

homes, helping their owners in a variety of ways, from keeping track of checking accounts to monitoring lawn sprinkler systems. A key factor in the popularity of the computers is the ease with which they can be "talked to" using a readily understood, high-level computer language known as BASIC.* This language uses words and phrases which are entered into the computer via a typewriter-like keyboard. This makes it possible for anyone to operate a computer without knowledge of traditionally esoteric computer languages.

The use of a microcomputer to transmit the family care center patient schedule over the hospital television system has proved to be a real aid to communication. The system provides continuous, up-to-the-minute information for the residents, informing them when patients have arrived and are ready to be seen. It even "calls" the resident at the appropriate time. Messages can be relayed to residents, and the midday conference topic displayed via the computer. Those using the system

feel it to be beneficial in helping patient flow and time budgeting.

A computer can be purchased for under \$1,000, with peripheral hardware costing approximately \$500-600. An additional cost is involved to connect the computer to the hospital television system.

Since its introduction, it has become increasingly clear that the computer will have a number of other applications in the family care center, including data retrieval and research. The system is adaptable to any hospital with a television system, and its low cost and varied uses make it an attractive addition to a residency.

Bibliography

1. Ditlea S: A Simple Guide to Home Computers. New York, A & W Visual Library, 1979
2. Espinosa C: Apple II Reference Manual. Cupertino, Calif, Apple Computer, Inc, 1979
3. Raskin J: Apple II Basic Programming Manual. Cupertino, Calif, Apple Computer, Inc, 1978
4. Richardson C: The Applesoft Tutorial. Cupertino, Calif, Apple Computer, Inc, 1979

*BASIC—Beginner All-Purpose Symbolic Instruction Code

An Improved Encounter Card for Documentation of Clinical Experience

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For previous reports of clinical experience recorded by medical students at Duke University Medical Center,^{1,2} the data were collected using E-cards.³ For computerization the information was coded and transferred to data summary sheets

from which keypunching was performed. For the past two years students have been using an improved encounter card from which keypunching is done directly, thus simplifying the process by eliminating the time-consuming summary sheet.

The new encounter card (Figure 1) measures 3×5 inches and is printed on both sides. For each patient seen, the student fills out the left-hand half of the front and back. The cards are submitted at intervals and coded by clerks on the right-hand side. Then keypunching is done directly from the coded cards. A similar card which includes procedures done, as well as problems seen, is available

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DUKE ENCOUNTER CARD (STUDENT)	Side 1	Do Not Use This Space
Patient's Name _____		ENC ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1-4
Date _____ (If hospital inpatient, date of last visit)	DT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5-12	
Name of Place _____	LOC <input type="text"/> <input type="text"/> <input type="text"/> DISC <input type="text"/> <input type="text"/> 13-17	
Discipline _____	ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 18-26	
Patient ID or SS _____	BD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27-34	
Birthdate _____	SEX <input type="checkbox"/> RACE <input type="checkbox"/> 35-36	
Sex _____	STUD ID <input type="text"/> <input type="text"/> <input type="text"/> 37-39	
Race _____	ROLE <input type="checkbox"/> 40	
Student's Name _____	ENCOUNTERS <input type="text"/> <input type="text"/> <input type="text"/> 41-43	
Student Role: Active _____ Observe _____	(continued on back)	
If Hospital Inpatient, Total Number of Days Visited _____		

DUKE ENCOUNTER CARD (STUDENT)	Side 2	Do Not Use This Space
Type of Facility: Hospital: Inpat. _____		
Office _____ Nur. H. _____ Outpat. Cl. _____		
Home _____ On Job _____ Delivery _____		
Pub. Health Cl. _____ Nur. _____	TYPE FAC <input type="text"/> <input type="text"/> 44-45	
Mental Health Cl _____ ICU _____		
Other (describe) _____ ER _____		
PROBLEMS	NEW	OLD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
	PROB CODE	N/O
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 46-51
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 52-57
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 58-63
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 64-69
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 70-75

Figure 1. Encounter Card

for use by family medicine residents, faculty, and practitioners.

Three types of computer analysis are available:

1. Patient analyses, which provide information concerning demographic characteristics;
2. Problem analyses, which concern the profile of patient problem contacts experienced; and
3. Encounter analyses, which describe work load, provider role, and location of activity. Further information concerning programming for these computer applications can be obtained by contacting the author.

Acknowledgements

This work was partially funded through a grant from The Mary Duke Biddle Foundation.

References

1. Parkerson GR Jr, Bencze RF, Griffin EW, et al: Clinical experience of medical students with primary care career goals. *J Fam Pract* 9:639, 1979
2. Parkerson GR Jr, Baker C: Clinical experience of medical students in North Carolina family medicine preceptorships. *J Med Educ* 55:42, 1980
3. Baker C, Schilder M: The "E-Box": An inexpensive modification of diagnostic indexing. *J Fam Pract* 3:189, 1976