

## Patient Case

I'll provide a comprehensive assessment based on the provided interaction and rubric:

### Detailed Scoring:

#### 1. History Taking: 2/5

- Strengths: Asked about onset and duration Explored aggravating/alleviating factors
- Areas for Improvement: Failed to explore associated symptoms in detail Didn't inquire about previous medical history or family history Limited exploration of Raynaud's symptoms and telangiectasias No medication history obtained
- Asked about onset and duration
- Explored aggravating/alleviating factors
- Failed to explore associated symptoms in detail
- Didn't inquire about previous medical history or family history
- Limited exploration of Raynaud's symptoms and telangiectasias
- No medication history obtained

#### 1. Physical Examination: 3/5

- Strengths: Performed basic cardiac and pulmonary exam Documented vital signs appropriately
- Areas for Improvement: Should have included skin examination given symptoms No documented examination of hands despite complaint Missing gastrointestinal examination
- Performed basic cardiac and pulmonary exam

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- Documented vital signs appropriately
- Should have included skin examination given symptoms
- No documented examination of hands despite complaint
- Missing gastrointestinal examination

### 1. Diagnostic Impression and Communication: 1/5

- Areas for Improvement: No clear communication of diagnostic impressions to patient  
Failed to discuss potential diagnoses  
No documentation of explaining findings to patient
- No clear communication of diagnostic impressions to patient
- Failed to discuss potential diagnoses
- No documentation of explaining findings to patient

### 1. Clinical Orders: 2/5

- Strengths: Appropriate basic workup with CXR
- Areas for Improvement: Missing key orders such as: ANA, RF, and other autoimmune workup  
Esophageal motility studies  
Upper endoscopy  
No ECG ordered despite chest pain
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- Missing key orders such as: ANA, RF, and other autoimmune workup  
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- ANA, RF, and other autoimmune workup
- Esophageal motility studies
- Upper endoscopy
- No ECG ordered despite chest pain

### 1. Reviewing Results and Next Steps: 1/5

- Areas for Improvement: No documented review of results with patient  
No discussion of next steps or management plan  
Missing follow-up planning
- No documented review of results with patient
- No discussion of next steps or management plan
- Missing follow-up planning

### 1. Empathy and Patient Interaction: 2/5

- Strengths: Used clear, simple questions
- Areas for Improvement: Limited rapport building  
No acknowledgment of patient's anxiety  
Missing emotional support
- Used clear, simple questions
- Limited rapport building
- No acknowledgment of patient's anxiety
- Missing emotional support

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Overall Assessment: 11/30 (Below Expected Level)

### Summary and Recommendations:

1. Immediate Areas for Improvement: Develop a more systematic approach to history taking  
Include comprehensive physical examination relevant to presenting symptoms  
Practice explaining findings and next steps to patients  
Consider broader differential diagnoses in systemic conditions
2. Suggested Learning Activities: Review CREST syndrome and systemic sclerosis presentations  
Practice focused history-taking scenarios  
Study appropriate workup for suspected connective tissue disorders  
Complete modules on patient communication and empathy
3. Resources for Development: Review rheumatology textbook chapters on systemic sclerosis  
Practice with standardized patients focusing on delivering diagnostic information  
Complete online modules on autoimmune disorder workups  
Shadow experienced clinicians in rheumatology clinic

### Immediate Areas for Improvement:

- Develop a more systematic approach to history taking
- Include comprehensive physical examination relevant to presenting symptoms
- Practice explaining findings and next steps to patients
- Consider broader differential diagnoses in systemic conditions

### Suggested Learning Activities:

- Review CREST syndrome and systemic sclerosis presentations
- Practice focused history-taking scenarios

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- Study appropriate workup for suspected connective tissue disorders
- Complete modules on patient communication and empathy

### Resources for Development:

- Review rheumatology textbook chapters on systemic sclerosis
- Practice with standardized patients focusing on delivering diagnostic information
- Complete online modules on autoimmune disorder workups
- Shadow experienced clinicians in rheumatology clinic

The student's performance indicates a need for significant improvement in all areas, particularly in diagnostic reasoning and patient communication. The approach was too narrow and missed key elements that would have led to a more comprehensive evaluation of this complex case.