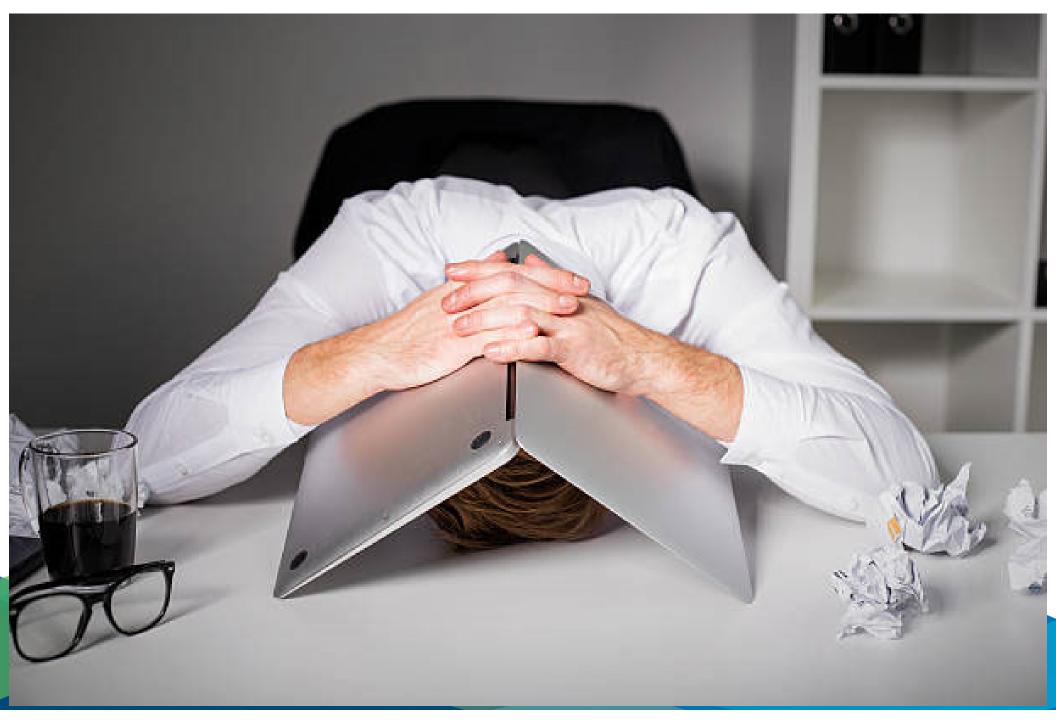




Using Step-Wise Electronic Medical Record Training Approach to Reduce Resident Burnout and Improve Resident Physician EPIC EMR efficiency.

Allegra Tenkman MD, 8/28/2023



- Repeatedly, physicians would report working with a physician EPIC trainer was more helpful than working with a non-physician EPIC trainer.
- My experience taught me physicians were most satisfied when I started with the basics and on returning visits, built on prior knowledge, teaching more complex efficiencies over time

Became an EPIC physician builder in 2018.

- Bridge the gap between end user and IT project team
- Help prioritize what projects are most useful to physicians.



Have worked to build 16 organizational Express Lanes for Well Child checks

Current literature supports a strong

> J Am Med Inform Assoc. 2014 Feb;21(e1):e100-6. doi: 10.1136/amiajnl-2013-001875. Epub 2013 Sep 4.

Electronic medical records and physician stress in primary care: results from the MEMO Study

Stewart Babbott¹¹, Linda Baier Manwell, Roger Brown, Enid Montague, Eric Williams, Mark Schwartz, Erik Hess, Mark Linzer

Affiliations + expand

PMID: 240(> J Med Internet Res. 2020 Jul 15;22(7):e19274. doi: 10.2196/19274.

The Influence of Electronic Health Record Use on eCollection 2021 Apr. Physician Burnout: Cross-Sectional Survey

Photo E Monoral Digit Health. 2022 Jan 13;3:772356. doi: 10.3389/fdgth.2021.772356. eCollection 2021. BMJ Open. 2022; 1 Published online 2C Saving Time for Patient Care by Optimizing Physician Original research Note Templates: A Pilot Study

Electronic me Rana Alissa ¹, Jennifer A Hipp ¹, Kendall Webb ²

of outcomes a Affiliations + expand Colandra Li,¹ Camil PMID: 35098206 PMCID: PMC8792616 DOI: 10.3389/fdgth.2021.772356

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Article notes
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Disclaimer Case Reports > JAMIA Open. 2021 Apr 19;4(2):ooab018. doi: 10.1093/jamiaopen/ooab018.

EHR "SWAT" teams: a physician engagement Tania Tajirian 12, Vicky Stergiopoulos 12, Gilliar Primary Care Physician Ge initiative to improve Electronic Health Record (EHR)

Marcos Sanches ³, Jessica Kemp ⁴, Karishini Ram Rittenberg E, Liebman JB, Rexrode experiences and mitigate possible causes of EHR-Affiliations + expand J Gen Intern Med. 2022 Oct;37(13 related burnout to Repair Incomplete Electronic Medical PMID: 32673234 PMCID: PMC7392132 DOI: 10 PMID: 34993875 y Causes of Provider Burnout. Female PCPs receive 24% more st Lydia Sequeira ¹², Khaled Almilaji ¹, Gillian Strudwick ¹², Damian Jankowicz ¹, Tania Tajirian ¹² Free PMC article ian R, Mohamed A, Russo CL.

Affiliations + expand (51.5 messages/month) (p values PMID: 33898934 PMCID: PMC8054031 DOI: 10.1093/iamiaopen/ooab018 explained by the percentage of female patients in a PCP's panel. ... The ...

Annals of Internal Medicine

LATEST ISSUES IN THE CLINIC JOURNAL CLUB

> J Am Med Inform Assoc. 2021 Apr 23;28(5):960-966. doi: 10.1093/jamia/ocab053.

Associations of physician burnout with organizational electronic health record support and after-hours charting

H C Eschenroeder ¹, Lauren C Manzione ², Julia Adler-Milstein ³, Connor Bice ², Robert Cash ², **Record Training to Reduce Physician** Cole Duda², Craig Joseph⁴, John S Lee⁵, Amy Maneker⁶, Karl A Poterack⁷, Sarah B Rahman⁸, Record Era: Are We Ignoring the Real Ca Jacob Jeppson², Christopher Longhurst⁹

Affiliations + expand N. Lance Downing, MD 📓, David W. Bates, MD, MSc, and Christopher A. Longhurst, MD, MS

Physician Burnout in the Electronic Hea

Author, Article, and Disclosure Information

https://doi.org/10.7326/M18-0139

Ideas and Opinions | 3 July 2018

PMID: 33880534 PMCID: PMC8068427 DOI: 10.1093/jamia/ocab053

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¹ Department of Medical Informatics and Clinical Epidemiology, Oregon Health & Science University, Portland, OR United States

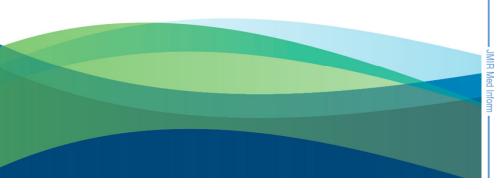
PMCID: PMC8491113 PMID: 34325400

bi: 10.1200/OP.20.00294. Epub 2020 Aug 6.

chose to address according to a priority matrix. ...The

ord (EMR) was cited as the second most common

- Meaningful use of Electronic Medical Records became a requirement for clinicians in 2014.
- Many studies have shown clinicians feel EMR implementation has led to increased workload and increased burnout.
- Most organizations only focus on the initial training of EMR to clinicians, which only contains basic functionalities and focuses on a one-sized-fits-allapproach.
- A more tailored and step-wise EMR training approach has been proposed to be "more adequate" while emphasizing lifelong learning and clinician wellbeing.



<u>JMIR Med Inform.</u> 2021 Sep; 9(9): e29374. Published online 2021 Sep 20. doi: <u>10.2196/29374</u> PMCID: PMC8491113 PMID: 34325400

Using a New Model of Electronic Health Record Training to Reduce Physician Burnout: A Plan for Action

Monitoring Editor: Christian Lovis

Reviewed by Christopher Longhurst

Vishnu Mohan, MD, MBI,^{III} Cort Garrison, MD,¹ and Jeffrey A Gold, MD²

¹ Department of Medical Informatics and Clinical Epidemiology, Oregon Health & Science University, Portland, OR, United States

 Many resident physicians of Mercy Anderson's Family and Community Medicine Residency Program have received initial EPIC training and have expressed EMR related burnout.



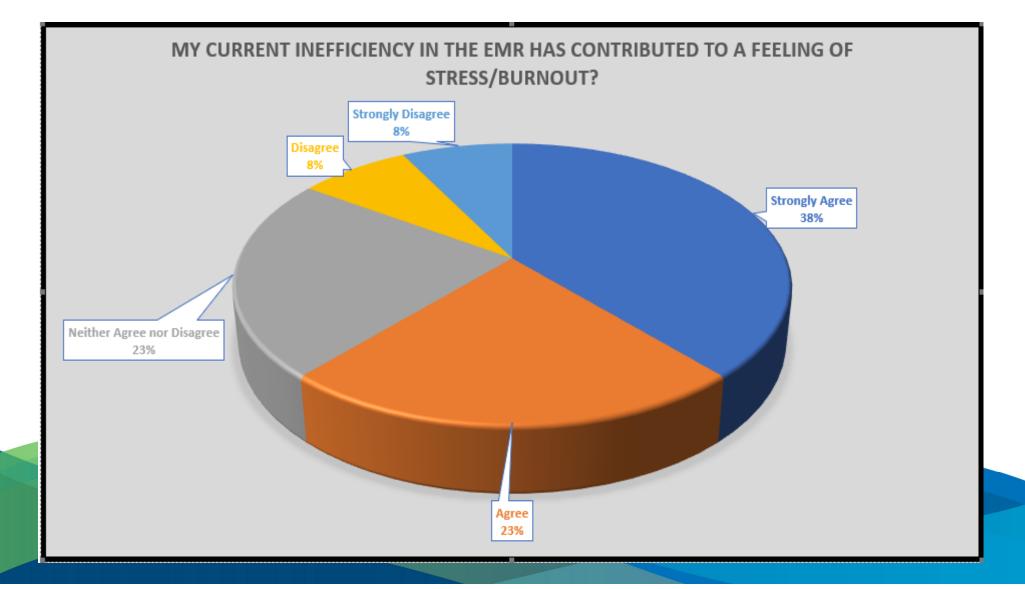


 Create and deliver a tailored Family Medicine Residency EPIC training program, featuring increasingly complex EPIC functionalities, to improve resident documentation efficiency, inbox management efficiency and resident physician wellbeing from March 2023 to August 2023.

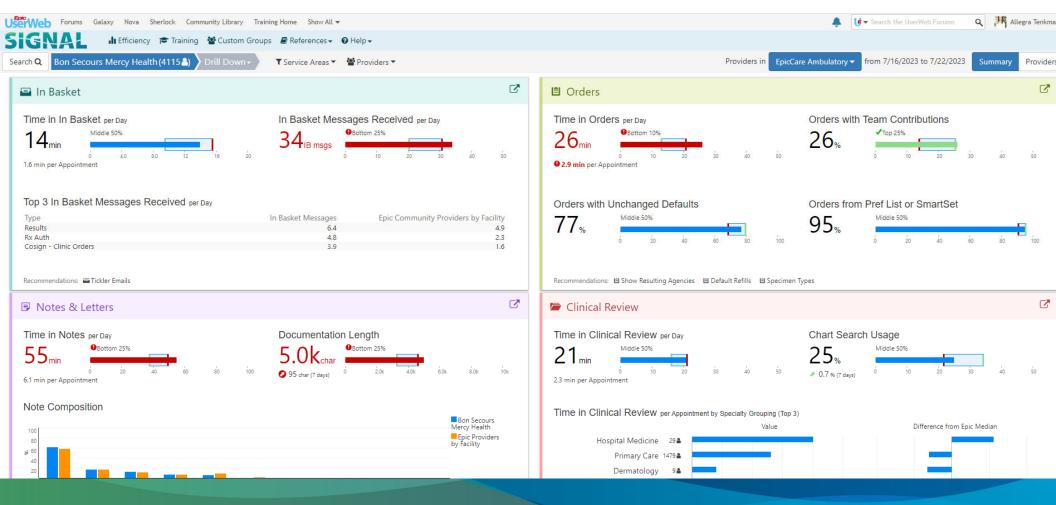
 Continue this program annually, with continued PDSA cycles to continuously improve the program.



• Baseline qualitative data of our 13 resident physicians was collected via survey in March 2023.



 Baseline quantitative data regarding EMR efficiency was also collected on each resident using EPIC Signal reports.



- Baseline quantitative data regarding EMR efficiency was also collected on each resident using EPIC Signal reports.
- Data was collected in each of the following five categories:
 - Seconds per completed in basket message
 - Times in orders per appointment
 - Time in notes per appointment
 - Length of documentation per appointment
 - Time in clinical review per appointment



- Intervention one: A 137-page PowerPoint presentation was created with clear screen shots of each workflow component including:
 - Storyboard
 - Chart Review/Precharting
 - Order entry/Preference List Composer
 - Result management
 - Mychart and telephone encounter
 - Quick Actions
 - Refill management
 - Progress Note Documentation

Intervention two:

• Classroom style session in which residents created/built their own shortcuts/QuickActions with the help from a physician teacher

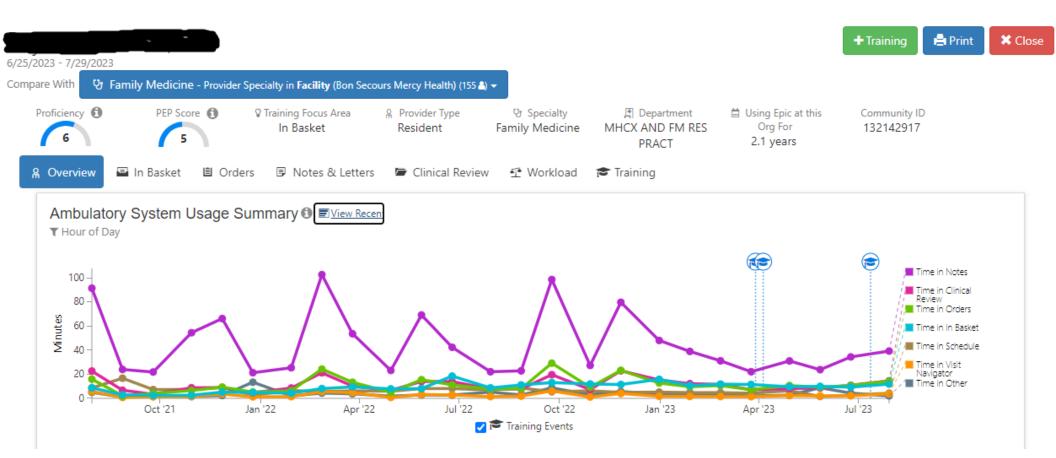
Intervention three:

• Residents presented their assigned preference lists and SmartPhrases to each other and make them part of a Residency Tool Kit that they can all use.



6/25/2023 - 7/29/2023							+ Training 🔒 Print	X Close
Compare With 😲 🛛	Family Medicine - Provi	ider Specialty in Facility (Bon S	ecours Mercy Health) (155 🎒	-				
Proficiency 1	PEP Score	♀ Training Focus Area In Basket	Provider Type Resident	양 Specialty Family Medicine) Department MHCX AND FM RES PRACT	 Using Epic at this Org For 2.1 years 	Community ID 132142917	
& Overview	🖻 In Basket 🔋 C	Orders 🛛 🕫 Notes & Lette	ers 🔎 Clinical Review	🕂 Workload	🞓 Training			
Actions	Training Date	Program	Areas	Training Title		Comments		
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C Edit	4/5/2023	1:1 Training	In BasketNotes & Letters	EPIC training # 2		spent time creating quick actions in the many different areas in epic. Also creating speed buttons in the many different areas in epic.		
C Edit	3/29/2023	1:1 Training	 In Basket Orders Notes & Letters Clinical Review 	Epic Efficiency tra	aining			

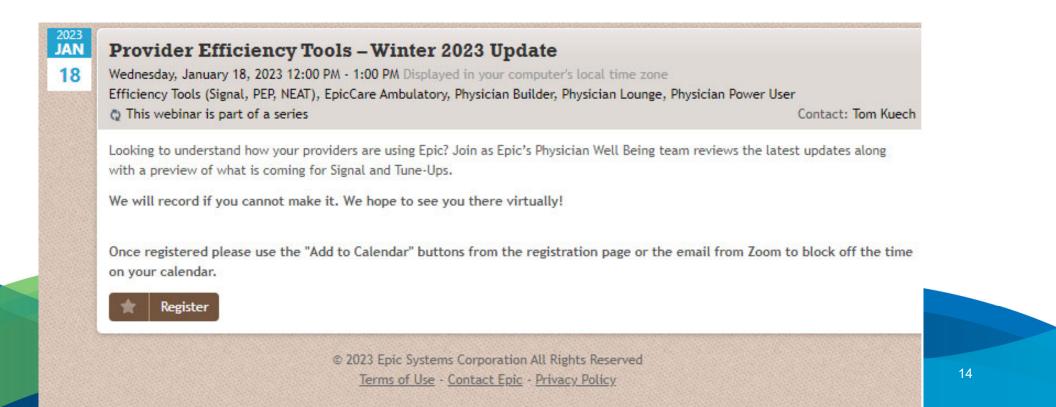






Results/Outcomes

- QI project start was delayed until March 2023 to allow attendance and incorporation of material from the "Provider Efficiency Tools 2023 Winter updates"
 - This included **<u>5 one-hour live virtual seminars</u>** given in January 2023



Results/Outcomes

• Because of this delay final results are not yet available.





Results/Outcomes

- 12 of 13 residents attended each training session
- Initial feedback was very positive with each new lesson met with great enthusiasm and amazement of what the EMR could do
- The last training session was completed in July 2023



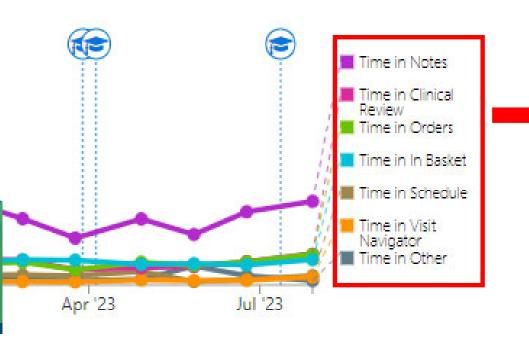
Results/Outcomes

 New qualitative surveys will be delivered to residents to see if this EMR training changed their perception of EMR-related burnout



Results/Outcomes

- Currently working with Signal expert at EPIC to build similar run chart below, showing training sessions, but changing the Y-access to match the 5 quantitative measurements from the categories below in red
 - For residents need to measure <u>Per Appointment</u>, as they spend a different amount of time in clinic depending on PGY year and rotation



-Seconds per completed in basket message
-Times in orders per appointment
-Time in notes per appointment
-Length of documentation per appointment
-Time in clinical review per appointment

Discussion/Next Steps

- Plan to continue to study and adjust approach based on PDSA cycle results and feedback from the residents
- Can also add additional personalized sessions for residents that are struggling and not showing improvement
- Will continue with each academic year, including new residents over time, as an "N of 12" isn't statistically significant
- Hope to prevent EMR burnout after graduation by this intervention





Questions????

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