emrU: Broad EMR integration into curricula

emrU newsletter, June 2014, by [Nick May](#)

This month we travelled to Nashville, Tennessee to present at the American Association of Medical College's (AAMC) *Group on Information Resources* (GIR) conference—a gathering of information technology experts working in medical education. We presented our experiences with emrU – the resources required to bring the system online, the challenges we faced, and the successes we have seen thus far.

We shared the stage with the University of Florida and Loyola University (Chicago) for an hour-long panel discussion, where each school presented on six topics related to integrating Electronic Medical Records (EMRs) into health science education: Pedagogy, Timeline, Governance, Resources, Lessons Learned, and Future Plans. During this presentation we also circulated the results of an informal poll of GIR members that indicates half of all medical schools in the sample are planning to integrate an EMR into their curriculum.

In addition to the panel discussion we presented a poster covering emrU in greater detail and fielded many questions about our choice of EMR system, the scope of our integration and factors affecting our rapid rollout.

Where Iowa stands out

Two things stood out about Iowa:

Pedagogy

Iowa has long integrated clinical experiences (including use of an electronic medical record) into health science education, typically during the latter part of a student's education. However, with emrU, we are now ahead of many schools by integrating electronic medical records (EMRs) into our curricula from the beginning of a student's education—prior to clinical experiences.

This early introduction to EMRs presents an opportunity to educate students about the role of EMRs in the modern health system, including:

- Clinical documentation
- Healthcare quality initiatives
- Billing & scheduling systems
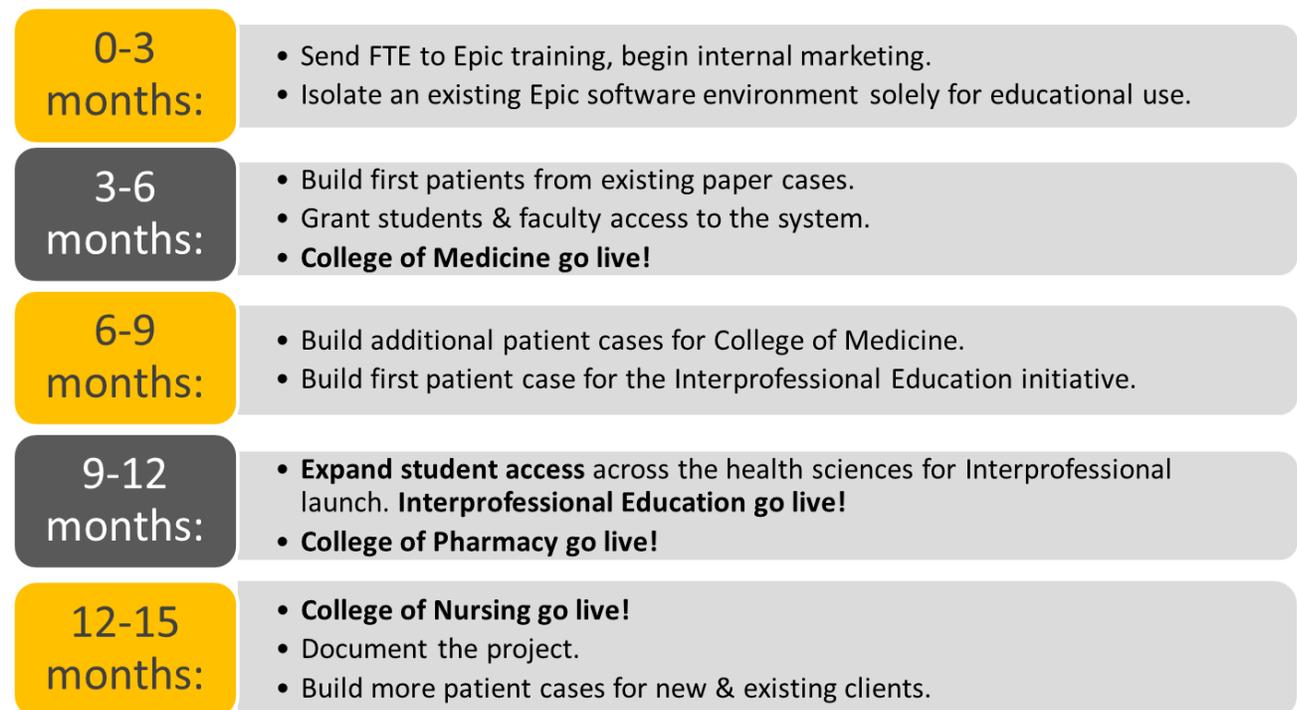- Patient portals and patient-provider interaction

Governance model & resources

In contrast to medical schools with limited integration between medicine and another discipline (usually pharmacy), Iowa is unique in the breadth of the disciplines represented in emrU – students in the fields of medicine, pharmacy, nursing and others all use emrU.

Further, the resources allocated to this project – and the commitment of our academic partners, technical staff, and hospital administration to the governance of this project – are part of what sets Iowa apart from others in this space and are responsible for our success.

Iowa's rapid implementation

Buy-in and sufficient resources combined to produce a rapid implementation at Iowa. This is most evident in emrU's implementation timeline – the time it took to bring the project online and put the electronic medical record in front of students. We are proud of our rapid development and deployment of this tool:

0-3 months:	• Send FTE to Epic training, begin internal marketing. • Isolate an existing Epic software environment solely for educational use.
3-6 months:	• Build first patients from existing paper cases. • Grant students & faculty access to the system. • **College of Medicine go live!**
6-9 months:	• Build additional patient cases for College of Medicine. • Build first patient case for the Interprofessional Education initiative.
9-12 months:	• **Expand student access** across the health sciences for Interprofessional launch. **Interprofessional Education go live!** • **College of Pharmacy go live!**
12-15 months:	• **College of Nursing go live!** • Document the project. • Build more patient cases for new & existing clients.

emrU's implementation timeline, sourced from *Electronic Medical Records in the Curriculum – Reports from the Field* by Boyd Knosp, et. al.