

CHECKLIST

COVER PAGE

- Project title
- Name and degree of primary investigator (PI)
- Name and degrees of co-investigators/collaborators
- Name of affiliated department(s)
- Section(s) that grant focuses on: *UGME, GME, CME, IPE*
- Contact information for primary investigator

PROPOSAL ABSTRACT

- 12-point font and 1-inch margins, no more than 300 words.
- Format: Problem/Educational Issue, Goal, Approach, Predicted Outcomes, and Anticipated Impact including dissemination plan.

PROPOSAL NARRATIVE

- Does not exceed five, single-spaced pages, 12-point font; 1-inch margins
- Rationale & Statement of the Problem
- Background & Theoretical Framework
- Approach
- Outcomes and Evaluation Plan
- Plan for dissemination of project outcomes regionally and nationally
- References (*not included in the 5-page limit*)
- Necessary addendums / appendices (*not included in 5-page limit*) *Not applicable*

PROJECT TIMELINE

BUDGET

- Itemized costs
- Statement of justification for each budget line item

BIOGRAPHICAL SKETCHES

- Template provided in guidelines has been used for each biosketch

LETTERS OF SUPPORT

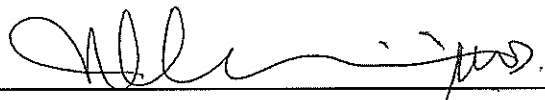
- One letter of support for each study applicant (PI and Co-PI[s])

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL *Not applicable*

- If this is a research project involving human subjects, documentation that the proposal has been submitted to the Institutional Review Board (IRB) for review must be included in the application

I have reviewed the proposal and verify that the items listed above are included.

PI Signature: _____



Embracing EHRs to Improve Patient Care and Solidify the Patient-Provider Relationship

Primary Investigator:

Magali Parisien, MD

Assistant Professor, Zucker School of Medicine

Co-Investigator:

Lauren Block, MD, MPH

Associate Professor, Medicine and Science Education

**Co-Director, Patient, Physician, and Society, Zucker School of
Medicine**

Affiliated Department:

Medicine, Science Education

Section of Focus:

Undergraduate Medical Education

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Proposal Abstract

Problem/Education Issue:

Key clinical skills for medical students include communication, physical examination, and the equally important documentation of this interaction. As Dr. Lawrence Weed wrote in 1968, a more “organized approach,” “positive attitude,” and rational acceptance” of a well-organized medical record is an obligation of every healthcare worker (Weed 1968). Weed’s espousal of the Problem Oriented Medical Record led to the use of SOAP notes. Today, medical record keeping is done using Electronic Health Records (EHRs). Zucker School of Medicine has an opportunity to incorporate the use of EHRs in their curriculum more fully, which would increase student skills and familiarity with the EHR.

Goal:

We aim to develop, implement, and evaluate a medical student clinical informatics curriculum, supported by CME for faculty and integrated into the UME curriculum.

Approach:

We will integrate medical informatics through the use of didactics and hands on experience. Touchpoints building knowledge, skills, and attitudes in medical informatics will be integrated into the existing curriculum without adding to curricular time. To ensure medical students encounter faculty who can serve as role models and mentors, educational programming for students will be supported by CME. An IPE model will be used to incorporate other professionals in training since documentation spans the healthcare team.

Predicted Outcomes:

Improved medical student knowledge, comfort, and skill using the EHRs for documentation while preserving key communication skills.

Anticipated Impact/Dissemination Plan:

The medical informatics curriculum will build student skills, confidence, and satisfaction with EHR use and an approach to organization of medical information. Our interprofessional approach, supported with CME, will positively impact EHR satisfaction and skill among faculty and other trainees. We plan to share lessons learned with GME and University programs across the health system. We will submit findings to GME conferences, AMIA and SGIM and author manuscripts for publication.

Proposal Narrative:**Rationale & Statement of the Problem:**

Medical informatics is a key component of practicing medicine today. It is essential in patient safety, communication, quality improvement and preventive care. Clinicians who do not optimally use EHRs face burnout, poor quality of care and limited reimbursement. It is important to incorporate into medical informatics into UME with the aim to familiarize future physicians with proper use. While students at Zucker SOM receive 'just in time' EMR training prior to their second 100 weeks clerkships, Zucker SOM does not have a medical informatics curriculum. Northwell has the foundation and infrastructure to be a leader in this area.

Background & Theoretical Framework

The HITECH Act of 2009 provided financial impetus to universalize EHR use. Ten years later it is rare to come across a health care facility lacking technology. Most hospitals and outpatient practices have not only adopted EHR but also expanded on other technology. Yet the EHR has not been fully integrated into medical education in UME or GME (Ford, 2009).

A few institutions have incorporated health informatics into UME. Oregon Health and Science University outlined their efforts to integrating EHRs from day one of medical school and incorporating milestones to guide their curriculum implementation (Hersh, 2017). The University of Belgrade Medical School implemented a semester long course introducing web-based learning to medical students at the beginning of their medical education (Milic, 2018).

Local needs assessment

Students see EHR skills role modeled in ICE practices among preceptors and office staff, but this is not currently emphasized as a skill for students in the first 100 weeks. A survey of the second year class revealed that 91% of pediatrics and 94% of medicine preceptors use the EHR in the office. 67% of students reported they use the EHR in their medicine or pediatrics ICE offices. As part of a recent LCME review, 64% of students at Zucker School of Medicine reported satisfaction with their use of the electronic health record.

Approach

Our approach to curricular enhancement and assessment will be to integrate medical informatics into medical school curriculum through the use of didactics and hands on experience. Existing sessions will be expanded to allow touchpoints building knowledge, skills, and attitudes in medical informatics without adding substantially to the busy curriculum. To ensure medical students encounter trained residents and faculty who can serve as role models and mentors, educational programming for students will be supported by programming across the educational continuum from GME to CME. An IPE model will be used wherever possible to incorporate other professionals in training since documentation spans the healthcare team. The table gives an overview of our approach to curricular content and assessment:

Curricular overview and assessment plan

Course	Session	Goal	Approach	Assessment/Outcome
CPR	Communications: Gathering a medical history	Introduce patient-centered language in note writing	Students practice patient-centered language in HPIs	Self-assessment
BI	ICEGo	Ensure all students have access to AEHR training	Offer online training to all students for read-only Allscripts access	Number of students reporting using EMR during ICE
FTB	Clinical learning	Practice using the EMR to list problems and document HPI	Students given access to AEHR sandbox to document HPI based on curricular session	Documentation on AEHR sandbox during clinical skills; SP checklist feedback
FTB	Communications: Interval history	Describe best practices in communicating with an EMR in the room	Students critique video demonstrating ideal and suboptimal communication strategies with patient and EMR	CLO facilitates practice in ICE
HOM	How physicians are paid	Discuss role of patient portal in inter-visit communication	Students browse their own patient portal and discuss communication using patient portal	Weekly essay on patient portal
HOM	Medication adherence	Describe the importance of medication reconciliation	Students will discuss use of EMR in medication reconciliation	Clinical Learning Objective (CLO) to enable practice in ICE
HMI	Patient safety and error disclosure	Articulate how documentation shortcuts can contribute to patient safety problems	Case illustrating adverse event arising from lack of two identifiers or cut-and-paste notes	Weekly or final essay on patient safety principles
HC	Value-based care	Illustrate how the medical record is	Case study on hospital with poor	Weekly essay on role of value-based care model

		used to meet quality improvement goals	quality indicators transitioning to value-based reimbursement model to be used	in incentivizing improvement of quality indicators.
ACE	Core learning	Describe how the EMR can contribute to unconscious bias	Prereading on EMR diagnoses contributing to unconscious bias	Reflection on EMR use and unconscious bias

Zucker SOM is known for its strong four-year communications curriculum. In the graduate questionnaire, alumni consistently report satisfaction with the communications curriculum. We believe strong documentation is a necessary component of effective clinical communication. Building a foundation of effective use of the medical record in patient and healthcare team interactions is a critical piece of building communication skills among students. This will begin with the first course for medical students, CPR, during which students are introduced to documentation. In collaboration with communications thread leaders, patient-centered language will be added as a goal of documentation and all medical communications. Given the move at Northwell and elsewhere toward Open Notes, in which patients can see and engage with their medical record as partners in their own care, patient-centered language is more important than ever.

Students should be taught and practice how to see patients using an EMR to complement the informal curriculum. While some students have access to the EMR currently for their ICE experiences, all students at Northwell Physician Partners practices can gain access to the EMR. This goal will be emphasized in an existing ICEGo session in BI supported with brief online training. This will alleviate the need for this online training during Transitions.

High quality documentation requires advanced clinical reasoning skills. Medical records are problem-centered, similar to the way students are taught to consider a patient problem list. Documentation should be taught to include attention to maintaining, updating, and consulting the problem list during each visit to ensure thoroughness. Students will have an opportunity to practice documentation following Clinical Learning sessions in Biological Imperative and Fueling the Body using a tool specifically designed for practice. Creation of this tool will be a main focus of the funds from this grant, as such a practice tool does not currently exist, but can be built by the Allscripts team, of which the principal investigator is a medical director. During assessment, a similar tool integrated into standardized patient visits allow students to record, document, and save their encounters, simulating longitudinal care.

As students learn to view and engage with data from the EMR, the communications curriculum will continue with a segment on 'Patient communication with an EMR in the room' during an existing session on the Interval history. Existing videos will be adapted to highlight best practices and what 'not to do' when seeing a patient with an EMR in the hospital or office room. Students will then have an opportunity to practice these skills in ICE.

Similarly, use of the EMR can facilitate efficient yet thorough medication reconciliation. An existing session on medication adherence in Homeostasis, already interprofessional and inclusive of pharmacy students and faculty, will be augmented to add the lens of EMR use and

incorporating medication reconciliation into every visit. To add to classroom learning, students will have an opportunity in ICE to perform medication reconciliation and resolve potential medication inconsistencies.

The design and conduct of quality improvement projects to meet a clinical or patient safety need requires an understanding of population health, proper documentation, and the potential of the EMR to extract relevant clinical data. To an existing session on value-based care the importance of using data gleaned from the medical record to track and improve preventive healthcare and other quality indicators will be introduced.

Students should similarly have an opportunity to see how improper use of the EMR can contribute to patient safety problems. Issues such as failure to use 2 patient identifiers, cutting and pasting notes, and failure to 'clean' and update problem lists can be highlighted. We will add to our patient safety curriculum examples of potential adverse events caused by improper use of the EMR to give students an understanding of the potential implications of shortcuts that compromise patient safety.

Students need to understand all the ways the medical record is used, including how to optimize provider-to-provider and provider-patient communication. In certain settings, communication through the patient portal can expedite communication and patient engagement. Use of the patient portal will be introduced in an existing session on clinical redesign and payment models led by Dr. Nash. Students will have the chance to look up data on their own patient portal.

Used incorrectly, the EMR can promote unconscious bias and contribute to the hidden curriculum. This should be specifically addressed during curricula on unconscious bias and the hidden curriculum during 3rd and 4th year as students become more proficient users of the EMR. As an example, problems listed in a medical chart, such as 'polysubstance abuse' or 'medication non-adherence' can bias trainees and healthcare professionals against patients even before the visit begins. This phenomenon will be specifically addressed through reflection.

These curricular initiatives will require faculty development. This faculty development will occur in two phases. Health system and University experts will lead a dedicated session on informatics and the School of Medicine approach including the new practice platform designed specifically for this curriculum. In the second phase, faculty pre-meetings prior to sessions will include short introductions to the new aspect of the curriculum and how each piece fits into the overall curricular goals.

Potential barriers and resolution of challenges

Limited curricular time available	Integrate into existing curriculum without adding extra time where possible
Faculty hesitation to change curriculum	Partner with existing SOM committees to brainstorm best approaches
Difficulty embedding new process in CLI workflow	Collaborate with CLI team to design best process for EHR use to optimize timing and streamline workflow
Difficulty onboarding 100 students annually	Begin onboarding early; phased-in onboarding to anticipate and respond to challenges

Outcomes and Evaluation Plan

In line with the school's value of assessment driving learning, each component will have an assessment piece, facilitating evaluation and dissemination. As outlined in the Table, assessment will include self-assessment and faculty assessment of HPIs, SP checklists on communication skills, completion of CLOs, including medication reconciliation, and weekly and final essay questions. Student use of the EMR has been tallied at baseline and will be tracked. Session evaluations for these updated sessions will include a question on the EMR component to solicit qualitative and quantitative feedback from students. Faculty development will be evaluated by attendees. Data inclusive of evaluation data, formative and summative assessment data, and CLO completion will be gathered by curricular thread leaders, aggregated, and shared with SOM leadership to plan for future curricular initiatives.

Plan for dissemination of project outcomes regionally and nationally

Medical informatics in undergraduate medical education is a key topic in the medical education literature. We will capitalize on this momentum to share our findings locally and nationally. As a first step, we will plan a workshop to offer guidance to other institutions on integrating key principles in informatics into an existing curricular program. We will encourage students to help us analyze, write, and present data on our curriculum, thereby fostering scholarship and leadership among our students interested in this topic. This may include a summer project for a rising MS2 or 4th year preceptorship for an interested MS4. We plan to share lessons learned with GME and University programs across the health system including SWIMC, Academic Day, and OAA retreat to allow for additional educational opportunities for residents and health professions' students. Our findings will be aggregated into two potential papers for publication; one on the process of developing the curriculum and circumventing barriers we encounter; the other on our qualitative and quantitative findings, encompassing faculty and student perspectives. We plan to meet with key stakeholders from the Hofstra Health IT Master's and collaborate to hold CME and IPE sessions. We plan to partner with the SOM Klar leadership program to host ongoing educational programs for students and faculty. Once the technology and curriculum have been implemented, we will turn our focus to sustaining, refining, and continuing to disseminate the curriculum.

References

- Ford EW, Menachemi N, Peterson LT, Huerta TR. Resistance Is Futile: But It Is Slowing the Pace of EHR Adoption Nonetheless. *Journal of the American Medical Informatics Association*. 2009;16(3):274-281. doi:10.1197/jamia.m3042.
- Milic NM, Ilic N, Stanisavljevic DM, et al. Bridging the gap between informatics and medicine upon medical school entry: Implementing a course on the Applicative Use of ICT. *Plos One*. 2018;13(4). doi:10.1371/journal.pone.0194194.
- Reis SP, Borycki EP, Shachak AP. *Health Professionals Education in the Age of Clinical Information Systems, Mobile Computing and Social Networks*. 2017th ed. Academic Press; 2017. (chap 13)
- Sandoval MB, Palumbo MV, Hart V. Electronic Health Records Effects on the Outpatient Office Visit and Clinical Education. *Journal of Innovation in Health Informatics*. 2016;23(4):765-771. doi:10.14236/jhi.v23i4.151.
- Weed, Lawrence L. "Medical Records That Guide and Teach." *New England Journal of Medicine*, vol. 278, no. 11, 14 Mar. 1968, pp. 593–600., doi:10.1056/nejm196803212781204.
- William Hersh, Fran Biagioli, Gretchen Scholl, Jeffery Gold, Vishnu Mohan, Steven Kassakian, Stephanie Kerns, Paul Gorman, Chapter 13 - *From Competencies to Competence: Model, Approach, and Lessons Learned From Implementing a Clinical Informatics Curriculum for Medical Students*, Editor(s): Aviv Shachak, Elizabeth M. Borycki, Shmuel P. Reis, *Health Professionals' Education in the Age of Clinical Information Systems, Mobile Computing and Social Networks*, Academic Press, 2017, Pages 269-287.

Project timeline

Summer-Fall 2020	Design project Partner with SOM stakeholders Develop IT approach and build capacity for 100 ZOM students per year Meet with CLI, CME, Hofstra stakeholders
Winter 2020-Winter 2021	Roll out IT enhancements and onboard students Implement curriculum including UME, IPE, and CME elements Assess curriculum Communicate successes, barriers, preliminary results to stakeholders
Winter-Spring 2021	Finish evaluation Disseminate findings to local stakeholders Submit and disseminate findings nationally

Budget

Item	# items	Cost per item	Total
IT staff time to build practice tool	40	40	\$1600
Embed practice tool into CLI computers	14	100	\$1400
Equip SOM clinical skills rooms	6	100	\$600
Project Coordinator	1 Coordinator @ 80 hours	\$15/ hour	\$1200
Student Awards	Awards incentivizing appropriate use of EHR		\$200
Total			\$5000

Justification for each item:

Develop Allscripts-based practice tool to allow students to practice documentation following clinical learning sessions

Embed practice tool into computers at CLI for use in assessment, this will require IT staff and support for building virtual sandbox for use.

SOM clinical skills rooms will be similarly equipped for EHR use to mirror CLI rooms

A student project coordinator will be hired to assist in curricular development, evaluation, and administration

Student awards will be given out annually for demonstrating appropriate model use of the EHR

BIOGRAPHICAL SKETCH

NAME: Magali Parisien MD, MPH

POSITION TITLE Assistant Professor, Zucker School of Medicine

EDUCATION/TRAINING

Institution/Program	Degree	Completion date	Field
Hofstra University	MS	12/19	Health Informatics
Cambridge Hospital Internal Medicine Residency Training Program, Harvard School of Medicine		7/98	Internal Medicine
Boston University School of Medicine	MD	5/95	Medicine
Brown University	BA	5/89	Human Biology

A. Personal Statement

I am the principal investigator in this grant which is supported by my many years' experience in primary care medicine and teaching clinical medicine to medical students and residents. Currently I am the Director of Clinical Informatics for Northwell Health Physician Partners where I have incorporated my interest of clinical informatics with my clinical experience by engaging in improving the experience of physicians with the EHR. I also have the opportunity to partake in informatics meetings which provides me an in depth understanding of the EHR implementation, maintenance and governance.

I have taught in a group setting medical students, residents and attendings on the use of the EHR. It is my strong belief that education needs to start from year one of medical school as a means of destigmatizing the EHR use that currently occurs with providers everywhere. I have recently completed a Master's Degree in Health Informatics to further my education in this field and hopefully use it in educating others. My experience also goes beyond educating others to include leading Interprofessional teams on clinical management. I was responsible for attaining Patient Centered Medical Home Stage 3 level status for the resident practice at Long Island Jewish, the experience of achieving this status provided me with an appreciation for Interprofessional development. As the Resident Clinic Site Director at Long Island Jewish Ambulatory Care Unit I have partnered with the Emergency Department in implementing a grant which provided reduced cost medications and supplies for uninsured patients with diabetes. In brief, I have worked with many professionals from various departments in the health system which allows me to appreciate first-hand the importance of interprofessional education.

B. Positions held

2015-2019	Assistant Professor, Hofstra North Shore-LIJ School of Medicine
2016-2019	Director of Clinical Informatics, Northwell Health Physician Partners
2010-2016	Resident Clinic Site Director Ambulatory Care Unit LIJ Medical Center
2009-2010	Resident Education Coordinator Ambulatory Care Unit LIJ Medical Center

C. Honors and awards:

2019	Truly Award Nominee, Northwell Health
2014	Ambulatory Teacher of the Year Award, Zucker School of Medicine Residency Program

D. Contributions to medical education:

2012- 2017	Team Based Learning with Medical Residents
2016- present	AEHR Tips and Tricks Workshop for Medical Residents
2017- present	AEHR Hands on Workshop for Medical Interns
2018	AEHR Hands-On Workshop for Medical Attendings
2016- present	AEHR workshop for 2 nd year Medical Students
2019	Implementation of AEHR Workshop for Pediatric Interns and Residents

BIOGRAPHICAL SKETCH

NAME: Lauren Block MD MPH

POSITION TITLE Associate Professor, Departments of Medicine and Science Education, Zucker School of Medicine

EDUCATION/TRAINING

Institution/Program	Degree	Completion date	Field
Johns Hopkins University School of Medicine Fellowship Program		6/13	Medical education research
Johns Hopkins Longitudinal Program in Curriculum Development		6/13	Curriculum Development
Johns Hopkins Bloomberg School of Public Health	MPH	6/13	
Osler Medical Residency Training Program, Johns Hopkins University School of Medicine		6/11	Internal Medicine
Harvard Medical School	MD	6/08	Medicine
Yale College	BS	5/03	Biochemistry

A. Personal Statement

I am listed as co-investigator in the grant application, a position for which I believe I am well qualified due to experience in primary care, teaching, and curriculum development. In addition to clinical work in primary care and resident precepting, I have directed several courses at Zucker School of Medicine at Hofstra/Northwell and lead the GIM Fellowship at Northwell/Zucker, which trains future clinician educators and researchers in our Division. I have 7 years of experience using the medical record and training students and residents to use the EMR. In training, I used multiple other applications including Epic. Through IMPACcT and the student run clinic as well as the Transitions medical record training I have trained students to use the EMR. I have developed interprofessional curricula and programming aimed at medical students, residents, PA, pharmacy, and psychology students as well as clinical workflows to improve team-based care in a teaching practice. I teach population health and humanities to first and second year medical students and am responsible for curriculum development, teaching small and large group sessions, assessing clinical performance, and curricular evaluation. I am the PI of several medical education projects, for which I mentor medical

students and residents. I have particular interest in the areas of inter-professional education, residency wellness, mentoring, and working with underserved populations.

B. Positions held

- 2017-2019 Associate Professor, Zucker School of Medicine at Hofstra/Northwell
- 2013-2017 Assistant Professor, Hofstra North Shore-LIJ School of Medicine

C. Honors and awards:

- 2019 Northwell Health Teacher of the Year
- 2019 Truly Award Finalist in Mentorship, Northwell Health
- 2018 ProudtoBeSGIM funded project to increase student and resident awareness of general internal medicine careers
- 2016 Educational Innovations Poster Award, Mid-Atlantic Society of General Internal Medicine
- 2014 High Potential Mentor, Arnold P Gold MAP-IT Grant
- 2014 General Internal Medicine Nominee, Spielman Award for Excellence in Research
- 2014 Hamolsky Finalist, National SGIM Meeting.

D. Contributions to medical education

<i>Year</i>	<i>Position title</i>
2019	Core Faculty, Internal Medicine Residency Program
2018-present	Northwell/Zucker General Internal Medicine Fellowship Director
2017-present	Director of family head program
2017-present	Core faculty, ENHANCE Community Health Residency and NP Track
2016-present	Medical student Track Director, Improving Patient Access Care and cost through Training (IMPACcT) program
2016-2017	Co-director, Physical diagnosis curricular thread
2016-present	Director of primary care elective for fourth-year students
2016-present	Faculty lead for health policy elective for fourth-year students
2015-present	Director/Co-Director of Patient, Physician, and Society curricular component

E. Research support and/or scholastic performance

- 2015-20 Health Resources and Services Administration (**HRSA**) Primary Care Training and Enhancement, **IMPACcT**: Improving patient access, care, and cost through training (\$350,000 annually for 5 years), Zucker School of Medicine at Hofstra/Northwell (Co-writer, Track Director)
- 2019 **#ProudToBeGIM** award funded by the Society of General Internal Medicine and the American College of Physicians.

2019 **Dean's Fund for Innovation in Medical Education** award, Humanizing substance use: Motivating a shift in organizational approach and culture, Zucker School of Medicine at Hofstra/Northwell (Collaborator)

2015-17 **PACER: Physicians Accelerating Clinical and Educational Redesign** (faculty development award funded by the Josiah Macy Jr. Foundation, the American Board of Family Medicine, the American Board of Internal Medicine, the American Board of Pediatrics and the Accreditation Council for Graduate Medical Education), Zucker School of Medicine at Hofstra/Northwell (Co-writer, Core Faculty)



Thomas McGinn, MD, MPH
Deputy Physician in Chief & Sr. Vice President
Northwell Health
Chair, Department of Medicine
David Greene Professor of Medicine
Zucker School of Medicine at Hofstra/Northwell



October 25, 2019
Dean Lawrence Smith, MD
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

Dear Dean Smith:

I am very pleased to support Dr. Magali Parisien who is submitting a project titled "Embracing EHRs to Impact and Improve Patient Care and Solidify Patient-Provider Relationship" to the Academy of Medical Educators' Deans Award Proposal in collaboration with Dr. Lauren Block. Their project emphasizes the need to further optimize the electronic health record (EHR) utilization amongst physicians in order to meet patients' needs, quality and safety goals. They intend to use education as a means of emphasizing key principles in medical informatics and best practices in use of the EHRs starting with training future physicians.

As Chairman of Medicine and Head of the Institute for the Study of Patient-centered Intervention and Outcomes Research I oversee many research endeavors in the Department of Medicine and can provide guidance and direction to their project. They will have a forum where they can share their project and obtain feedback from other researchers in the department.

Dr. Parisien has been an ambulatory faculty and educator at Northwell Health for 10 years. She has been instrumental in the development of the Internal Medicine Resident practice at Ambulatory Care Unit of LIJ Medical Center. She understands the nuances of providing educational training to a group of medical professionals. This project encompasses a part of medical education that is still in its pioneering phase and would provide a much needed cornerstone to professional development.

I am confident that she will be committed and dedicated to the success of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "TMG", followed by a horizontal line.

Thomas G. McGinn, MD, MPH
SVP and Deputy Physician-in-Chief
Northwell Health
Executive Director, Office of the Provider Network
Professor and Chair of Medicine
Donald & Barbara Zucker School of Medicine at Hofstra/Northwell



Department of Medicine
Division of General Internal Medicine



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

October 21, 2019

Dean Lawrence Smith MD
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

Dear Dean Smith,

I am writing to extend my strong support for the Academy of Medical Educators' Deans Award Proposal, "Embracing EHRs to Improve Patient Care and Solidify the Patient-Provider Relationship," submitted by Dr. Magali Parisien and Dr. Lauren Block. There is a need nationally to streamline and optimize our electronic health records to meet patient needs, quality and safety goals, and enhance communication. Training future physicians' key concepts in medical informatics and best practices in use of the electronic health record is a priority nationally to ensure our EHRs continue to meet our needs as providers and those of patients and health organizations.

As Chief of the Division of General Internal Medicine and Vice Chair for Academic Affairs in the Department of Medicine, I oversee one of the largest groups of ICE and ACE continuity preceptors who serve the Zucker School of Medicine. I see daily the importance of improving medical education to ensure our trainees gain the best experience during their classroom and clinical rotations. Ensuring students have access to, understanding of, and role modeling of best practices in informatics and EHR use will help our trainees, their preceptors, and our Divisions staff continue to provide high quality, efficient, and effective care and give students a meaningful role in that care.

As the direct supervisor for Dr. Parisien and Dr. Block I can attest to their commitment and experience in medical education and clinical care. Both have been faculty in my Division for over 6 years and have been promoted to Director roles based on their conscientiousness and dedication to patient care and medical education. Dr. Parisien's role as Director of Clinical Informatics at Northwell Health Physician Partners and Dr. Block's role as Co-Director of Patient, Physician, and Society at Zucker School of Medicine position them ideally to collaborate on this innovative and necessary educational project.

My experience includes leading a patient safety and quality center as well as a center for medical informatics. As Division Chief and Vice Chair, I will use my experience in medical informatics, healthcare administration, medical education, and patient safety to advise and help build the programs outlined in this proposal including the creation of a AEHR sandbox to enhance student training and the integration of new educational material to provide students with experience, skills, and knowledge to become proficient, reliable, and patient-centered users of the medical record. I will offer ongoing support for these efforts, which will enhance patient care and the training of future leaders in medical informatics.

Warm regards,

Joseph Conigliaro, MD, MPH, FACP
Vice Chair, Academic Affairs, Department of Medicine
Professor of Medicine and Chief, Division of General Internal Medicine
Northwell Health
The Donald and Barbara Zucker School of Medicine at Hofstra Northwell