Editorial

Face Time

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In this time of evolving medical care, many factors are impinging on the physician-patient relationship. Unfortunately, one of the biggest barriers between our patients and us is a computer screen.

Before I started using an electronic health record (EHR) nearly 4 years ago, I was very anxious about the transition. How would I be able to maintain my patient volume while trying to create a comprehensive electronic document for each patient? Now I love my EHR. It creates a beautiful note quickly and effectively, and I can check all of my medical records from any location. I love e-prescribing, and, best of all, there is never a lost medical record. As I have become more connected to my EHR, however, I think my patients sometimes feel left out. As many of us can attest, it is often hard to maintain good eye contact and communication with patients while completing their electronic record.

Recently, several studies have evaluated the effects of novel technologies on interactions between the patient and health care professionals (HCPs). Montague and Asan[1] examined eye gaze patterns between patients and HCPs while EHRs were used to support patient care. Gaze was used because it provides a more objective and measurable indication of attention and communication. In their study, patient visits were recorded using 3 high-resolution video cameras placed at different angles to accurately capture gaze and avoid ambiguity of the gaze direction caused by a single camera angle. One hundred patients and 10 HCPs participated in the study.[1]

Results indicated that on average HCPs spent nearly one-third of the visit length gazing at the EHR.[1] Paper medical records also were used during 79% of the visits with HCPs spending approximately 9% of the visit length gazing at the record. There were times when the patient gaze was undetermined and accounted for more than 28% of the visit length. This unknown gaze might have occurred when the HCP used the computer and the patient disengaged eye contact with the HCP. Another scenario recorded was when patients gazed at the HCP and the HCP gazed at the EHR, an event that accounted for more than 21% of the visit time. The investigators concluded that the patient-physician eye contact dynamic differed with EHRs compared to paper medical records. They also noted that when HCPs spent too much time looking at the computer screen in the examination room, nonverbal cues might have been overlooked. Also, the HCP's ability to pay attention and communicate with patients was affected.[1]

Asan et al[2] quantitatively examined and compared clinically experienced physician interactions with patients using paper medical records or EHRs in ambulatory primary care settings. Eight experienced family medicine physicians and 80 patients participated in the study. A total of 80 visits—40 with paper and 40 with EHRs—were recorded. The proportion of time physicians spent gazing at medical records was significantly more during EHR visits compared to paper chart visits (35.2% vs 22.1%; $P=.001$). A significantly smaller proportion of physician time was spent gazing at the patient when using an EHR compared to a paper medical record (52.6% vs 45.6%; $P=.041$).[2]

As our use of EHRs increases and evolves, it will be important to factor in these issues to maintain the centrality of the physician-patient rapport. We should attempt to place the computer screen and the patient in physical locations that facilitate the ability to maximally interact with the patient while entering the data. It will be important for those who design the next generation of EHRs to do so with this communication in mind. Until then, I will do my best to give the appropriate attention to both my patient and my EHR.

REFERENCES

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