Clinical Correlations has definitely played a huge part in my development as a future clinician. During Clinical Correlation I, I noticed that one of my biggest challenges was a tendency to quickly rule things in or out. While I could generate a list of working differentials, my thinking was often narrow and guided by "buzz words" rather than the overall clinical picture. For example, I had a particular case where I quickly dismissed epiglottitis as a possible differential because the patient didn't explicitly state that they were "drooling" and in the end it turned out that epiglottitis was indeed the correct diagnosis. At that time, my approach was very textbook-driven, and I struggled to account for the variability in patient presentations.

By the time I progressed to Clinical Correlation II, I began to notice a shift in my thinking. I became more intentional about keeping my differentials broad and considering multiple body systems, rather than focusing solely on the most obvious one. For instance, if a patient presented with abdominal pain, I started thinking not just about gastrointestinal causes, but also urinary, pulmonary, and even cardiac possibilities. I also found that integrating lab and imaging results into my reasoning added a real-world dimension to my clinical decision-making and helped me rule in or rule out differentials more effectively.

While I've made progress between CC I and CC II, I recognize that I still need to work on follow-up questioning and organizing my notes efficiently, especially when documenting the HPI and pertinent positives/negatives. Overall, Clinical Correlations has been invaluable in teaching me to think critically, avoid tunnel vision, and approach each patient with a broader, more comprehensive perspective. I look forward to continuing to develop these skills in clinical year.