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Dan Hunt, MD, MBA  
LCME Co-Secretary & Senior Director, Accreditation Services  
Association of American Medical Colleges  
655 K Street, NW  
Suite 100  
Washington, DC 20001-2399

Alissa Craft, DO, MBA  
Secretary, Commission on Osteopathic College Accreditation  
American Osteopathic Association  
142 East Ontario Street  
Chicago, IL 60614-2864

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.

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 Center 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 curriculum 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.” 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). 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. 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”<sup>4</sup> 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 (A.2.g)<sup>5</sup> 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.

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 EHR

- 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 the interest in the optimal training of medical students,



