Week 5 Debrief I HUMAN Cynthia Francis

Performing a differential diagnosis and applying clinical reasoning during the iHuman Virtual Patient Encounter was a valuable learning experience that reinforced the importance of a systematic and evidence based approach to patient care. Overall, I felt comfortable with the process, particularly in gathering subjective and objective data and identifying the primary diagnosis. However, I found that prioritizing and narrowing down differential diagnoses required deliberate thought and careful consideration of overlapping symptoms. This challenge highlighted the need for strong clinical reasoning skills and consistent use of evidence based guidelines to support diagnostic decision making.

One important concept I learned during this encounter was the significance of ruling out "must not miss" diagnoses early in the clinical reasoning process. The simulation reinforced how comprehensive history taking, focused physical examination findings, and appropriate diagnostic testing work together to differentiate between conditions with similar presentations. I gained a deeper appreciation for creating a comprehensive management plan that not only addresses pharmacologic treatment but also incorporates patient education, lifestyle modifications, and follow up planning to ensure continuity of care.

When applying these skills to a face to face clinical setting, several challenges and barriers can arise. Time constraints, incomplete patient histories, and limited access to diagnostic testing may complicate the differential diagnosis process. In my clinical experiences, I have addressed these challenges by using focused questioning, prioritizing the most likely and high risk diagnoses, and relying on clinical guidelines to guide decision making. Effective communication with patients and collaboration with preceptors and interdisciplinary team members have also been essential in overcoming diagnostic uncertainty.

If a client did not have insurance, my treatment plan would focus on cost effective diagnostic and therapeutic options while still prioritizing patient safety. Generic medications, stepwise testing, and use of clinical guidelines would be emphasized. In my community, resources such as federally qualified health centers, sliding-scale clinics, medication assistance programs, and local public health departments are available to support uninsured patients. I always also encourage my patients to use Good RX to help lower the cost of prescription medications. These resources help reduce financial barriers while ensuring access to necessary diagnostic evaluations and ongoing care.

Evidence based recommendations remain essential in guiding both diagnostic reasoning and management decisions, regardless of a patient's insurance status, to promote safe, equitable, and high quality care (U.S. Preventive Services Task Force [USPSTF], 2022).

Reference