Editor’s Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-6997. Fax: 315-464-6982. grantw@upstate.edu.

Lessons From Our Learners

William D. Grant, EdD
Feature Editor

Would You Like Fries With That PSA, Sir?

Nate Hitzeman, MD

The technologic advances in medicine are amazing: coronary calcium scoring, infertility treatments, robotic assist in surgery, whole body scans, half body scans, sideways scans—you name it. But what has remained a faithful constant is the patient-physician encounter. The obligatory wait in the waiting room, the patient rifling through exquisitely outdated tabloids, the walk down the hall, and the reassuring phrase “The doctor will be with you in a moment.”

The doctor enters like a familiar friend, looking important and concerned, armed with the chart, only moments before having looked at the name on the front. This is followed by a hearty handshake. Then comes that magic moment. The click of the doctor’s pen—the dialog streaming back and forth—the age-old history taking that goes back to Hippocrates. Out come the intimate questions about blood in the stool, how many sexual partners, any eye openers recently, any changes in household cleaning products, does your husband ever hit you, could you better describe the discharge you are having?

During residency, I felt I had grasped that right balance between scribbling notes and making validating eye contact with the patient. My body language would say, “At this moment, I am yours. Your problems are my problems. We’ll figure this out together.”

Toward the end of my second year, computers were installed in exam rooms, and we were told that electronic medical records (EMRs) were going to enhance our encounters. We would retrieve information at a keystroke; be able to pull up labs, old records, and health maintenance checklists; and graph vitals over time. Furthermore, we would save tons of money by not having to dictate our notes and increase efficiency by sending prescriptions electronically to the pharmacy. What couldn’t EMR do? Just imagine all the free time we would have!

Through training sessions, we were taught to input data, navigate the screens, and send off orders to labs and pharmacies during patient encounters. However, in practice, there would be awkward silences when we couldn’t make the orders happen or when we wrestled with the computer over an invalid entry. While patients rattled off their life’s story and pertinent information, all of our attention was focused on whether or not we could get the darn order window closed on the screen.

Looking back, what we weren’t told was how EMR changes the culture of medicine and the patient-physician interaction. Now there is a “third person” in the room. My body faces it; I am attached to it. My fingers click away as patients tell me their problems. Occasionally, the teen asks me if I really typed that he is gay, or an older person might say, “Hey, Sonny, I’m talking to you. Are you listening?” Sheepishly, I try to appease them, explaining the importance of our EMR system that will “improve their health care and better serve them.”

Now, as a faculty member I watch on closed circuit monitors as residents see patients. Sometimes they take a really long time while facing and typing on the computer as the patient sits there on the table, legs dangling, vulnerable, anx-

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From the Sutter Family Medicine Residency Program, Sacramento, Calif
iously awaiting to get their story out. Then I wonder how often I do the same thing.

I am not against EMR. I think the potential is amazing. The ability to pull up family history and past surgeries/medical problems/medications without dissecting a 4-inch chart or having to start over from scratch is really cool. Patients, for the most part, have been impressed to see me dip into my magician’s hat and pull up results, their specialist’s notes, their drug formularies based on their health plan, and then with a finishing flourish—Poof!—patient education materials appear. Some of my patients even sit right beside me as we talk and review the records together.

What I am concerned about, though, is how we train future doctors to develop patient encounter skills when their eyes are focused on a glowing computer screen. Should medical school patient simulations be done with computers in the room to make it more realistic? How do we teach students and residents to balance their attention between the patient and the computer? How satisfied are patients with different styles of EMR usage?

The EMR is a paradigm shift in patient-physician interactions, one that it here to stay. But we need well-designed and well-implemented studies to understand its true impact and how to best incorporate its power so that we can embrace it in a way that doesn’t take the humanity out of the encounter. I don’t want to be a data entry drone or be forced to follow a series of prompts on the screen as if I were in sales and have to ask, “Would you like to supersize that chemistry panel, ma’am?” “How about fries with that PSA, sir?” (prostate-specific antigen test) “Would you like to open up a Medicare discount plan and save 10% on your prescription today?”

I struggle each day to find common ground among the patient, the computer, and me. The day that the humanity is lost for good in the medical encounter is the day my patients outsource some or all of their care to a disembodied online doctor residing in the electronic ether.

Correspondence: Address correspondence to Dr Hitzeman, Sutter Family Medicine Residency Program, 1201 Alhambra Blvd. #300, Sacramento, CA 95816. 916-451-4400. hitzemN@sutterhealth.org.