

Student Use of Electronic Medical Record Policy

Approved: June 1, 2016

Policy Statement:

A vital component of medical student education in preparation for residency is learning how to document patient care in the electronic medical record (EMR). In addition to allowing students to develop essential written communication skills, the practice of documenting patient encounters also allows students to:

1. Organize their thinking related to patient problems;
2. Demonstrate their clinical reasoning; and
3. More fully participate in patient care.

Providing guidelines for medical student interaction with an EMR is critical to medical student education. Student use of the EMR must be compliant with clinical affiliate policy guidelines with reference to both EMR documentation practices and billing.

Key Terms:

EMR – Electronic Medical Record

Copy/Paste Documentation – For the purpose of this policy, the term copy means any one of the following synonyms: copy and paste and reuse. It also refers to an entry in the medical record that is exactly like or similar to previous entries. Copying is the process of carrying forward text in the record and pasting it in a new destination. Additionally, copying also occurs when documentation from one patient is the same as another, i.e., problem, symptoms, and treatment is identical.

Policy:

The following are expectations of medical students, residents, attending physicians, and clerkship administration in relation to medical student participation in the EMR.

Students:

- Must attend any required EMR trainings and abide by clinical site policies and procedures regarding EMR use.
- Students should create original documentation of patient care services in the medical record. The documentation must be created from the patient encounter and not be a copy of a previously documented encounter. Students should document only in the permissible areas of the record.
- Each student must be logged in under his or her own profile/access permissions when entering documentation into a medical record.

- Students are responsible for the security of confidential, sensitive, and protected patient information (electronic and paper-based). They must abide by HIPPA and other relevant policies. Students are prohibited from inappropriately sharing protected patient information including posting images or other patient information on social networking or other web-sites.

Residents/Attendings (teaching physicians):

- Teaching physicians should be familiar with their clinical sites' guidelines on EMR documentation including what documentation can be used as part of billing.
- Teaching physicians should encourage medical student's appropriate use of the EMR to document patient care.
- Teaching physicians should review the medical student's notes and provide formative feedback for improvement of medical student performance.

Clerkship Administration:

- Clerkships will provide sufficient orientation to students about how to appropriately use the EMR at their clinical sites and how the documentation will be used so students understand how their documentation contributes to patient care and their learning.

Accreditation Standards:

7.8 Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.