BACKGROUND
1. Electronic health records (EHRs) have led to massive expansion in documentation.
2. EHRs are partially responsible for trainee burnout and depression as more time is spent on indirect forms of patient care and away from the bedside.
3. Ways to improve how trainees and physicians interface with EHRs has been recommended.
4. We sought to provide structured pre-rounding training and measure its effect on trainee stress, efficiency, organization, and time at the bedside.

METHODS
• Pre-Rounding Training
  • Defined as training in how to collect, store, and use data to develop a daily assessment and plan prior to rounding with the medical team in the morning.
  • Population: Internal Medicine interns at University of Colorado.
  • Delivery: In-person, Online Video Conference
  • Assessment: Pre and post intervention survey data were collected.
• Outcomes included trainee self-perceived level of:
  • Efficiency
  • Organization
  • Stress
  • Time spent pre-rounding
  • Time at the bedside prior to rounds
  • Time to research treatment plans
  • Organization of Oral Case Presentations

INTERVENTION
• Primary Focus: Systematic, targeted data extraction guided by active problems, promoting assessment and plan development.
• Characteristics:
  • Abbreviated
  • Comprehensive
  • Problem-based extraction
• Innovative Workflow:
  1. Repetition: Use template every time
  2. Scaffolding: Template sequence should match OCP sequence
  3. Less is More: Leave sections with normal, unremarkable data blank
• Targeted Extraction: Note important data, not all data.
• Reduce Working Memory: Copy what you can from yesterday (#’s), extracting data from active problems
• Modify EHR: If possible, match ‘tabs’ in EHR to template sequence
• PAUSE: What did I miss?
• Triangle: Orders, Note, Sign-out

RESULTS
• 91 completed training
• 42 provided post-intervention data
• 13/91 in person training
• Qualitatively, desired training earlier and in electronic format
• Majority agreed or strongly agreed with the training was useful, and recommended in future

Intern Self-Reported Performance Measures (1-10) both Pre and Post Intervention
Interns felt more efficient, organized, and like they gave better presentations

Intern Self-Reported Time Measures both Pre and Post Intervention
Spent less time pre-rounding, but did not spend this time at the bedside or researching treatment plans. ...maybe more time for morning coffee???

DISCUSSION
• Systematic pre-rounding training led to significant improvements in efficiency, organization, time, and stress.
• It did not lead to more time at the bedside or studying treatment plans, potentially due to the COVID-19 pandemic.
• Earlier training in an electronic format is desired.
• Demonstrates the problem expanding EHRs pose to physician wellbeing and the need for thoughtful interfacing in the future.

REFERENCES