



Pacific Northwest
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UTILIZING MEDICAL STUDENTS TO DOCUMENT IN THE EMR

Many things in healthcare have changed over the past decades, and medical education in the clinical setting needs to change to provide relevant opportunities for medical students. In today's medical practice, most preceptors are on production models. They would like to teach, but cannot risk having productivity suffer because medical learners are present. At the same time, computer charting has taken an increasing amount of time.

What patients need has not changed, and medical students have time and expertise to share with them. Medical students can also assist their preceptors in the delivery of health care to permit more time for the preceptor to teach. The result of EMR documentation training should be a rich learning environment where the medical student is learning by doing, and the preceptor's expertise can be shared without compromising patient care.

Effective January 1, 2018:

The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record.

However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.

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HOW DOES THIS WORK IN PRACTICE?

The following describes student roles for documenting in the medical record independently, describes how students can scribe for preceptors when requested to do so, and enlightens preceptors about how students can assist with the EMR.

Student sees the patient first, then documents.

The medical student sees a patient independently, interviews the patient, does an examination as directed by the preceptor, and documents findings in the student note in the medical record. The preceptor may see several patients while the student sees the assigned one.

When the preceptor returns, the student gives a brief summary of the interview and exam with the student's differential diagnosis and plan. The physician then does an examination while the medical student makes any corrections in the medical record on the basis of the preceptor's patient assessment.

At the end of the encounter, the physician briefly gives the student feedback to correct errors and teach clinical reasoning.

The physician then enters a verification note, stating an independent physical exam was performed, citing active participation in the medical decision making, and confirming (or correcting) the details, findings, and medical decision making points in the student's note.

Physician documents while student sees the patient.

The physician acts as "scribe," documenting the physician note, while observing the medical student conduct the interview and examine the patient. The physician will need to repeat key components of the exam and must personally complete the activities of medical decision making that are used for billing purposes. The physician has an opportunity to observe the student's interview and examination skills and can give feedback and constructive criticism.

Student documents while observing physician's encounter.

The physician interviews and examines patients while the student documents. This model may be used to orient the student to the practice and the EMR, or used at times to help the physician stay on schedule. The physician should review salient points of each encounter to enhance the student learning experience.

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The ideal rotation experience will involve a combination of models to maximize student learning while having the student assist the physician in documentation and in the delivery of healthcare.

In addition to entering H&P documentation into the medical record, the physician may ask the student to perform other computer-oriented tasks helpful in patient care:

- Deliver patient education
- Select patient educational handouts
- Look up research articles
- Verify drug dosages
- Check for drug/drug interactions

The following template is one suggestion for the physician verification note required to complete the student's documentation:

"I performed an independent physical exam, I actively participated in the medical decision making components of this encounter, and I confirm (or correct) the details, findings, and medical decision-making points in the student's note."