

3 reasons your Snapchat habit won't help you master the EHR

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Whether you call them millennials or digital natives, there's no denying that a generation of Americans, one that grew up along with their devices, is perceived to be more tech savvy than any that preceded it.

Because of that technology and an unending roster of apps—from Snapchat to Stitcher and everything in between—today's physicians in training seem to be more proficient in communicating and obtaining information.

How does that translate to medical school or residency? When it comes to EHR training, one expert believes, it doesn't.

The challenges of EHRs are numerous, but the Regenstrief EHR Clinical Learning Platform—thought to be the first of its kind—is enabling educators to present real cases to facilitate deeper understanding of population health, quality improvement, patient safety and social determinants of health.

The platform was developed by the Regenstrief Institute, an informatics and health care research organization supporting the Indiana University School of Medicine, a member of school of the AMA Accelerating Change in Medical Education Consortium.

AMA Wire® spoke with Blaine Y. Takesue, MD, a research scientist at the Regenstrief Institute and assistant professor of clinical medicine at Indiana University School of Medicine. Dr. Takesue offered three reasons digital natives may still be in foreign territory when it comes to learning the ins and outs of EHRs.

EHR data doesn't effectively translate to devices

While smart devices have in many ways replaced clunky computers in a number of arenas, that is

less the case in the EHR realm. The smaller screen is a hindrance when it comes to reading and entering data, Dr. Takesue said.

“If you’re used to a mobile solution to problems, that’s a much different paradigm than sitting at a computer,” Dr. Takesue said. “It has a lot to do with real estate. EHRs haven’t translated well to a phone. You need to see a lot of data. There’s not enough real estate on a phone to do that without moving through multiple screens.”

Systems predate the smartphone

The EHR systems with which large health care organization’s work were created decades ago, and because of that, they don’t feature the same user functionality as newer devices.

“The problem is that many of the most widely used EHRs were not created from 2000 on—they were created last century,” Dr. Takesue said. “What we use in medicine and what we train our students on is legacy technology. There may be a solution that translates really well to mobile, which will allow questions to be answered quickly, but it’s not in wide use.”

EHRs aren’t intuitive

Your smartphone, search engine or voice-activated device seems at times to know what you’re going to say before you do. Products that function this way—when the server anticipates potential communications—use a form of artificial intelligence to push out answers and solutions. EHR systems work the opposite way.

“We call it a content pull,” Dr. Takesue said. “As a user, you have to go and pull content you want to see when you want to see it.

For device users, “it hurts expectations,” he added. EHRs “don’t provide the information to the user at the time that they need that information.”