TITLE: Teaching the Teachers: Adapting a Faculty Development Workshop on Patient-Centered Electronic Medical Records Use for Busy Clinicians

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ABSTRACT BODY:

Short Description: Few faculty receive training on patient-centered EMR use. After literature review, we developed a 4-hour (Cleveland Clinic) and 90-minute (University of Chicago) faculty workshop and OSCE to improve ability to implement patient-centered EMR use best practices. We were successful in that 100% agreed it was ‘important to receive training,’ ‘relevant to their practice,’ and enabled them ‘to better teach and role model patient-centered care for trainees’ without difference between training sessions.

Abstract: Problem Statement

Electronic medical record (EMR) use in exam rooms can distract providers from their patients. Despite rapid EMR adoption in academic institutions, few faculty receive training or feedback on how to integrate patient-centered communication skills while managing the demands of the EMR. Further, given the important function faculty serve as role-models, effective education on EMR best communication practices is critically important so they can in turn demonstrate and teach best behaviors to resident and student trainees. Our objective was to develop and evaluate a faculty workshop to improve knowledge and ability to implement best practices regarding patient-centered EMR use.

Approach

After literature review, we developed a faculty workshop to improve patient-centered EMR use which consisted of: (1) a lecture highlighting barriers and best practices for patient-centered EMR use; (2) a Group-Objective Structured Clinical Exam (GOSCE) to practice skills with a standardized patient (SP) and mock patient chart in an EPIC training environment. Faculty interacted with the SP to take a history, integrate the EMR for chart review and document a HPI. Groups consisted of 2-4 faculty, 1 facilitator and 1 SP with immediate performance feedback.

At CC, training was completed during a dedicated 4-hour block routinely reserved for Continuing Medical Education (CME). At UC, because such a block did not exist, time constraints necessitated a 90 minute session (1-hour of lunch with 30 additional minutes of time donated by the clinic). All faculty received CME credit. The longer CC workshop included; 75 minute lecture, 100 min GOSCE, two 20 min breaks, 25 min of closing feedback. The shorter UC workshop included; 20 min lecture, 60 minute GOSCE, 10 min of feedback.

32 academic primary care faculty [Family Medicine (FM) and General Internal Medicine (GIM)] at two academic medical centers completed training [13 CC faculty (5 FM; 8 GIM) and 19 UC (GIM)]. All faculty completed a 23 item post-workshop evaluation assessing knowledge, attitude and skills. Responses to Likert items were dichotomized at the high end of the scale to denote agreement (i.e. agree/strongly agree). Descriptive statistics were summarized and compared between sites.

We analyzed 30/32 (94%) post-workshop evaluations. Overall, the majority (67%, 20/30) of respondents were female (CC 50% vs UC 72%, p=0.22), with mean age of 48 (range 31-65) (CC 47yo vs UC 45yo, p=0.59). Overall, 100% (30/30) of faculty agreed it was ‘important to receive training,’ ‘relevant to their practice,’ and enabled them ‘to better teach and role model patient-centered care for trainees’, with no difference in mean ratings between CC and UC faculty (4.75 vs 4.72, 4.42 vs 4.50, p >0.05 for all). Overall, 97% (29/30) agreed that the workshop should be ‘required for all health care providers’ with no difference between CC and UC (4.75 vs 4.56, p=0.40).

There were significant post-workshop increases in mean scores of ‘awareness of barriers’ and ‘best practices’ at both sites with no site differences (pre vs. post; 3.7 vs 4.5 and 3.1 vs 4.3 respectively, p<0.001 for both). Additionally, there was a significant post workshop increase in mean ratings on ability to ‘implement best practices’ and ‘teach trainees how to implement best practices’ (3.3 vs. 4.2 and 2.9 vs 4.1 respectively, p<0.001 for both) with no site differences. While almost all faculty (29/30, 97%) agreed the GOSCE was an ‘effective way to practice skills,’ the CC mean ratings were significantly higher than UC (4.58 vs 4.12, p=0.04). However, more faculty at the UC agreed that the workshop was ‘informative and effective’ and that they ‘gained new knowledge’ (4.45 vs 4.83 p=0.04; 4.12 vs. 4.67 p=0.21 respectively).

Lessons learned
We were successful in developing faculty training on patient-centered EMR use for busy faculty at two academic medical centers, which included adapting a 4 hour workshop into a 90 minute session. Faculty reported training in patient-centered EMR use was important, relevant and should be required for all providers and no difference was found between the longer and shorter training curricular. Faculty participating in longer training reported higher GOSCE efficacy, however the shorter workshop appeared more informative and effective with higher reported rates of gaining new knowledge.

**Significance**
Given busy primary care clinician schedules and demands, shorter patient-centered EMR training may be a feasible and effective way to spread this model to other institutions and other levels of trainees.

**Level of Audience:** Mid-career

**Focus of Presentation:** CME

**References:**

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