

NR603 Week 5 iHuman Virtual Patient Encounter Reflection

Performing the differential diagnosis and creating a comprehensive management plan during the iHuman Virtual Patient Encounter was both challenging and valuable. I felt moderately confident in generating an appropriate differential diagnosis. I felt the least comfortable with case compared to previous ones because I have never seen fungal pneumonia in practice and I have rarely seen patients with HIV. The process required deliberate clinical reasoning, particularly given the patient's untreated HIV status and nonspecific but concerning respiratory and constitutional symptoms. The exercise reinforced the importance of systematically integrating history, physical examination findings, and imaging results rather than relying on pattern recognition alone. Developing the management plan required careful consideration of evidence-based treatment while accounting for limitations within the virtual platform, which increased my awareness of how clinical decisions must be adapted to real-world constraints (Weyant et al., 2021).

For this client, the diagnostic tests selected included a complete blood count (CBC), comprehensive metabolic panel (CMP), and chest radiograph (PA and lateral). Based on estimated national uninsured cash prices from MD Save, a CBC typically costs approximately \$35 (MDsave, 2026a). A CMP costs approximately \$48 (MDsave, 2026c). A chest X-ray costs approximately \$282 (MDsave, 2026b). The estimated total diagnostic cost is \$365. Understanding these costs highlights the importance of prioritizing high-yield diagnostic studies, particularly for uninsured patients, and reinforces the need to balance diagnostic thoroughness with financial stewardship in clinical practice. This awareness encourages more intentional test selection while still ensuring patient safety and diagnostic accuracy (Weyant et al., 2021).

Reflecting on face-to-face clinical practice, performing differential diagnoses presents additional challenges, including time constraints, incomplete histories, and patient communication barriers. These challenges are often addressed by focused questioning, shared decision-making, and reassessment as new information becomes available. The iHuman experience mirrored these realities by emphasizing the need to continually revise the differential as new data emerged, reinforcing that diagnostic reasoning is a dynamic process rather than a single decision point (Weyant et al., 2021).