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Dear Drs. Hunt and Craft,

We are writing to encourage the Association of American Medical Colleges and the Commission on Osteopathic College Accreditation to further promote meaningful use of the electronic health record (EHR) by medical students.

The impetus for this letter is a resolution passed by the Board of Regents of the American College of Physicians (ACP) in May, 2016, and endorsed by the undersigned members of the internal medicine educational community.

The American College of Physicians is the national internal medicine practice society and second largest physician organization in the United States; the Alliance for Academic Internal Medicine is the organization of the chairs, residency and fellowship program directors, and undergraduate medical educators in internal medicine; the American College of Osteopathic Internists is the national osteopathic internal medicine practice society; the Society of Hospital Medicine is the professional society for hospitalists; and the Society of General Internal Medicine is the society representing the primary care internal medicine teaching and research faculty in all of the medical schools and major teaching hospitals in the United States. Together, these organizations represent approximately 185,000 internal medicine physicians who play a critical role in the education of the next generation of physicians.

Use of the EHR is rapidly increasing in academic institutions and private practice settings used for undergraduate medical education. However, as the transition from physical patient records to the EHR has occurred, access to the clinical chart by medical students has become highly variable, as has the opportunity for student learning in the use of the EHR as an important clinical skill in preparation for graduate medical training. In many if not most educational settings for students, current policies restrict access of students to the EHR, and this equates to their being poorly prepared for the practice setting they encounter on graduation.

Barriers to student access to the EHR take many forms, including technical complexities for providing access, medicolegal concerns associated with student documentation, and issues associated with confidentiality related to Health Insurance Portability and Accountability Act (HIPAA) regulations. Additionally, guidelines from the Centers for Medicare and Medicaid Services (CMS) and other relevant federal agencies limiting the use of student documentation for billing purposes raise potential compliance issues and the need for duplicate documentation which also encourage restricted student use of the EHR.

Yet, multiple medical education organizations have emphasized the importance of developing communication skills by medical students that relate to the ability to effectively use the EHR. The Liaison Committee on Medical Education (LCME) states that curricula must “prepare medical students for entry into graduate medical education” and “include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.”¹ The recently published Core Entrustable Professional Activities for Entering Residency by the Association of American Medical Colleges (AAMC) include multiple expected competencies for undergraduate medical students related to use of the EHR, including entering and discussing orders (EPA 4), documenting a clinical encounter in the patient record (EPA 5), and giving or receiving a patient handover to transition care responsibly (EPA 8).² The United States Medical Licensing Examination (USMLE) also evaluates a student’s ability to write notes in electronic form as part of the USMLE Step 2 Clinical Skills Examination.³ Additionally, the Accreditation Council for Graduate Medical Education (ACGME) core program requirements state that residents are expected to “maintain comprehensive, timely, and legible medical records,”⁴ and the Program Requirements for Graduate Medical Education in Internal Medicine state specifically that the sponsoring institution and participating sites must provide access to an electronic health record or show commitment to its development and implementation (I.A.2.g).⁵ Finally, several internal medicine residency training milestones (utilization and completion of medical records, interprofessional team communication, and patient care transitions) relate to the need to effectively use the EHR.⁶

Impaired medical student access to or limitations on their use of the EHR threatens development of these important competencies needed for continued training, licensure, and the lifelong practice of medicine.

In 2012 the Alliance for Clinical Education (ACE), the umbrella organization of undergraduate clinical medical educators, published four principles believed to be critical to the development of the needed knowledge and skills of medical students surrounding the use of the EHR⁷:

- A. Students must document in the patient’s chart and their notes should be reviewed for content and format.
- B. Students must have the opportunity to practice order entry in an EHR—in actual or simulated patient cases—prior to graduation.
- C. Students should be exposed to the utilization of the decision aids that typically accompany EHRs.
- D. Schools must develop a set of medical student competencies related to charting in the EHR and state how they would evaluate it. This should include specific competencies to be documented at each stage, and by time of graduation.

As educational organizations with an interest in the optimal training of medical students, we believe that the educational issues associated with the EHR in undergraduate medical training should be addressed through three specific actions:

1. Accreditation bodies such as the Liaison Committee for Medical Education (LCME) and the Commission on Osteopathic College Accreditation (COCA) should specify educational

standards to ensure medical school compliance with the Alliance for Clinical Education educational principles or similar principles related to electronic health records.

2. These standards should indicate that student interaction with the EHR during medical school training must be meaningful, with recognition that information entered into the actual medical record by students during clinical rotations is valid information that contributes to patient care and serves a fundamental and critical educational purpose.
3. Relevant federal agencies should change their guidelines to allow teaching physicians to refer to a student's verified documentation of the history and physical examination findings or medical decision making in his or her personal note for documentation of an evaluation and management service, which validates the student contribution to patient care and provides a real-time basis for learning accurate and effective documentation skills.

These actions will help ensure that our students are well-prepared for graduate medical education and career-long facility with electronic documentation and communication, which are necessary for improved patient safety and clinical outcomes. We believe that the AAMC and COCA are in key positions to advance these goals and encourage you to do so.

Sincerely,



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¹Liaison Committee on Medical Education. "Functions and Structure of a Medical School; Academic Year 2016-2017." 2016.

²Association of American Medical Colleges. “Core Entrustable Professional Activities for Entering Residency; Curriculum Developers’ Guide. 2014.

³United States Medical Licensing Examination. “Step 2 Clinical Skills (CS); Content Description and General Information”. 2015.

⁴Accreditation Council for Graduate Medical Education. “Common Program Requirements.” 2016.

⁵Accreditation Council for Graduate Medical Education. “ACGME Program Requirements for Graduate Medical Education in Internal Medicine.” 2015.

⁶Accreditation Council for Graduate Medical Education and the American Board of Internal Medicine. “The Internal Medicine Milestones Project.” 2015.

⁷Hammoud MM, Dalymple JL, Christner JG, et al. Medical student documentation in electronic health records: a collaborative statement from the Alliance for Clinical Education. Teach Learn Med. 2012;24:257-66. [PMID: 22775791]