

Feedback on the Clinical Note:

1. HISTORY

a) Strengths: The student provided a comprehensive summary of the patient's history, including her presenting symptoms, duration of symptoms, and past medical history. The student also elicited the patient's stress levels, which is important in managing chronic illnesses like hypertension.

b) Areas for Improvement: There were some discrepancies between the patient's history provided in the interview and the clinical note. For example, the patient's history of diabetes and asthma was mentioned in the interview but not in the history section of the clinical note. Also, the patient's medication list was incomplete.

c) Suggestions: Ensure that the patient's full medical history, including all chronic conditions and medications, is included in the clinical note. It would also be beneficial to include any social or environmental factors that might have an impact on the patient's health.

2. PHYSICAL EXAMINATION AND DIAGNOSTICS

a) Strengths: The student conducted a thorough physical examination and documented the findings appropriately. The student also appropriately ordered and interpreted diagnostic tests.

b) Areas for Improvement: The student did not include the patient's diabetes and asthma in the physical examination or diagnostics, even though these could potentially impact her current illness.

c) Suggestions: The student should consider all of the patient's medical conditions and how they might interact when conducting the physical exam and ordering diagnostics.

3. DATA INTERPRETATION

a) Strengths: The student provided a differential diagnosis, including justifications for each potential diagnosis, and listed additional diagnostic studies that they might order.

b) Areas for Improvement: The student's differential diagnosis included lung cancer, despite no

mention of risk factors in the patient's history or physical exam findings. The student also did not consider the patient's history of asthma in their differential diagnosis.

c) Suggestions: The student should consider the patient's full history, including risk factors, when formulating a differential diagnosis. The differential diagnosis should be focused on the most likely diagnoses based on the patient's history and physical exam findings.

Feedback on the Interview:

a) Strengths: The student conducted a thorough patient interview, eliciting the patient's history of present illness, past medical history, social history, and family history. The student also used open-ended questions to encourage the patient to provide more information and closed-ended questions to focus the interview. The student also summarised the information back to the patient, ensuring understanding and accuracy.

b) Areas for Improvement: The student did not consistently include all of the information gathered in the interview in the clinical note. For example, the patient's history of diabetes and asthma was mentioned in the interview but not in the clinical note.

c) Suggestions: The student should ensure that all relevant information gathered in the interview is included in the clinical note. This includes all aspects of the patient's history, as well as any risk factors for disease. The student should also consider the patient's full medical history when formulating a differential diagnosis.