A Post-2011 Time Motion Study

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J Gen Intern Med 29(1):23
DOI: 10.1007/s11606-013-2670-3
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To the Editors:—The article by Dr. Block and colleagues gave us insight into how internal medicine residents spend their time in the era of duty hour restrictions. They revealed that interns spend only 12 % of their time in direct patient care, while computer use occupied 40 % of their time.¹ However, with the availability of mobile technologies (i.e. smartphones, tablets, etc.), time spent in direct patient care and time spent ‘using the computer’ do not need to be mutually exclusive. Technology can be used in a patient-centered manner and we should teach trainees how to do so.

Abraham Verghese has drawn attention to the troubling practice of treating the “iPatient” who exists only on the computer screen while ignoring the real patient.² Unfortunately, this phenomena of treating the “iPatient” is not limited to the inpatient setting. When electronic medical records (EMRs) are introduced into clinic settings, they can be seen as an “intrusive third party.”³ Studies have shown that a provider’s baseline communication skills are critical in determining whether the EMR has a positive or negative effect on the patient–physician interaction.⁴ There are known EMR-related skills and behaviors that can enhance the patient–doctor interaction, yet medical students and residents receive little training around these key communication skills.⁵ As medical educators, we need to teach

trainees to shift their focus from the “iPatient” back to the real patient and leverage technology use to engage patients and foster effective communication.

This gap in medical education can be addressed by incorporating a patient-centered technology use curriculum into undergraduate and post-graduate medical training. Curricula could not only target EMRs, but also how to use mobile technology (i.e. tablet computers) at the bedside in a patient-centered manner.

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