

YALE UNIVERSITY SCHOOL OF MEDICINE

Guidelines for Student Access and Use of Electronic Health Records

The Yale School of Medicine is committed to developing physicians and physician associates who excel in the patient-centered use of electronic health records (EHRs). Accordingly, students must learn effective and appropriate use of EHRs in order to assume roles of increasing responsibility. The following constitute guidelines for the appropriate use of EHRs by medical and physician assistant students; however, there may be exceptions to these guidelines.

In all cases, it is expected that faculty and students will use their best judgment in order to preserve patient privacy and abide by university and hospital policies. Access to patient records for purposes beyond the scope of academic, clinical or research roles is potentially a serious violation subject to discipline under Yale University HIPAA policies and disciplinary procedures. Furthermore, faculty and students are reminded that university policy prohibits users from logging into, entering data, or using clinical systems under another person's log in credentials.

1. Students should access and use the EHRs of the following patient groups:
 - a. Patients in the care of the student's assigned team, for the purposes of patient care (e.g., documentation, review of pertinent history, preparation for rounds) and educational assignments (e.g., case write-ups).
 - b. Patients in the care of another medical team on the same unit or ward as the student, if directed by their attending or resident for patient care needs (e.g., cross-coverage on weekends).
 - c. Patients who are not in the student's care or the care of the student's assigned team but who have medical findings of high educational value as determined by a senior member (e.g., chief resident, attending) of the patient's medical team. In this case, the student should access only the minimum necessary components of the EHR and always under the supervision of the senior member of the team.
 - d. For research purposes in accordance with an IRB-approved protocol.
2. Students should recuse themselves from accessing the EHRs, or participating in the care of the following patient groups:
 - a. Faculty members, residents, or fellows who are known to the student or who have had or may potentially have a professional or supervisory relationship to the student in the future.

- b. Fellow health professional students or their family members.
 - c. Friends or family members of the student.
3. For educational purposes, a student may access the EHR of a patient in his or her care for up to 30 days following completion of the student's involvement in the patient's medical care. This access is limited to:
- a. Academic or educational use (e.g., completion of assigned case write-ups, follow-up on diagnostic tests).
 - b. The minimum necessary components of the EHR, pertaining only to conditions for which the student participated in the patient's medical care.
4. Students should be aware of the effects of EHR use on patient encounters, and should strive to observe, practice, and attain skills in:
- a. Visit organization using an EHR.
 - b. Verbal and nonverbal behavior while using an EHR.
 - c. Patient education, shared decision-making, and sending information to the interprofessional team using an EHR.¹

Reference

¹Wald et al (2014). Electronic Health Record Training in Undergraduate Medical Education: Bridging Theory to Practice with Curricula for Empowering Patient- and Relationship-Centered Care in the Computerized Setting. *Academic Medicine* 89 (3): 380-386.