

# Aggregated Feedback Report

## Atrial Fibrillation

### Strengths

The Plan prioritizes stroke prevention and rate control logically. Diagnostic planning (TSH, CBC, CMP, echo, ECG) is comprehensive. The anticoagulation recommendation (apixaban with dose adjustment, warfarin alternative) and rate control strategy (metoprolol with dose titration, alternative diltiazem) are clearly delineated. Contingency plans for persistent tachycardia and bleeding are appropriate, and cost-effective options are noted.

### Areas for Improvement

Specify the calculated CHADS-VASc and HAS-BLED scores in the note to justify anticoagulant choice. Address rhythm control considerations or referral criteria for electrophysiology/ablation. Expand patient education: anticoagulant adherence strategies, bleeding symptom recognition, fall risk mitigation. Clarify dose adjustments for renal function (e.g., CrCl thresholds) and monitor parameters (e.g., periodic renal panel).

### Skill Assessment



## Hypertension

### Strengths

The plan to confirm the diagnosis with home and repeat office readings, coupled with targeted labs (electrolytes, renal function, glucose, lipids, urinalysis), aligns with guidelines. Initiation of low-dose thiazide and lifestyle counseling on DASH diet, sodium restriction, weight loss, and exercise is evidence-based. Contingency steps for dose escalation or drug class change and cost considerations are clear.

### Areas for Improvement

Define a specific BP goal (<130/80 mmHg) per current guidelines. Provide more detail on home BP monitoring technique and frequency. Consider ACE-inhibitor benefits in older patients (e.g., cardiovascular remodeling) and outline when to switch drug classes. Include monitoring for thiazide adverse effects (electrolytes, uric acid).

### Skill Assessment



## Type 2 diabetes mellitus, uncontrolled

### Strengths

- Thorough diagnostic review (A1c, eGFR) and clear justification for GLP-1 agonist intensification.

- Detailed pharmacologic plan with titration schedule, alternative options, and cost-savings considerations.
- Contingency pathways for side effects, glycemic response, and renal adjustments.

### **Areas for Improvement**

- Define a specific A1c target and timeline (e.g., reduce A1c to <7% within 3 months).
- Outline SMBG schedule (fasting, pre-meal, post-prandial) and hypoglycemia management steps.
- Specify who will teach injection technique, and set follow-up to review glucose logs.
- Integrate lifestyle goals (diet, exercise) directly into the diabetes plan with measurable targets.

### **Skill Assessment**



## **Chronic kidney disease, stage 3a**

### **Strengths**

- Recognition of eGFR 55 mL/min/1.73 m<sup>2</sup> and appropriate avoidance of nephrotoxins.
- Built-in plan for periodic renal monitoring and metformin dose adjustments.

### **Areas for Improvement**

- Explicitly label CKD stage 3a per KDIGO guidelines and include albuminuria staging.
- Consider ACE inhibitor initiation if UACR >30 mg/g and set a blood pressure goal for renal protection.
- Schedule repeat UACR in 3–6 months and add monitoring of electrolytes and blood pressure trends.

### **Skill Assessment**



## **Hyperlipidemia**

### **Strengths**

- Identification of LDL 137 mg/dL as above goal for a diabetic patient and recommendation for high-intensity statin.
- Lifestyle counseling referral for diet modification.

### **Areas for Improvement**

- Calculate and document 10-year ASCVD risk to support statin intensity choice.
- Specify baseline and follow-up liver function tests, and set a follow-up lipid panel timeline (e.g., 6 weeks post-initiation).
- Add patient education on statin adherence and possible side effects.

## Skill Assessment



### Obesity

#### Strengths

- Links semaglutide choice to both glycemic control and weight loss.
- Referrals for medical nutrition therapy and exercise prescription.

#### Areas for Improvement

- Set SMART weight-loss targets (e.g.,  $\geq 5\%$  weight reduction in 3 months).
- Detail the dietary changes (e.g., reduced simple sugars, caloric goals) and schedule regular weight checks.
- Incorporate behavioral support (e.g., group sessions) and track progress quantitatively.

## Skill Assessment



### Preventive care gaps

#### Strengths

- Comprehensive list of vaccine recommendations and diabetic screening referrals.
- Acknowledges colon cancer and osteoporosis screening needs.

#### Areas for Improvement

- Review and document prior immunization dates to avoid duplication.
- Specify timing and responsible team member for each vaccine (e.g., RZV series at 0 and 2 months).
- Include screening for diabetic neuropathy annually and dental exam scheduling.

## Skill Assessment



### Psychosocial stress

#### Strengths

- Recognition of divorce-related stress and its impact on adherence.
- Plan to screen for depression and refer to behavioral health resources.

#### Areas for Improvement

- Administer PHQ-9 today rather than delaying to next visit.
- Identify a specific counselor or social work contact and set an appointment date.

- Monitor engagement with support resources and reassess stress levels quantitatively (e.g., stress scale).

### Skill Assessment



## Suspected hypertension

### Strengths

- Diagnostic plan calls for multiple BP measurements (seated/standing, home monitoring) and relevant labs (CBC, CMP, lipids, glucose).
- Lifestyle modifications are evidence-based (DASH diet, exercise) with thresholds for medication initiation.
- Contingency plan addresses therapy escalation and management of adverse effects.

### Areas for Improvement

- No explicit timeline specified for obtaining today's BP readings or lab draws, especially given needle phobia—consider scheduling interventions in the same visit with comfort measures.
- Missing target BP goal (e.g., <130/80 mmHg) to guide therapy adjustments.
- Documentation considerations mention prior readings but don't provide a template for recording home logs.
- Could strengthen patient engagement by outlining how to overcome needle fear (e.g., topical anesthetic before lab draw).

### Skill Assessment



## Tobacco dependence

### Strengths

- Plan uses the 5 A's framework and assesses dependence via Fagerström test.
- Recommends both long- and short-acting NRT, alternative pharmacotherapy, and quitline referral.
- Includes contingency for patients not ready to quit.

### Areas for Improvement

- No documentation of patient's current readiness stage or past quit attempts.
- Lacks a specific timeline for follow-up on cessation progress (e.g., at 2 weeks post-NRT start).
- Could address coping strategies for stress-related cravings (lawyer job stress).

### Skill Assessment



## Adjustment disorder/depressive symptoms

### Strengths

- Appropriately plans validated screening (PHQ-9, GAD-7) and referral for counseling.
- Sets SSRI initiation threshold and outlines when to adjust therapy.

### Areas for Improvement

- Does not specify when screening will occur (e.g., during today's visit) or how results will be documented.
- Lacks immediate safety planning language (e.g., suicidal ideation screening questions).
- No timeline for follow-up of symptoms after therapy starts (e.g., 4 weeks specified but could be more directive).

### Skill Assessment



## Breast cancer screening overdue

### Strengths

- Plan correctly recommends mammography with tomosynthesis and outlines management of abnormal BI-RADS results.
- Includes patient education on breast self-awareness.

### Areas for Improvement

- No specific date or referral process detailed—add an order date or scheduler contact.
- Does not address patient fears or logistical barriers (transportation, language).
- Could link scheduling mammogram with addressing needle phobia by coordinating with imaging center.

### Skill Assessment



## Colorectal cancer screening overdue

### Strengths

- Offers FIT as a patient-friendly option given needle/invasive phobia and outlines follow-up colonoscopy if positive.
- Includes reminder strategy for unreturned kits.

### Areas for Improvement

- Timeline for FIT kit return ("within 4 weeks") is stated but could tie to a specific date.
- No mention of patient education on sample collection or potential barriers.
- Could discuss alternative screening tests (e.g., stool DNA) if FIT is declined.

## Skill Assessment



### Immunization catch-up and needle phobia

#### Strengths

- Comprehensive immunization plan by vaccine type and sequence, reflecting CDC schedules.
- Proposes phobia management techniques (topical anesthetic, intranasal flu vaccine, behavioral therapy referral).

#### Areas for Improvement

- Lacks a clear sequence and timing (e.g., give Tdap first visit, Shingrix doses at 0 and 2 months).
- No plan to verify prior immunizations (e.g., patient recall, records from UK).
- Could consider alternative delivery settings or vaccine champions to improve uptake.

## Skill Assessment



### Type 2 diabetes mellitus, poorly controlled

#### Strengths

- Clearly states A1c goal failure and metformin status.
- Incorporates SGLT2-inhibitor for renal/cardio protection given eGFR 55.
- Sets up baseline and 3-month labs, retinopathy referral, SMBG teaching.
- Well-defined contingency (add GLP-1 RA) and drug-tolerance plan.

#### Areas for Improvement

- Specify SMBG targets (e.g., pre-meal 80–130 mg/dL) and frequency beyond “PRN.”
- Document patient’s willingness and anticipated barriers to add empagliflozin.
- Ensure liver function baseline before statin initiation overlaps with diabetes monitoring.

## Skill Assessment



### Obesity (BMI 38 kg/m<sup>2</sup>)

#### Strengths

- Identifies obesity as contributing to insulin resistance.
- Refers to dietician and structured exercise (150 min/week).
- Sets criterion (5% weight loss) for pharmacotherapy consideration.

#### Areas for Improvement

- Define specific dietary goals (e.g., daily caloric targets, macronutrient balance).

- Establish a measurable exercise progression (e.g., add 5 minutes/week).
- Incorporate behavioral therapy strategies (e.g., SMART goal setting, motivational interviewing).

### Skill Assessment

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## Dyslipidemia

### Strengths

- Recognizes LDL 137 mg/dL and ASCVD risk >20%.
- Initiates high-intensity atorvastatin with liver-function monitoring.
- Counsels dietary fat reduction.

### Areas for Improvement

- Document baseline transaminases and CPK before statin start.
- Specify timing of repeat lipid panel (e.g., 6–12 weeks) and criteria for dose adjustment.
- Record patient discussion on statin risks/benefits and preference.

### Skill Assessment

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## Chronic kidney disease stage 3a with microalbuminuria

### Strengths

- Correctly stages CKD and ACR category.
- Starts ACE inhibitor despite normotension to slow progression.
- Plans short-interval monitoring of creatinine and potassium.

### Areas for Improvement

- Reinforce dietary sodium restriction to augment ACEi benefit.
- Clarify BP goal (e.g., <130/80 mmHg) to guide titration.
- Plan review of trend in albuminuria at 6 months to assess response.

### Skill Assessment

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## Psychosocial stressors and potential depression

### Strengths

- Recognizes the impact of divorce stress on self-care.
- Plans formal PHQ-9 screening and referral to behavioral health.
- Offers pharmacotherapy threshold and support resources.

### **Areas for Improvement**

- Document baseline PHQ-9 score and suicide risk assessment.
- Define timeframe for counseling follow-up (e.g., 2–4 weeks post-referral).
- Explore social supports and coping strategies in more detail.

### **Skill Assessment**

