1. What differences do you note between the two H&Ps?

The most striking difference between my first H&P and my most recent one is the amount of medical knowledge that I have gained since writing the first one. The H&P from the fall was very difficult for me to write because I had to constantly look up how to spell certain medical terms and was not yet comfortable with using the medical vocabulary. In my recent H&P, I was able to formulate a substantial list of differential diagnoses based on the information that I elicited from the patient. I was also able to elicit a lot more information from the patient in the same amount of time because of the confidence I gained from repeatedly practicing those skills. Noting these differences helped me recognize the skills I have gained since school began.

1. In what ways has your history-taking improved?  Are you eliciting all the important information?

My history taking has improved greatly from my first H&P in the sense that I am less hesitant to ask the patient detailed personal questions. In my first H&P I missed out on getting the full information on topics that I felt may be embarrassing to talk about, such as sexual history. However, as I got more comfortable in my medical knowledge, I was able to put myself more into the role of a medical professional and ask the relevant questions and follow up questions regarding all areas of the patient’s health. I also had a greater understanding of how important the history elicited from the patient can be in forming a differential diagnosis, so I put extra effort into making sure that I asked specific and detailed questions.

1. In what ways has writing an HPI improved? (hint: look at the rubric scores)

In comparing my two H&Ps I noticed something interesting to me. Although my grade on the recent H&P is lower than my first one, it is definitely the one that I am prouder of. That is because in the more recent one I felt comfortable to take more risks and deviate from the sample H&P. This reflects my growing confidence in my abilities to document patient information in my own words, rather than simply following the template. I also began learning how to write an assessment. Although that is definitely an area that still needs much improvement, it is a great step towards becoming a practicing PA.

1. What is your self-assessment of your current skill in performing a physical exam? Which areas do you feel strongest about/weakest about?

My current skills in performing a physical exam certainly need a lot more practice. Although I felt confident on my PD Lab exams, I believe that more practice on actual patients would certainly help me develop these skills more. With the COVID-19 pandemic halting student visits to the hospitals, I have not had the opportunity to use the techniques that I learned in quite a while. The parts of the physical exam that pertain to more sensitive areas are the most difficult practice, because I still do not feel fully comfortable performing them. I am currently considering working in pediatrics, a field in which the young patient often cannot vocalize or express how they feel and what bothers them. This makes performing a thorough physical exam even more vital. During clinical rotation I want to focus on gaining confidence in my ability to performing physical exams on patients. With time and effort this is definitely a skill that I hope to improve on.

1. Of course, we expect you to get stronger in all areas, but which of the specific areas will you target as needing particular focus in future patient visits when you start the clinical year?

The specific area that I wish to focus on during the clinical year is the focused exam. Specifically, to learn how to home in on which systems and areas of the body are related to the patient’s chief complaint and how to examine them in an organized and proficient manner. I believe that this will certainly be useful for real life situations where there may not be enough time to perform a full physical exam on each patient.