EHR IN THE CLASSROOM: WHY IT’S ESSENTIAL

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6.2.2015
Opposition of EHR in Classrooms
Despite the crucial necessity EHR plays in the overall health of medical practices, it is still widely accepted that students should only have minimal Healthcare Information Technology, “HIT” competency. Lack of faculty knowledge in HIT tends to be a major contributor to resistance for full implementation of such teachings being added to curriculums. Couple this with the lack of infrastructure needed to support HIT learning and future clinicians are put at a disadvantage before their careers even begin.

Benefits of EHR in Classrooms
Undoubtedly, students will appreciate the importance of EHR throughout the learning process. This type of learning decreases theory practice to gap, while the use of EHR simulation cases is an effective way to increase confidence and skills. Using the EHR teaching tool facilitates the application of theory to practice, allows students to apply all theoretical understandings to actual EHR scenarios, thereby increasing the application of theory to a realistic case scenario. Students find the use of training EHR to be an effective tool to support the medical process. Participants will graduate with valuable ideas for a logical approach for adoption of an EHR.

Current State of EHR in Classrooms
Surveys regarding student use of EHR show broad institutional variation. Most differences are the result of varying local interpretations of Medicare guidelines on student EHR use. The most significant barriers to medical students’ access to the EHR include concerns regarding attribution of note ownership, billing elements, patient safety issues, and breaches of professionalism associated with use of the copy and paste function. Increasingly, students are training in a variety of ambulatory practice settings with voluntary faculty, where the cost of additional EHR licenses for students can also be a barrier. The Association of American Medical Colleges’ (AAMC) updated Compliance Advisory released September 30, 2014 attempts to delineate the distinction between the medical students’ documentation in the medical record and the fact that they are not billing providers. Interpretation by academic health centers across the country of AAMC’s 2012 Compliance Advisory, however, has resulted in markedly disparate policies around the country regarding medical student access to EHRs. Thus, students in some academic health centers are “forbidden any access”, “marginalized [in their] role of medical student”, and “hindered [in the] team function of care”.

The negative impact of such restrictive policies on student education and team-based care are potentially profound, posing barriers to achievement of 11 of 13 Core Entrustable Professional Activities for Entering Residency described by the AAMC.5 To fully prepare medical school graduates to assume roles of increasing responsibility and leadership in modern health care systems requires competence in patient-centered EHR use. For this to happen, all medical students should have access to the EHR that is based on educational need6 as opposed to risk aversion. We are confident that this can be done in a way which enhances education without compromising patient safety or third party regulatory requirements. We support the recommendations of the Society of Teachers of Family Medicine as a first step toward remedying current disparities in opportunities for EHR access for medical students. We look forward to collaborating with the AAMC on publicizing ways in which institutions can enable students to use electronic health records for educational and patient care benefit while still providing capability for physicians exclusively to document for billing purposes. To consider patient-centered EHR use as an Entrustable Professional Activity under appropriate supervision is in the best interest of learners and patients alike.
THANK YOU.
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References


3. Report of variations in medical students’ access to EHR by institution and EHR type. Dr Beat Steiner, personal communication.

