

FM REVIEW 2019 19 COMMENTS to AUTHOR:

This is a touching essay about a day without EMR that brings the physician-author back in touch with the essential humanity of the doctor-patient relationship. It is a somewhat nostalgic but also clear-sighted consideration of what we have lost through "progress." While it offers no solutions, it will make us all think about our own remedies.

However, the essay requires some significant revisions. I have attempted to summarize the major reviewer concerns and recommendations below:

1) Pay attention to focus. In a brief essay such as this, it is important to have a single strong, clear through-line. Your story is about the impact on you of the EMR not being functional. Please follow reviewer 3's recommendations about significantly revising the opening story: the issues of not having an interpreter and the patient not wanting to see a medical student are extraneous to your main narrative about the EMR. Make sure the opening of your essay, which is your "hook" for the reader, shows that this is a story about the consequences of the EMR going down for you personally.

2) Since the EMR isn't going away any time soon, please make the lessons you learned from this "throwback" day more explicit. This will help address reviewer 2's concerns that the essay only looks backwards, not forward.

3) Think about what you want to do with the presence of the medical student in the story. Either give her/him a larger role - i.e., did the student react to the day similarly or differently than you? - or consider eliminating this character.

4) On a smaller scale, I also agree with reviewer 3's suggestion to read the essay aloud and hear its sound in helping you with the revisions. You might also discover alternative constructions for the "I statements". See attached file.

COMMENTS TO EDITOR II: This essay laments the impersonalization of the EMR, how it separates doctors from patients, and turns physicians into data entry clerks. One reviewer objected to the absence of constructive steps to remedy the problem, and pointed out that complaints about the EMR are old news. I have a somewhat different take - the essay suggests that many docs are still frustrated by and not reconciled to the EMR and its attendant difficulties. I think it is worthwhile to give a platform to this perspective.

However, the essay is overly long (over 1200 words) and redundant. I've suggested some close editing to make it tighter and more focused. I also have some concerns that the initial anecdote seems to make an opposite point from the main essay - it's an example of patient care suffering because of lack of the EMR. I'd like the author to reconcile these two apparently contradictory perspectives.

COMMENTS TO AUTHOR II: Thank you for these revisions. The essay is now much better focused on what happens when the EMR goes down. You've also made the medical student's role in the story

clearer and more relevant - I especially like the point that without the EMR you were actually a better teacher.

We would like you to address two points: 1) The introductory anecdote seems to make the point that the patient experienced worse care because of the absence of the EMR; and that you yourself were frustrated, indeed "infuriated," by not being able to access patient records, order labs, make follow-up appointments etc. Yet this is in direct contradiction to the rest of the essay, which focuses on how disruptive the EMR is of the doctor-patient relationship, and how much more rewarding (and cognitively satisfying) it is to write notes by hand rather than enter them as computer clicks. In the final paragraph, please try to reconcile this apparent contradiction. Can you conclude that the EMR is both a blessing and a curse?

2) Unfortunately, the narrative essay section has a strict limit of 1000 words (a few words over is not a problem, but over 200, as in your essay, is). I did find the essay a bit repetitive in places, and tried to make cuts that retained the thrust of your argument while eliminating redundancy. If you disagree, no problem, but please try to bring in the essay closer to the prescribed limit.

Also, a small point, but what is "squared breathing"?

COMMENTS TO EDITOR III: The author has addressed the main concern, which was the apparent contradiction between her initial sense of helplessness and upset when the EMR went down and her eventual joy at working without it. She's also brought in the essay much closer to the 1000 word limit and eliminated a lot of redundancy. I recommend we accept the piece as written.

COMMENTS TO AUTHOR III: Thank you for your revisions. It is now clearer that although initially you questioned whether, without the EMR, you could provide good patient care, by the end of the experience you felt better connected with your patients and better able to present a cogent narrative of your patients in the handwritten note. I also appreciate that the length now conforms to journal limits. The EMR is here to stay, and we must adapt, but your essay reminds us of the pleasures and values of simpler times; and encourages embracing the occasional collapse of the EMR as an opportunity to embrace a more intimate kind of medicine.