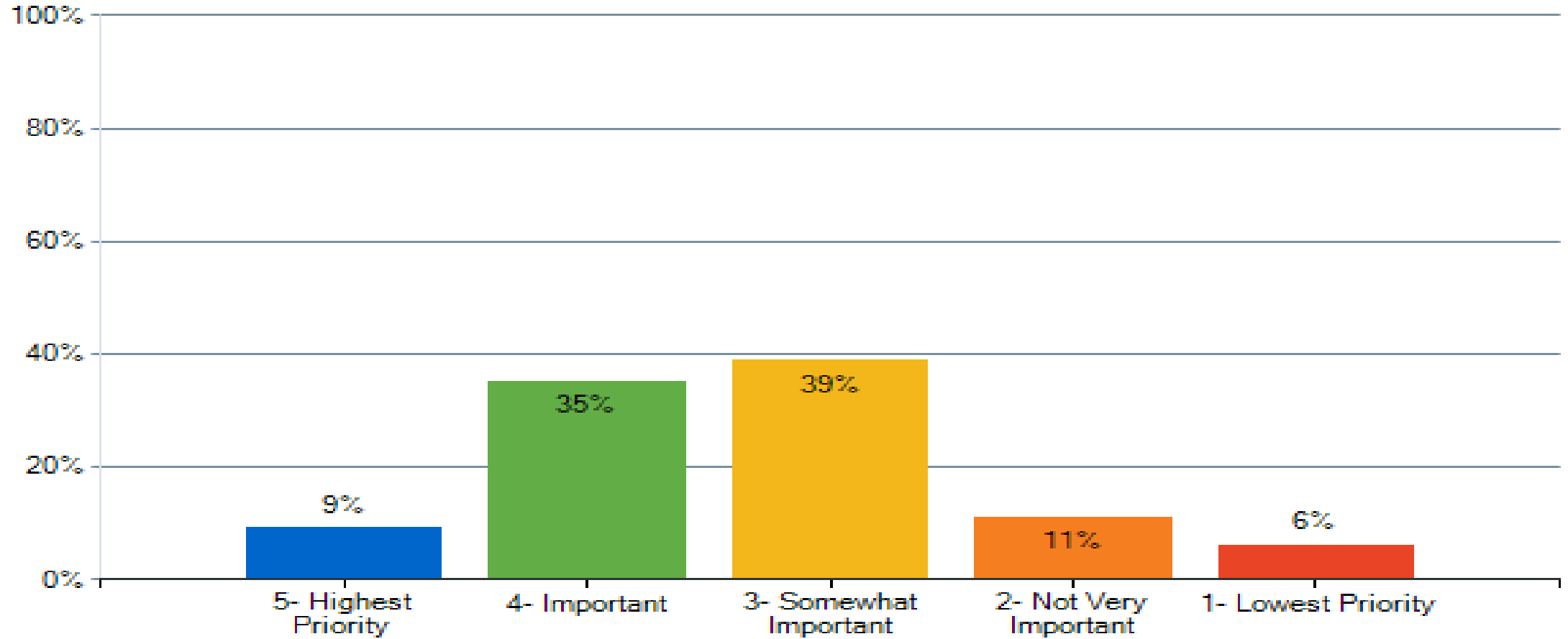


Allow Viewing Access to the Illinois Prescription Drug Monitoring Program Through EHR for Clinical-Year Students



166 responses

Please indicate your view of this resolution as an ISMS priority.



165 responses

Comments

Response Text

Highly support this. As a medical school it has been a hindrance to not be able to check PDMP records when conducting chart review.

I think it boils down to -- if we expect and allow these students to participate in clinical decisionmaking (and how else to train them) we do a bizarre disservice by carving out controlled substance prescribing. It's taking to barring some students from some aspects of physical examination -- a 3rd world, paranoid attack on clinical thinking and teamwork.

Students need to mature before taking this responsibility.

Probably qualify the first resolved to indicate that the students that are referred to are specifically medical and pharmacy students.

I'm of split mind on this one: we should treat our future doctors as having independent agency, otherwise, when will they learn it? But I do want to support good prescribing behavior. Ultimately, I fall on the line of individual privacy and rights, and I feel that medical education should attend prescribing behavior and addiction rather than a heavy handed all must submit personal data approach.

Absolutely! And it is extremely important for our ISMS membership to note that the prescribing for controlled substances for medical licensed is definitely different than the other healthcare professionals who are allowed to have other standards. We must teach our standards and all of the expert changes for CS prescribing that our specialties have created.

Might as well train students in all aspects of modern medicine .

No need. Hospitals will make sure that PMP is utilized by prescribing providers prior to prescribing opioids. No need to burden medical students with this.

Medical training has steadily become less hands on at the student level. Involving students in medical care and decision making helps better prepare medical students for residency and beyond.

As a medical student in Chicago, i have often been unable to provide this key information because I do not have access. This is necessary

I understand the need, but in the concern that I have is how it would be monitored to make sure that the privilege was not being abused.

You didn't give any reasons to oppose this resolution. Are there any negative consequences to patient privacy by giving access to a large number off clinical students?

Transparency anywhere and everywhere keeps every one honest .

Agree. Opioid stewardship is an important part of medical education. Students are also involved in patient care. Medical students should have access to the PDMP to improve opioid stewardship education and improve patient care now and in the future.

Yes, we need to train the way we mean to practice.

Resolution is excellent, but too wordy. Suggest simplified language.

Why are we using the terminology clinical year student instead of medical student?

Clinical students should be trusted with the same access as other clinicians.

Important for clinical care and medical education

J

I support it but wonder what will be the unintended consequences of more access. The way it is written, it includes all clinical trained personnel- nursing, pa's, all their students

as well as msw etc and all members of the health care team. That is a lot of folks looking up info-I do think that the PMP-il monitors who looks so is that the backstop?

This seems perfectly rational and reasonable.

It is possible if not likely that this is already being done at some institutions, where PDMP information is integrated into the EMR along with pharmacy records. Including medical students is fine, since they are likely to obtain access in the near future, however I would suggest against expansion to all member of the physician lead team as there are instances where this information is misused or used to influence bias that individuals may already have against patients who use pain medication.

PDMP has been an effective tool but just one.

Narcotic prescription review should not be put behind an artificial boundary for trainees. The responsibility for review prior to prescribing is the practitioner's therefore this should not result in any changes in prescribing if practitioners are performing due diligence in their own review.

Not sure. Always, must consider untoward side effects- Seems like residents don't have time to check PDMP's? Can't the resident delegate this without students having independent access? Clinical years are 3rd and 4rth year students. Perhaps 4rth year students- not 3rd years should be permitted access. At this point, I don't see this as highly meritorious