The evaluation consisted of presenting an H&P on an interesting case, reviewing an article related to the case, 5 medication cards, and a SOAP note. This helped me organize my thinking, receive constructive feedback, and converse w/ colleagues to expand my learning. It's also a public forum, so I felt compelled to bring my best effort. The professor-led discussions reveal nuances and insight into how to manage patients. It also gets to our underlying thought process, exposing weaknesses and providing opportunities for improvement.

These meetings revealed critical information about standard documentation practices. For example, I would repeat information from my HPI in the ROS, which is redundant and unnecessary. I would also put important information in the ROS that should have been included in the HPI. For example, in my documentation for a patient with elevated LFTs, Alk Phos, and substernal chest pain, I included their regular alcohol consumption in the ROS but not in the HPI. This is a critical oversight, as alcohol consumption could directly contribute to the HPI. I am grateful for this feedback because it strengthened my understanding of both the HPI and ROS.

One area where I can improve is keeping my documentation and presentation focused on the present illness. I strive to be thorough, but including non-pertinent information detracts from the presentation's focus. For example, my H&P for a 60 yo F w/ pmhx of HF and DCM and a cc of fever, SOB, and cough x1 week was too expansive. In my ROS, I wrote “MSK: N/a,” but I learned that it should have just been omitted. Keeping documents focused allows for quicker review and understanding of the patient's HPI, allowing clinicians to focus on the most important findings.

I learned that I performed unnecessary physical exams as well. For example, in a follow-up encounter for a patient with elevated LFTs, Alk Phos, and substernal chest pain, I performed an unnecessary McBurney’s point test during my abdominal exam. While the exam could be considered “thorough,” the pt was not displaying any signs of appendicitis, so the test was unnecessary. Staying focused will streamline my workflow, but also prevent false positive findings, unnecessary workups, and financial load on the pt.

Reviewing the feedback from my professor and incorporating it into my daily practice will ensure I continue improving. In my future rotations I will make these improvement habitual. Another important tip my professor gave me is to alway include a DM2 pts most recent A1C into the HPI. Remaining curious will allow me to continue refining my craft.