Feedback Summary

Overall, the chart review delivers a thorough assessment of poorly controlled diabetes and related comorbidities, with a well-structured multi-problem plan. The assessment accurately synthesizes the EMR data, and the plan incorporates evidence-based treatments, contingency planning, and preventive care. However, there are opportunities to tighten the differential diagnosis, better document psychosocial factors, clarify monitoring intervals, and ensure all health maintenance items are explicitly linked to documented patient history.

Feedback Details

Assessment Section

Strengths

• Concise summary of HPI, exam, and labs (A1c, eGFR, ACR, lipids) aligns with the EMR.

• Risk stratification acknowledges CKD stage and albuminuria.

• Differential includes uncontrolled diabetes, obesity-driven insulin resistance, and early diabetic nephropathy.

Areas for Improvement

• Consider adding dyslipidemia and cardiovascular risk as part of your differential framework to guide lipid-management urgency.

• Explicitly note the absence of depression screening and immunization history in the assessment to drive health-maintenance tasks.

• Cite the patient's psychosocial stress (divorce) in the assessment to reinforce need for behavioral health evaluation.

Problem 1

Problem Name

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

Problem 2

Problem Name

Obesity (BMI 38 kg/m²)

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

Problem 3

Problem Name

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

Problem 4

Problem Name

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

Problem 5

Problem Name

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

Anticipatory Preventative Care Section Feedback

Strengths

- Comprehensive list: annual eye and foot exams, full immunization schedule, colonoscopy by age 62, lifestyle counseling.

Areas for Improvement

- Verify past immunization history rather than assume none—obtain records or patient recall.
- Provide exact pneumococcal sequence (PCV13→PPSV23) and timing of COVID-19 boosters.
- Incorporate reminder system or health-maintenance table in the chart.

Follow Up Care Feedback

Strengths

- Specifies intervals for A1c, lipid panel, BMP/ACR, BP checks, weight, and PHQ-9.
- Assigns clear goals (e.g., 5% weight loss, BP monitoring).

Areas for Improvement

- Assign owners (patient vs. staff) and modes (telehealth vs. in-office) for each follow-up.
- Include follow-up on retinopathy and dietician appointments.
- Embed self-monitoring logs into the EHR template for review at each visit.

Overall Recommendations

- Tighten documentation by linking each preventive item and follow-up to patient-specific data.
- Use SMART language for lifestyle goals and monitoring targets.
- Embed structured templates in the EHR to capture screening tools (PHQ-9), immunizations, and health-maintenance dates.
- Continue to reinforce shared decision-making and explicitly document patient preferences and barriers.