

1. Reflect on your experience performing a differential diagnosis and clinical reasoning during the iHuman Virtual Patient Encounter. Did you feel comfortable and confident managing these processes? Why or why not?

During the iHuman Virtual Patient Encounter, I felt moderately confident performing the differential diagnosis and applying clinical reasoning, though the experience revealed areas for growth. I successfully identified multiple relevant differentials and ordered the appropriate diagnostic testing. However, my lower differential ranking score demonstrated a need to improve prioritization of diagnoses based on likelihood and clinical significance. While I correctly identified the final diagnosis, the encounter emphasized that effective clinical reasoning involves not only recognizing possible conditions but also accurately ranking them to guide decision-making.

2. List and describe something new you learned related to performing a differential diagnosis or creating a comprehensive, evidence-based management plan during your iHuman Virtual Patient Encounter.

One important learning outcome was the application of evidence-based cholesterol management guidelines while individualizing care. I initiated high-intensity statin therapy with atorvastatin 40–80 mg based on the patient's LDL level ≥ 190 mg/dL and additional ASCVD risk factors, including obesity, family history of cardiovascular disease, hypothyroidism, and prediabetes. Although the iHuman case recommended atorvastatin 20 mg, current ACC/AHA guidelines support high-intensity statin therapy in patients with LDL ≥ 190 mg/dL regardless of calculated ASCVD risk (Grundy et al., 2019). This reinforced my understanding of using clinical judgment when multiple risk enhancers are present.

3. Applying what you have learned to your clinical practice, reflect on your experience performing a differential diagnosis in a face-to-face clinical setting. What challenges and barriers have you encountered during these interactions, and how did you address them effectively?

In face-to-face clinical settings, performing an effective differential diagnosis can be challenging due to time constraints, patient health literacy, and competing priorities. I also notice that patients sometimes withhold information during the initial interview and disclose more when I return with my preceptor, which can affect diagnostic accuracy. This highlights the importance of building rapport, asking open-ended questions, and creating a nonjudgmental environment. To address these barriers, I focus on identifying key risk factors and engaging patients in shared decision-making.

This experience also emphasized the need for deliberate follow-up planning. During the iHuman encounter, I did not clearly instruct the patient to return within 4–12 weeks to assess statin efficacy and tolerance. This reinforced the importance of consistently including a defined follow-up section in documentation to ensure continuity of care, monitor treatment response, and promote patient safety.

4. How would your treatment plan change if your client did not have insurance? What resources are available in your area to support a client with these diagnostic and treatment needs?