During my site evaluation, I presented an H&P case on a patient who presented with Acute Bronchitis based on her clinical presentation and symptoms. The reason I decided to present this case is that it was her second visit due to her symptoms not improving at all with initial management. It made me curious about how to treat a patient with Acute Bronchitis if first-line treatment fails, and what the next steps should be. Upon assessing the patient, I had several differential diagnoses in mind, since the diagnosis given on her first visit was a mild asthma exacerbation, and I did not agree with it. The differentials included acute bronchitis, pneumonia, asthma, allergic rhinitis, and GERD. Many components of her story led me to have this thought process and consider reasons why she may have a persistent cough and wheezing. What was reinforced through this case was how respiratory infections, such as Acute Bronchitis, are caused by viral pathogens, and so antibiotics should not be prescribed. Instead of just throwing antibiotics at the issue, I learned that patient education is most important when presenting the plan to the patient and emphasizing supportive care. This case felt rewarding because the patient came in frustrated for nonimprovement of her symptoms during her second visit, and by the third, had resolved with treatment, not requiring imaging or antibiotics.

Another case that I has choosen involved an elderly patient who presented with atraumatic bilateral plantar forefoot pain. I wanted to challenge myself with a case where I was not sure of the diagnosis, which made me think critically. In the clinic, my top differential was initially Morton’s Neuroma, just based on her physical examination and description of the location of the pain. Upon mentioning it to my preceptor, she asked if I had done a Squeeze Test on her, and I explained that I had never heard of this being done before. After my preceptor evaluated her, I became intrigued by other reasons it could be, which led me to consider a mechanical metatarsalgia as my top differential. After presenting all my differentials, my site evaluator asked me why Plantar Fasciitis was not included in my differentials, and due to my extensive research on this case, I felt confident to explain my reasoning. My site evaluator also asked me what type of shoe inserts would be appropriate in this case, and while I thought Dr. Scholl's was the best for patients dealing with foot pain, I quickly came to learn that a hard insert was the better recommendation. The feedback that I was given was very educational, and I will consider it when assessing patients in the future for similar conditions.

Moreover, I decided to choose a journal article based on my acute bronchitis case, discussing the role of antibiotics. The reason I chose this is that I understand that there is still overuse of prescribing antibiotics for this condition by other clinicians, and I wanted to be certain that they should not be prescribed for my future reference as a provider. During this discussion, my site evaluator asked me what antibiotic is commonly prescribed for outpatient cases of respiratory infections, and while I knew it was Azithromycin, I had forgotten its main side effect. This was a learning moment for me to not only know the medication but also understand the adverse effects when considering prescribing to patients.

Overall, the feedback I received was a great opportunity to become a better learner and to understand the “why” aspect of medicine. My site evaluator not only created an engaging learning experience by encouraging discussion, but also challenged clinical reasoning through asking questions. The setting was also appreciated as it was over Zoom with another classmate, and it felt more like a collaborative open discussion. Through this, I aim to continue becoming better at applying clinical reasoning and communicating my plans.