

the limits of a BASIC account and get unlimited questions, [upgrade now!](#)

Student Attitudes Towards Electronic Health Records

Education

Design Survey Collect Responses **Analyze Results**

View Summary

Default Report

+ Add Report

[Browse Responses](#)

[Filter Responses](#)

[Crosstab Responses](#)

[Download Responses](#)

[Share Responses](#)

Response Summary

WOW, YOU HAVE A POPULAR SURVEY! Your survey has received 171 responses! As a basic account holder, you can view the first 100 responses. With a professional account, you'll be able to see all of your responses.

[Upgrade](#)

PAGE: 1

1. Have you used Electronic Health Records (EHR) during your clinical rotations?

[Create Chart](#)

[Download](#)

	Response Percent	Response Count
yes	98.0%	98
no	2.0%	2

answered question

100

skipped question

0

2. Do you feel that you received adequate training in your institution's EHR?

[Create Chart](#)

[Download](#)

	Response Percent	Response Count
Strongly Agree	9.1%	9
Agree	52.5%	52
Neutral	24.2%	24
Disagree	15.2%	15
Strongly Disagree	0.0%	0

answered question

99

skipped question

1

3. On a scale of 1-5 with 1 being extremely difficult and 5 being very easy, how do you find using an EHR to do your work as a medical student?

[Create Chart](#)
[Download](#)

	Response Percent	Response Count
1	0.0%	0
2	8.0%	8
3	29.0%	29
4	52.0%	52
5	11.0%	11
answered question		100
skipped question		0

4. Do you consider EHRs a safety tool?

[Create Chart](#)
[Download](#)

	Response Percent	Response Count
Strongly Agree	10.0%	10
Agree	56.0%	56
Neutral	29.0%	29
Disagree	5.0%	5
Strongly Disagree	0.0%	0
answered question		100
skipped question		0

5. Are you considering a residency program based on whether it has an EHR?

[Create Chart](#)
[Download](#)

	Response Percent	Response Count
Strongly agree	16.0%	16
Agree	37.0%	37
Neutral	29.0%	29
Disagree	16.0%	16
Strongly disagree	4.0%	4
answered question		100
skipped question		0

6. For you, does an institution's use of EHR come in the top 10 reasons for looking at a program?

[Create Chart](#)

[Download](#)

	Response Percent	Response Count
Yes	46.0%	46
No	54.0%	54
answered question		100
skipped question		0

7. Please feel free to expand on any of your answers.

[Download](#)

	Response Count
Show Responses	9
answered question	9
skipped question	91

Follow Us: [Facebook](#) • [Twitter](#) • [LinkedIn](#) • [Our Blog](#) • [Google+](#) • [YouTube](#)

Help: [FAQs & Tutorials](#) • [Contact Support](#)

About Us: [Management Team](#) • [Board of Directors](#) • [Partners](#) • [Newsroom](#) • [Contact Us](#) • [We're Hiring](#) • [Sitemap](#)

Policies: [Terms of Use](#) • [Privacy Policy](#) • [Anti-Spam Policy](#) • [Security Statement](#) • [Email Opt-Out](#)

[Dansk](#) • [Deutsch](#) • [English](#) • [Español](#) • [Français](#) • [한국어](#) • [Italiano](#) • [Nederlands](#) • [日本語](#) • [Norsk](#) • [Português](#) • [Русский](#) • [Suomi](#) • [Svenska](#) • [中文\(繁體\)](#)

Copyright © 1999-2013 SurveyMonkey

My training on EHR in the Foundations course was woeful. Now I am on the wards it is pretty easy. This is a system problem since before you begin clerkships you are training on an unrealistic version of the EHR and there are significant bugs and eccentricities in it. Was an absolute waste of time to do this before clerkships.

4/4/2013 5:59 PM [View Responses](#)

At Keck Hospital on a surgical rotation students pulled vital signs and other numbers including labs, medications, etc over the past 24 hrs from paper charts then placed them both on a hand-written soap note then entered all the values on an excel-based patient database known as "the list". This was very time consuming and many mistakes were made in transferring this data a few times over. Also, as information changed throughout the day, one manually would have to keep the list updated also. There was little learning done during this time. I imagine that if an EHR populated this information, that time spent gathering all this information could be spent internalizing and processing the data and allow more time to develop a well-thought plan.

4/4/2013 3:23 PM [View Responses](#)

I think there is a lot of potential in EHR, and it can make our jobs significantly easier and improve care for our patients. However, affinity is not helpful and is missing medications and any information about ER visits. CHLA has an awesome EMR!

4/4/2013 12:11 AM [View Responses](#)

Comparing two otherwise equal programs for residency, I may lean towards one institution if they have a very well implemented EHR system.

4/4/2013 10:47 AM [View Responses](#)

#6- maybe- since I'm not applying to residency yet I'm not sure what programs DON'T have EMR- i would think most do...

4/4/2013 9:51 AM [View Responses](#)

One of the biggest problems I have had as a medical student in relation to EHR is that the training we receive is often completely inappropriate for our level of involvement with patient care. At my current rotation we were required to finish 7 hours (!) of training for the hospital EHR of which 5-6 hours were completely irrelevant for our job. This was similar for two other EHR programs I used during my time as an MS3. On the other hand, I have had three rotations where I received NO training for the EHR (two of which this was okay and one of which it was a nightmare). I think that finding the right happy medium for training is key. During my MS3 year I used 7 different EHR systems and typically those that provided LESS training were better experiences. Although this is an extreme example, this has been a similar p

4/4/2013 9:30 AM [View Responses](#)

The biggest benefit of EHR: Not having to parse consultant doc's indecipherable handwriting!

4/4/2013 8:29 AM [View Responses](#)

Although having EMR (Electronic Medical Records) was not one of my criteria for applying/interviewing, I definitely was turned off by a program if I found out they didn't utilize it, or would be going through the process of overhauling their written records DURING my residency. In my field, I do a lot of collateral information gathering, and EMR has streamlined that process significantly. Half the time I can't read other physician's written notes!

4/4/2013 7:18 AM [View Responses](#)

I think EMR is vastly important, but I also think people give EMR more credit than it is worth and assume that just putting in a good EMR is going to fix any problems on its own. EMR is a powerful tool, but mostly for making the doctor's life easier more than I have seen it seriously positively affecting patient health.

4/4/2013 6:36 AM [View Responses](#)

As a medical student, EHR have become detrimental to our training. No longer can the medical student's documentation "count" toward the documentation that can be billed (ie in paper charts, med students could hand write the note with residents and attendings adding to it and then signing). EHR can trace who originated the documentation, and thus residents and attendings must now write their own notes. FURTHER! Medical students have been virtually eliminated from the process of writing orders. I will enter residency having never written admit orders and completely unfamiliar with the details of medications (ie how to give "calcium" - what form, route, dose, etc). As we consider the length of training for doctors, postponing these important tasks to residency does not make sense to me. Just because medical students do not have a license does not mean that they cannot achieve these competencies prior to graduating. -Dawn, OHSU

4/4/2013 6:21 AM [View Responses](#)

The problem with EHR is that protecting patient privacy leads to difficulty accessing data.

4/3/2013 11:50 PM [View Responses](#)

EHR is not part of my criteria for a residency program because any program without EHR is working towards getting it and in 2 years when I start residency very few locations will be without it.

4/3/2013 11:01 PM [View Responses](#)

When you compare the amount of extra work that you must do on rotations without EHR based purely on that difference, it is astounding to think what that can add up to over the course of a residency. EHR allows for better health care, quicker monitoring, analysis of any weak points and better communication. We need real EHR (think EPIC), which allows everything to be accessed and done from one interface - it will change LAC for the better right away!

4/3/2013 10:52 PM [View Responses](#)

EHR allows me quick and convenient access to a broad scope of information including patient labs, imaging, and notes from other providers. I am concerned about the relative increase in the amount of copied or imported information in notes that is not necessarily verified by the notewriter. Also, many irrelevant data are copied into notes as automatic imports and this reduces the readability and utility of many notes.

4/3/2013 10:47 PM [View Responses](#)

I hadn't considered an EHR as a reason for picking a residency, but I don't think we're far enough along in our application process to give a solid answer to priorities for residency. Now that you've introduced it as a concern, however, I'll probably consider it more strongly.

4/3/2013 10:32 PM [View Responses](#)

As we move forward, I think health care will become very dependent upon EHR. This will definitely affect patient care, physician-patient relationships, as well as safety for the patient/doctor. It is a great protective measure, but not without its pitfalls. I would consider a residency program without an EHR to be very outdated and less likely to rank them.

4/3/2013 10:27 PM [View Responses](#)

EHR does improve safety but is still dependent on user's input.

4/3/2013 9:39 PM [View Responses](#)

Depends on which EHR

4/3/2013 9:34 PM [View Responses](#)

I hadn't considered the importance of EHR in residency decisions before taking this survey. Maybe I should.

4/3/2013 9:24 PM [View Responses](#)

The ease of use of the EHR will factor significantly into my residency choice, because less paperwork means more learning, better training.

4/3/2013 8:52 PM [View Responses](#)

It feels at this stage that EHR is still very immature at all clinical sites I have been to, and it is prone to usability issues as a result. These issues make it harder to use the system than paper for some things, but easier than paper for other things. All around, I would be very concerned about working at an institution that hadn't yet begun the EHR conversion process. Right now, I expect it to be immature - but surely within 5 years it should be running more smoothly. At that time, I will have even higher expectations of an EHR, and any institution that doesn't have EHR at that point will be highly unattractive as an employer.

4/3/2013 8:33 PM [View Responses](#)

Please bring EHR to LAC USC

4/3/2013 8:24 PM [View Responses](#)

Affinity is a really hard system to learn and use in general. Accessing many of the features is non-intuitive and we are forced to learn them through the random residents, nurses and staff that we happen to work with. The system at CHLA, on the other hand, is fantastic to work with. The system is much more intuitive and easier to learn.

4/3/2013 8:21 PM [View Responses](#)

I haven't thought about this before. But now that you mention it I just hope they have an EHR better than County!

4/3/2013 8:20 PM [View Responses](#)

Any program not using an EHR system is outdated. As students we are often not given full access to the EHR, making it more difficult to participate in patient care.

4/3/2013 8:18 PM [View Responses](#)
