

# Reducing Electronic Health Record (EHR) Burden with Scheduled Resident Led 30-Minute Tutorials During Weekly Resident Didactics

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## Introduction

- Physician burnout is a grave concern affecting the medical field
- Over the last decade, approximately 43 – 54% of physicians reported at least one symptom of burnout.<sup>1</sup>
  - This equates to approximately 1 in 2 physicians who are experiencing signs and symptoms of burnout*
- Physicians who use EHRs are less satisfied with the amount of time spent on clerical tasks and are at higher risk for professional burnout.<sup>2</sup>
- Physicians spend almost half of their work-hours using EHRs.
  - Primary care physicians spend almost 6 hours per work day using EHRs. 4.5 hours during and 1.4 hours outside of normal clinic hours.*<sup>3</sup>
- Efficient and knowledgeable use of EHR is an integral skill for resident physicians.
- Resident physicians rarely receive more formal training or education on effective ways to use the EHR system.
- In our residency program, we decided to rectify this problem by introducing resident led EHR tutorials.

## Project Intent

This project was designed to help teach residents at the AdventHealth Orlando Family Medicine Residency important EHR skills through an innovative curricular change which dedicated time to weekly resident-led EHR tutorials. It is our hope that this will help to build healthy, efficient habits that will reduce overall EHR burden and ultimately help to combat potential downstream results of physician burnout.

## Methods

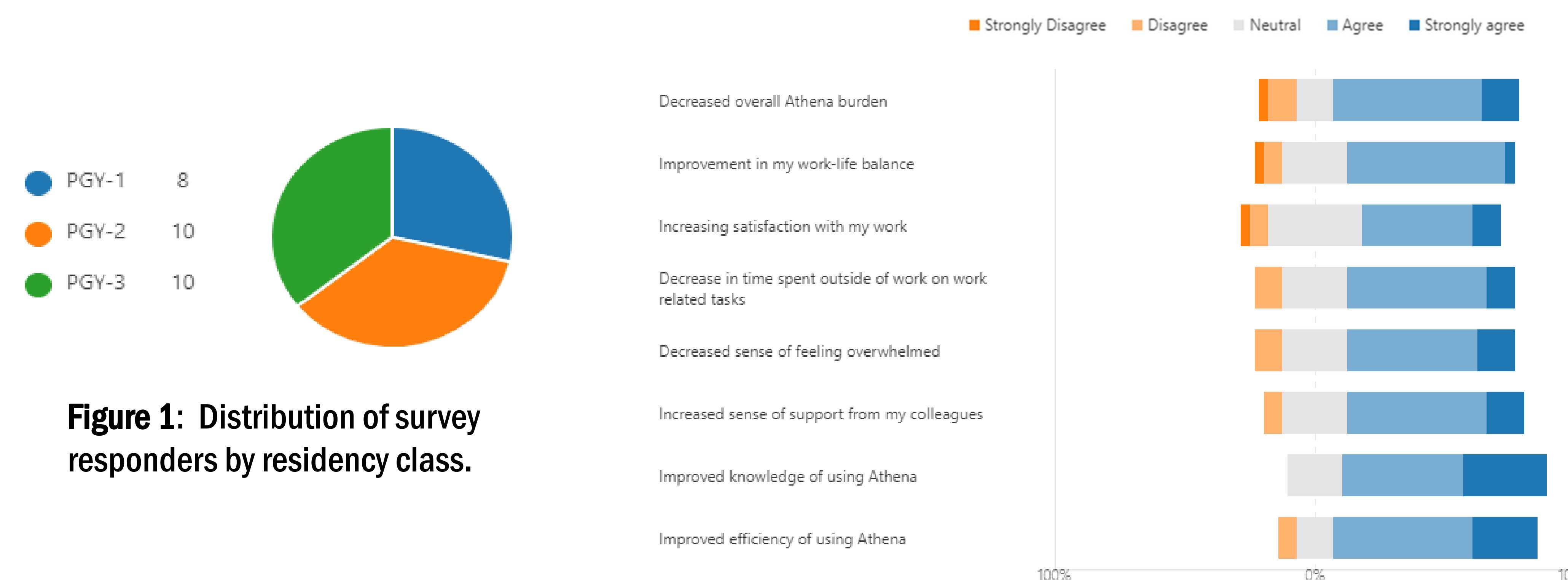
**Cohort:** AdventHealth Family Medicine Residency which consists of 36 residents divided into 3 years, excluding lead investigator.  
**Intervention:** Changed the weekly didactic curriculum to include scheduled 30 minutes of time dedicated to EHR education. In order to accommodate for the protected 30 minute EHR time, lecture time was reduced from 1 hour to 45 mins time slots.

**Style:** EHR time was meant to be nonrestrictive, allowing residents to choose how they used their time and encourage unforced collaboration. Weekly, residents would voluntarily share tips and tricks on how to better navigate and efficiently use the EHR system. Residents are also free to use the time to catch up on their personal charts or other EHR/program duties.

**Survey:** Using Microsoft Forms, a survey was created to assess resident feedback on the EHR time, see below figures for examples of questions. After 6 months of project implementation, a link to the survey was e-mailed to the residents; completion was optional and anonymous.

## Results

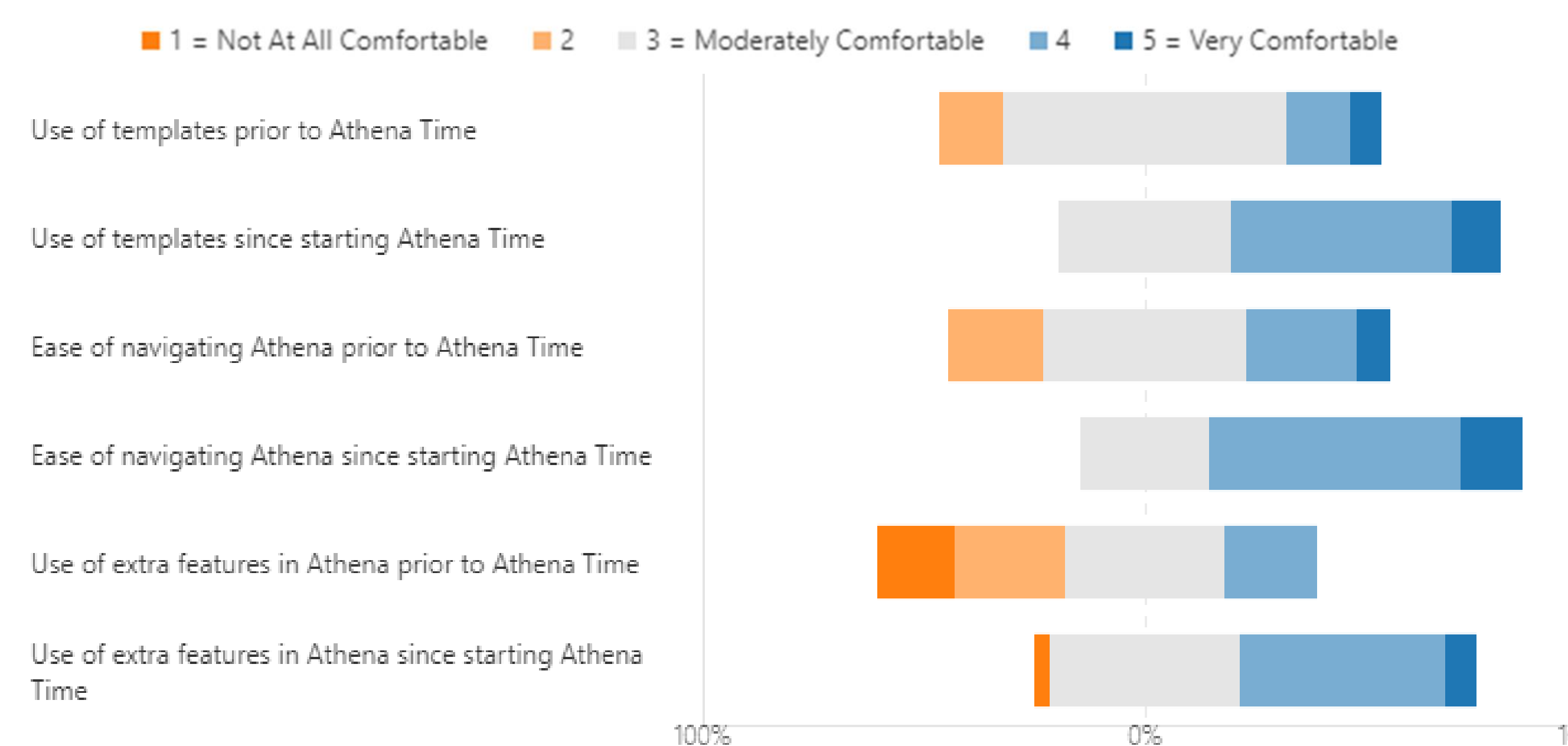
80% response rate, 28 of 35 residents responded.



**Figure 1:** Distribution of survey responders by residency class.



**Figure 2:** Overall satisfaction of EHR time. 92% of responders desire EHR time to continue to be a part of the curriculum.



**Figure 3:** Responses from survey. 18% improvement in average comfort in templates, 21% improvement in EHR navigation, and 36% improvement in ease of use of extra features of EHR

## Conclusions/Discussion

- Survey results revealed overwhelming satisfaction with the curricular change to include designated EHR time.
- Across the board, there was perceived improvement in various areas of EHR use. Of note, there was a noted perception of increased EHR knowledge and efficiency, reduction in EHR burden, and improved work-life balance.
- Also, there was perceived improvement in comfort with use of EHR template, navigation, and extra features since the introduction of EHR time. Potential for recall bias due to survey format.
- Furthermore, all responders believed that a reduction in lecture length time from 1 hour to 45 minute lectures improved their didactic experience.
- Due to these positive findings, the curricular changes have been more permanently adopted by the residency program.

## Contact Information / References

### Contact Information

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