

Introduction to Patient Log (PLOG)
“How to PLOG”
Internal Medicine Clerkship
June 2007
<http://som.missouri.edu/PLOG>

1. This is the URL for the PLOG: <http://som.missouri.edu/PLOG>
2. This is a required activity. Failure to complete the PLOG will result in a failing grade for the clerkship.
3. Entries are to be made as you see the patient. I would suggest you complete the entries daily to keep up-to-date.
4. All PLOG entries for each week are due by 7 a.m. the following Monday morning. So, for the week of June 11, your PLOG entries for that week must be done by 7 a.m. on Monday June 18, 2007.
5. Failure to meet the above deadline will result in communication from Helen Cook with a reminder. Failure to follow through on the reminder will result in a personal meeting with the clerkship director for a discussion on professionalism.
6. Consistently tardy entries or “always entering all data at 6 a.m. Monday morning” may reflect poorly on your professionalism. Certainly, there are times you may get behind in your PLOG, but consistent “lagging-behind” will not be tolerated.
7. This is all confidential patient information, so if you make some paper notes or reminders to enter later, remember to have those paper notes shredded. If you are entering your PLOG most every day, you shouldn’t need any paper notes/reminders as the information needed to make an entry should already be in your head.
8. In Internal Medicine, we are only tracking patient encounters where you have full participation. Definition of “full participation” means you could sit down and write a SOAP note.

9. Please enter all patients you see for whom you could write a SOAP note. Other patients you hear about on rounds do not count toward your PLOG.
 - a. Perhaps you see a patient in clinic with an attending who does most of the history, but you participate in the exam and assessment/plan. You would enter this patient, even though you didn't collect the history. You still witnessed it and could write a SOAP note about that patient encounter.
10. Patient encounters include patients seen on the wards, in the clinics and/or in some cases, by simulation (online cases).
11. Each patient encounter needs to include at least one entry, but can include up to three entries. The entries can be either: diagnoses, skills or special domain, or any combination of the three.
12. Once you enter an encounter, it can not be edited.
13. A patient can only be entered once, unless the patient is seen in a different setting.
14. If you have questions or technical issues, please contact Helen Cook.
15. The minimum course requirements have been provided to you, and they are on the web page and PLOG.
16. It is the *student's responsibility* to assure they are meeting the minimum course requirements throughout the course, such that all requirements are met by the end of the clerkship.
17. Failure to meet the minimum requirements will result in an "incomplete", and may mean more clinical time during the following interblock to make up any deficiencies.
18. The clerkship administrator and clerkship director will closely follow each student's progress, and will help assess progress each week and at mid-course. We will also help and assist as is possible in making course corrections such that each student will meet all the minimum course requirements.

19. The course minimums have been set based on a nationally developed Internal Medicine clerkship curriculum, and the course minimums have been reviewed and approved by our faculty.
20. Random audits of entries will be performed. Falsification of entries will be considered an Honor Code violation, and may result in course failure and/or other consequences.
21. Become familiar with the course requirements. Pay attention to the requirements that may be a bit more difficult to meet, such that, if you encounter those, be sure to enter those that may be more rare. Remember, once a patient is entered, that encounter can't be duplicated or edited. Thus, be selective about what you enter for each patient encounter. I recognize that in internal medicine, some patients could have many more than three entries.
22. If the course is nearing the end, and you need to see a patient with XXX diagnosis or issue, you may need to let your resident and student partner know of what last few patients you need to see. Then, the resident may be able to assign patients a bit differently to help you meet the minimum course requirements.
23. Please keep track of your progress by using the "My Progress" tab inside PLOG.
24. Technical difficulties do NOT release you from meeting the minimum course requirements. The data base is backed up frequently, but if perhaps there is some "down-time" or other unforeseen technical issue, you should keep your PLOG on paper so that those entries can be made when the system is operational again (and then those paper notes MUST be shredded).
25. The web-based collection of this data is new. You are the first class to participate in this process using the web. We welcome your feedback! Remember, this is new for us also, so please be patient if we come across any glitches or programming issues.
26. Don't *assume* anything. If you aren't sure about an entry or about what this all means, be sure to talk with Helen Cook or Dr. Kerber.