

Feedback Summary

Overall, the chart review is thorough and well organized, with a clear Assessment and a detailed Plan that addresses diagnostics, treatment, contingency planning, cost-effective care, preventive care, and follow-up. The student synthesizes key EMR data accurately and proposes evidence-based interventions. Opportunities exist to strengthen formal risk stratification, guideline-driven targets, and documentation of patient values/preferences, and to refine certain contingencies and education components.

Feedback Details

Assessment Section

Strengths

The Assessment succinctly captures the patient's asymptomatic AF and untreated hypertension, ties her Apple Watch finding to confirmatory exam, and articulates a concise differential for AF. It recognizes stroke risk and need for anticoagulation.

Areas for Improvement

Calculate and document exact CHADS-VASc and HAS-BLED scores. Broaden the AF differential (e.g., sleep apnea, alcohol use patterns) and include a structured differential for hypertension. Specify hypertension stage and target BP per ACC/AHA guidelines. Incorporate patient goals and preferences explicitly to support shared decision-making.

Problem 1

Problem Name

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



Problem 2

Problem Name

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



Anticipatory Preventative Care Section Feedback

Strengths

The preventive plan is comprehensive, covering colorectal, breast, and bone density screenings, immunizations (influenza, pneumococcal, zoster), and metabolic screenings (lipids, diabetes). It aligns well with USPSTF and age-based recommendations.

Areas for Improvement

Document the patient's prior screening and immunization history to individualize recommendations. Clarify timing and sequencing for PCV13 and PPSV23 vaccines. Provide ASCVD risk calculation to support statin discussion. Note any family history data gaps to prompt further history taking.

Follow Up Care Feedback

Strengths

The follow-up timetable is well structured: BP check, rate control review, anticoagulation monitoring, lab result reassessment, and coordination of preventive service tracking. It reflects awareness of monitoring intervals.

Areas for Improvement

Assign responsibilities (e.g., nursing call, patient portal reminder) and define urgent parameters (e.g., SBP >180 mmHg, HR >120 bpm, bleeding signs) that trigger earlier outreach. Specify how lab and imaging results will be communicated and acted upon. Include a plan for reviewing home BP logs.

Overall Recommendations

1. Incorporate formal risk score calculations and document them to anchor anticoagulation and bleeding risk decisions. 2. Articulate patient values, preferences, and shared-decision discussions in the note. 3. Align BP targets and drug selection with current hypertension guidelines and monitor for specific adverse effects. 4. Strengthen patient education components (anticoagulant adherence, lifestyle modifications, home monitoring techniques). 5. Clarify responsibilities and thresholds in follow-up planning to ensure timely intervention. 6. Reference specific guidelines (e.g., ACC/AHA, USPSTF) to support choices and improve reproducibility.