Practicing medicine today means interacting not just with patients, but also with computers. As of 2013, nearly 80% of office-based physicians were using electronic health records. But medical schools have been slow to keep up with the trend. There's no national standard yet for how med students should be trained on EHRs. Some are using computer systems from day one of their education. While others may be forced to sink or swim once they start to practice.

This is a report for *iHealthBeat*, a daily news service of the California HealthCare Foundation. I'm Ali Budner

Priyanka Chilakamarri is a fourth-year medical student at the University of Vermont. From very early on, she and her fellow students were expected to engage with their lessons through computer screens.

*(Chilakamarri): "When I first started medical school ... they gave all the students laptops."

They also immediately started using computers in their interactions with patients. That meant learning how to use an EHR system. But EHRs are complex and notoriously hard to teach.

*(Jemison): "Because inevitably the computers are attached to walls, your back is to a patient, there's a lot of physical reconfiguring you have to do in order to take notes."

Jill Jemison is the director of technology services at UVM, Chilakamarri's school.

*(Jemison): "We're teaching them how to do a good note, how to put all the information in it, how to collect the right thing."

The third year of med school is when students would typically be exposed to EHRs, when they start clinical rotations. But in her very first year at UVM, Chilakamarri was already practicing on what's called a "dummy EHR," a system that's been stripped of identifying personal information to protect patient privacy.
(Chilakamarri): "So by the time we get to third year, we're a little bit more in tune with how to engage with the patient, as well as look up information without having a disconnect."

Vanderbilt School of Medicine has taken its curriculum one step further. Anderson Spickard is a professor and assistant dean there.

(Spickard): "We don't do this in a dummy simulation environment at all. We actually have our students working with the patient's medical record early in their training. Giving them appropriate access only to the patients to whom they're assigned, which allows them to see all of that data. And they immediately get going on their care teams."

But while a growing number of medical schools like Vanderbilt and the University of Vermont are redesigning their curricula to integrate the use of EHRs, plenty of other schools are lagging behind.

(Spickard): "It's hit or miss across universities whether they have explicit instruction about students learning and becoming skilled in IT use."

A 2012 study conducted by the Alliance for Clinical Education -- or ACE -- revealed that only 64% of medical schools allowed students to interact with EHRs, while only two thirds of those schools allowed students to actually make notes in the records.

(Spickard): "So while we say it's an unavoidable future, we still have a lot of pushback from institutions that keep students at arms' length from the medical record."

There's no official national standard for how EHRs should be taught and no EHR competency requirements for accreditation.

(Beck): "There's several things that can happen ..."

That's Gary Beck, the director of the Alliance for Clinical Education.

(Beck): "... One of them is you have students graduating from medical school that may not ever have access to a medical record. Then they start on their residency program July 1, and they're expected to be able to document, and they don't have the first notion of how to even do it. So there's a patient safety risk right there."

But he's trying to change that by formally requesting that the Liaison Committee on Medical Education modify accreditation standards to include meaningful use of EHRs.

(Beck): "And that way, we're hoping that will help to somewhat force the issue from an outside entity to get compliance offices to revisit what
they’re doing at their local institutions and allowing students to be able to do some of this documentation."

But until there’s a change in national standards, med schools will be playing catch-up on their own.

This has been a report for iHealthBeat, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you’d like to have addressed, please email us at IHB@CHCF.org. I’m Ali Budner, thanks for listening.