

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: I welcome your comments about this feature. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). **Send your submissions to jdelzell@kumc.edu.** John Delzell, Jr, MD, MSPH, University of Kansas Medical Center, Department of Family Medicine, 3901 Rainbow Blvd, MS 4010, 1059 Delp, Kansas City, KS, 66160. 913-588-1996. Submissions should be no longer than three–four double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Precepting Medical Students in the Era of EHRs

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The Department of Family and Community Medicine at the University of Kansas School of Medicine-Wichita, in conjunction with a statewide continuing medical education meeting, presented a 2-hour workshop for community faculty titled “Precepting Medical Students in the Era of EHRs.” The feedback from this group of experienced family medicine preceptors should be of interest to others teaching medical students during the transition to electronic health records (EHRs).

EHR-specific Orientation

The session began by introducing principles for medical student education and EHRs¹ (Table 1). The preceptors readily accepted these principles. There was consensus that medical students are computer literate and in need of little general

orientation to EHRs, but individual systems have their own idiosyncrasies. Thus, preceptors thought students would be more comfortable if each physician office developed a short primer on their specific EHR and offered a brief hands-on orientation to their system. Preceptors noted distinct differences in how quickly students adapt to the EHR based on whether they are early or late in their third year of school. It is important to recognize the EHR

as an additional level of complexity in the learning environment.

Student Access

Preceptors all agreed that student access to the EHR is critical to the educational experience. Student access was initially a challenge in many practices, but all had found ways for students to retrieve patient information and participate in documentation at some level. Several practices had an extra notepad

Table 1

Principles for EHRs and Medical Student Education

- Proficiency in information retrieval and post-encounter documentation using an EHR should be core competencies for medical school graduation.
- Students should receive instruction and practice in EHRs in aspects where EHRs demonstrate superior patient safety and outcomes over paper charts, ie, e-prescribing, patient registries, etc.
- Students assigned to community faculty with EHRs should be meaningful members of the health care team. This requires they have access that, at a minimum, is commensurate with paper charts.
- If a cost is associated with student access, that cost should be borne by the medical school, not the volunteer faculty.
- Medical schools should provide adequate EHR training to students for them to be effective members of the health care team during their assignment in a community practice.
- Consequences on medical education should be a priority for development and implementation of EHRs in practices where students are assigned.¹

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From the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita.

EHR—electronic health record

computer they assign to a student using a temporary password, but not all systems could support temporary passwords for students.

Students Must Document

The students' ability to document a patient encounter is highly variable. EHRs can enhance some elements of documentation but introduce new challenges. The clinical templates used in many EHRs may assist students in organizing their note but can become a "crutch" that hampers their ability to generate an independent SOAP-style note. Some faculty require students to write a post-encounter note (without using any templates) at least weekly. To give students feedback on their documentation, many of the preceptors print a copy of the note before final editing and sign-off. This allows students to easily compare their note to the final edited note.

Members of the Team

Preceptors noted several ways that EHRs have enhanced their

practice, including the movement toward a Patient-centered Medical Home and more efficient coding and billing. These enhancements make them better doctors, and that is of interest to medical students, particularly regarding the future of family medicine. The EHR allows students to take a greater role as a member of the health care team. This may involve looking up evidence-based answers to clinical questions in real time, providing computer-generated education materials to patients, participating in patient registration, or even generating and analyzing a disease-specific registry.

Preceptor Writes the Final Note

A concern was raised regarding ethics of student documentation in an EHR. Preceptors agreed that the final documentation must accurately reflect data that was gathered by the physician of record. The preceptor may obtain the data themselves or observe the student gathering the information. EHRs vary in their ability to track who en-

tered data from a patient encounter. This concern is not limited to documentation by students, but adding a student to the system brings up additional challenges.

In summary, the rapid transition to EHRs in community practices presents numerous challenges and opportunities for medical student education. Community preceptors can find creative methods to overcome the barriers and still teach students the skills that they will need for future practice.

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References

1. Moser SE. Electronic health record access by medical students in community faculty offices. *STFM Messenger* 2008;August. www.stfm.org/publications/messenger/2008/August/messenger.cfm.