During the site presentation, I presented one patient with abnormal skin sensation that shock should be ruled out, one patient with GERD presenting chest tightness, and one patients with SOB due to malignant pleural effusion and pulmonary embolism. Firstly, I briefly introduced a patient with related disease, including name, DOB, age, sex, chief complaint, HPI, related history, physical exam (vital signs included), lab and imaging tests, assessment, differential diagnosis, treatment, and related work-up. Then, I introduced the disease, including definition, incidence, pathophysiology, causes, risk factors, diagnosis, differential diagnosis, complications, prevention, treatment, and prognosis. When I presented the disease, I linked to our patient’s condition and work-up. Also, I mentioned when the patients should see doctors.

The reflection is generally good. The evaluator suggested that I should describe the patient condition in more detail even than what was in admission record, because I am in the training. I thought it is a very good suggestion. For example, in the patient with abnormal skin sensation that shock should be ruled out, I should not just mention that her shock score was 1, but also need to point out where this 1 score point came from. Another important suggestion is that I should focus on the treatment. Not only write it as briefly as that in the admission record, but also describe the detail. For example, instead of “BP goal normotension”, I need to point out what is the standard and how to achieve it. I revised it and will follow this rule.