

How to use the Pediatric Patient Encounter Logs

Example of Insufficient documentation:

3 year old developmental check-up; parental concerns that child has not begun to talk

Better:

3 year old developmental check-up; parental concerns that child has not begun to talk. On further evaluation child has met all other milestones. There are no predisposing findings in perinatal history such as TORCH infections, microcephaly, no history of meningitis, no family history of hearing or cognitive disorders. Patient passed hearing screen at birth but has not been checked since then. No findings of sitting close to the TV or poor response to loud noises. Child appears to have normal receptive language and follow commands well but only points and grunts for needs. Physical exam revealed no apparent abnormalities of the oropharynx, pinna or TM's. Child displays no difficulty engaging and interacting with others. Patient was referred for formal speech and hearing evaluation.

Example of Insufficient documentation:

6 year old East Indian F presenting for check-up and pre-travel arrangements

Better:

(Use this as an opportunity to show that you understand the issues surrounding overseas travel.) Review of the patient's bluecard revealed that her immunizations are up to date. We reviewed the CDC website to find the extra immunization needs of travelers to India- adult polio, Japanese Encephalitis and typhoid vaccines. We also discussed methods to protect her from malaria - anti-malarial meds, mosquito netting and appropriate repellent. We reviewed food safety instructions and prescribed antibiotics for traveler's diarrhea. Special needs issues would be her asthma and we gave refill prescriptions for her albuterol and flovent inhalers. We instructed the parents to look into health insurance coverage while abroad.

The point of the patient logs is not simply to check off a list of diseases or issues. It is to show that you have availed yourself of the learning opportunity that each patient can provide to you. It's to show that you are taking ownership of your education.

In the pediatric encounter list, we don't demand that you see one of every type of disease. Instead, we expect that you will see at least one example in each broad category of diseases and that you will learn the essential issues surrounding your patient that can then be applied to any patient with a disease in that broader category. By seeing a patient with bronchiolitis, you should then be able to apply your understanding of respiratory pathophysiology and therapeutics to other patients with asthma, bacterial pneumonia, foreign body aspiration and respiratory failure, etc.

While the CLIPP cases exemplify many of the issues seen in pediatrics, and while the LCME recognizes these as acceptable alternatives in cases that are difficult to find, direct patient interaction must be the primary method to gain these insights and experiences. CLIPP cases must remain an adjunct and an exception rather than the common method of gaining clinical experience.

Use a separate patient for each encounter. Do not copy and paste one patient to cover several different diseases even though one patient may have several issues. Although the Encounter form only asks you to document one patient per broad category, this does not mean you should restrict your exposure. See as many patients in each category as you possibly can. This is where the real learning comes from! It is only through seeing lots of patients that students are able to hone their clinical skills and assure their future expertise.