

Performance Overview for Bruce Nsubuga on case Sarah O'Neil



The following table summarizes your performance on each section of the case, whether you completed that section or not.

Time spent: 2hr 17min 59sec

Status: Submitted

Case Section	Status	Your Score	Time spent	Performance Details
Total Score		64%		
History	Done	53%	45min 52sec	90 questions asked, 25 correct, 23 missed relative to the case's list
Physical exams	Done	88%	21min 59sec	92 exams performed, 7 correct, 0 partially correct, 0 missed relative to the case's list
Key findings organization	Done		4min 15sec	18 findings listed; 9 listed by the case
Problem statement	Done		15min 28sec	252 words long; the case's was 238 words
Differentials	Done	43%	55sec	5 items in the DDx, 3 correct, 4 missed relative to the case's list
Differentials ranking	Done	100% (lead/alt score) 57% (must not miss score)	1min 8sec	
Tests	Done	0%	1min 41sec	4 tests ordered, 0 correct, 2 missed relative to the case's list
Diagnosis	Done	100%	9sec	
Management plan	Done		6min 23sec	65 words long; the case's was 1594 words
Exercises	Done	49% (of scored items only)	19min 51sec	3 of 11 correct (of scored items only) 4 partially correct

Attempt: 2822232

Report generated on 7/22/2023, 6:08:28 AM America/New_York

History Notecard by Bruce Nsubuga on case Sarah O'Neil



Use this worksheet to organize your thoughts before developing a differential diagnosis list.

1. Indicate key symptoms (**Sx**) you have identified from the history. Start with the patient's reason(s) for the encounter and add additional symptoms obtained from further questioning.
2. Characterize the attributes of each symptom using "**OLDCARTS**". Capture the details in the appropriate column and row.
3. Review your findings and consider possible diagnoses that may correlate with these symptoms. (Remember to consider the patient's age and risk factors.) Use your ideas to help guide your physical examination in the next section of the case.

HPI	Sx =					
Onset						
Location						
Duration						
Characteristics						
Aggravating						
Relieving						
Timing / Treatments						
Severity						

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Problem Statement by Bruce Nsubuga on case Sarah O'Neil

SO is a 25 aged lady who reported for psychiatric examination after she was referred by her primary physician had no organic explanation for her problems. She added her boss complained of crying spells and poor mistakes at work. She reported for the past month she has been experiencing sadness, guilt, worthlessness, increased appetite, fatigued, and exhaustion all the time. She no longer enjoys her pleasurable activities such as movies and going out with friends. For the past two weeks, her sadness worsened every minute of the day. She admits experiencing suicidal thoughts and she is able to control them because of his family and husband. She experiences paranoid thoughts she might be fired due to mistakes at work and that her colleagues are ganging up against her. She added a while ago she tried to write a book and she had all these racing though and she acted out of her character about six weeks ago. She reported going to the pub and drinking 8 drinks until she blacked out. She has had thoughts of cheating on her husband and also left with a stranger while at the pub. She has added 10 pounds in the past month and is unhappy with her appearance. She feels her marriage is strained and her sadness has negatively impacted her work, and social relationships. In high school, she experienced depressive episodes and engaged in self-harming behavior. Her mother had schizophrenia and died of suicide, her father is an alcoholic and her sister is depressed.

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Management Plan by Bruce Nsubuga on case Sarah O'Neil



Administer mood stabilizers such as lithium for bipolar disorders including manic and depressed episodes.

Prozac (fluoxetine) for depression

Cognitive behavioral therapy (CBT) is recommended to manage depression, and suicidal thoughts.

Patient education on sleep hygiene, drug side effects, risk factors and need for medication adherence.

Education patient on sign and symptoms related to bipolar to drug interaction.

Follow up is recommended after every four weeks.

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Electronic Health Record by Bruce Nsubuga on case Sarah O'Neil



History of Present Illness

Category	Data entered by Bruce Nsubuga
Reason for Encounter	
History of present illness	

Past Medical History

Category	Data entered by Bruce Nsubuga
Past Medical History	
Hospitalizations / Surgeries	

Medications

Category	Data entered by Bruce Nsubuga
Medications	

Allergies

Category	Data entered by Bruce Nsubuga
Allergies	

Preventive Health

Category	Data entered by Bruce Nsubuga
Preventive health	

Family History

Category	Data entered by Bruce Nsubuga
Family History	

Social History

Category	Data entered by Bruce Nsubuga
Social History	

Review of Systems

Category	Data entered by Bruce Nsubuga
General	
Integumentary / Breast	
HEENT / Neck	
Cardiovascular	
Respiratory	
Gastrointestinal	
Genitourinary	
Musculoskeletal	
Allergic / Immunologic	
Endocrine	
Hematologic / Lymphatic	
Neurologic	
Psychiatric	

Physical Exams

Category	Data entered by Bruce Nsubuga
General	
Skin	
HEENT / Neck	
Cardiovascular	
Chest / Respiratory	
Abdomen	
Genitourinary / Rectal	
Musculoskeletal / Osteopathic Structural Examination	
Neurologic	
Psychiatric	
Lymphatic	