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Jefferson's Patient Encounter Log System (PELS)

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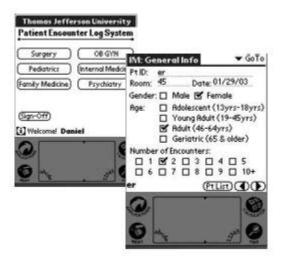
Jefferson's Patient Encounter Log System (PELS)

If you have been on the Jefferson campus, or at one of our educational affiliates, you have probably seen more and more of our third year medical students busily entering information into their Personal Digital Assistants (PDAs). While many students were already using these devices for medical reference and their social calendars, the growth in use is due to the implementation of Jefferson's Patient Encounter Log System (PELS).

The decentralization of clinical teaching networks requires a systematic way of documenting medical students' clinical and educational experiences across clerkships. Information collected includes the case-mix of patients, the severity of disease, the components of the history and physical exams performed, diagnostic procedures performed, and documentation of supervision.

Jefferson Medical College (JMC) has long been a leader in documenting our students' clinical experiences. Since 1997, third year students at JMC have been using computer scanned cards to record their patient encounters.

The value of these data was reported by Jefferson faculty in a paper published in the *Journal of the American Medical Association*.¹ Other analyses have identified differences in severity of illness for common medical problems among clerkship locations and the relationship between student gender and experience with gender related examinations such as testicular, breast and pelvic examinations.^{2,3}



While the manual data collection system has been very useful for educational planning, the new PDA-based Jefferson Patient Encounter Log System offers many advantages. With the card system, feedback to the clerkship coordinators and the students during a clerkship was not possible. With this system, students just need to tap the "Summary" key to review their experiences to date in any clerkship. By sharing this information with faculty at the mid-clerkship review, students can be helped to fill in any gaps in their experience in the remaining time in the clerkship.

Data entry is also much simpler. Previously, the student needed to refer to a printed manual to code diagnostic and disease staging information. With the PELS system, searchable diagnostic lists are included with the software, and the disease staging classification for common medical problems automatically pops up when appropriate, allowing the student, for example, to document the difference between an encounter with a patient with well-controlled diabetes mellitus as compared to an encounter with a patient who may have chronic complications such as retinopathy or neuropathy, or a serious acute exacerbation such as diabetic ketoacidosis.

The manual system enabled us to document and analyze more than 226,000 student-patient encounters. The new Jefferson PELS system will enable collection of an even richer database, better documentation of JMC students' clinical experiences, and ultimately, even better prepared JMC graduates.

References

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