



Discordance Between Clinician and Patient EHR Experiences

Aisha L. Bowen, MD, *Grant Family Medicine*, Michael E. Johansen, MD, MS, *Associate Editor, Annals of Family Medicine*

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The *Annals of Family Medicine* encourages readers to develop a learning community to improve health and health care through enhanced primary care. With the Annals Journal Club, we encourage diverse participants—particularly among students, trainees, residents, and interns—to think critically about and discuss important issues affecting primary care, and even consider how their discussions might inform their practice.¹

HOW IT WORKS

The *Annals* provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our [eLetters section](#), a forum for readers to share their responses to *Annals* articles. Further information and links to [previous Annals Journal Club features](#) can be found on our website.

CURRENT SELECTION

Meltzer EC, Vorseth K, Croghan I, et al. Use of the electronic health record during clinical encounters: an experience survey. *Ann Fam Med*. 2022;20(4):312-318.

Discussion Tips

Electronic health records have become ubiquitous in clinical medicine in the United States over the last 20 or so years. This has created greater pressure on clinicians to complete charting and other administrative tasks during patient visits in order to limit the amount of after-office hours charting and documentation. There is debate on whether it takes away from the patient-clinician relationship with many reports suggesting clinicians view this negatively. However, the patient voice is less often obtained in these analyses.

Discussion Questions

- What question is asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?
- How strong is the study design for answering the question?
- To what degree can the findings be accounted for by:
 1. The patient response rate
 2. The patient's familiarity with the clinician
 3. Clinician and patient population race concordance
 4. Clinician and patient population gender concordance
- What are the main study findings?
- Why might the patient and clinician reporting be so different?
- What is a response bias? Why might it apply to this study?
- How might the design of this study be changed to decrease possible response biases?
- How concerned are you about the size of the study (ie, 2 clinics)?
- How comparable is the study sample to similar patients in your practice or region? What is your judgment about the transportability of the findings?
 - Do you think your patients would respond similarly?
- What contextual factors are important for interpreting the findings?
- How might this study change your practice?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL*. *Ann Fam Med*. 2006;4(3):196-197. <http://AnnFamMed.org/cgi/content/full/4/3/196>