West Coast University

APEA Pre-Predictor Remediation

Plan

Student Name: Margarita Lewis-Upton

KNOWLEDGE AREA:

Knowledge Areas from APEA Pre-Predictor Examination considered deficient.

(Deficient = % Correct Score < %)

Knowledge Area	Yes	No		Yes	No		Yes	No
Cardiovascular	☐	☐	Men's Health	☐	☐	Respiratory	☐	☐
Dermatology	☐	☐	Neurology	☐	☐	Sexually Transmitted Infections	☐	☐
Endocrine	☐	☐	Orthopedics	☐	☐	Urology	☐	☐
Eye, Ear, Nose and Throat	☐	☐	Professional Issues	☐	☐	Women's Health	☐	☐
Gastroenterology	☐	☐	Psychiatry	☐	☐			
Hematology	☐	☐		☐	☐			
	☐	☐		☐	☐			

TESTING DOMAIN:

Using Identified Knowledge Areas (individual system) that are deficient, mark the correct responding Testing Domain in which less than benchmark was earned.

(Only mark the Testing Domain areas identified as being deficient

Knowledge Area (individual systems)	**Assessment**	**Diagnosis**	**Planning**	**Evaluation**	**Pharm**

Cardiovascular					
Dermatology					
Endocrine					
Eye, Ear, Nose and Throat					
Gastroenterology					
Hematology					
Men’s Health					
Neurology					
Orthopedics					
Professional Issues					
Psychiatry					
Respiratory					
Sexually Transmitted Infections					
Urology					
Women’s Health					

Knowledge Area	**Testing Domain**	**Weak Diagnosis Knowledge & Strategies to Address Deficiencies**
CARDIOVASCULAR	Planning	**Abdominal Aortic Aneurysm** Lack of understanding regarding risk factors and diagnostic methods.

		Strategy: Provide additional training on risk factors (for example, smoking, hypertension) and diagnostic tools (for example, ultrasound, CT scan). Reference Schanzer, A., & Oderich, G. S. (2021). Management of abdominal aortic aneurysms. *New England Journal of Medicine*, *385*(18), 1690-1698. https://www.nejm.org/doi/full/10.1056/NEJMcp2108504
	Assessment	**Aortic Stenosis** Difficulty in recognizing characteristic murmurs. Strategy: Conduct focused training sessions on auscultation techniques and characteristic findings (for example, systolic ejection murmur radiating to carotids). Reference Meredith, T., Roy, D., Hayward, C., Feneley, M., Kovacic, J., Muller, D., & Namasivayam, M. (2023). Strain assessment in aortic stenosis: pathophysiology and clinical utility. *Journal of the American Society of Echocardiography*. https://www.sciencedirect.com/science/article/pii/S0894731723005291
	Pharmacology	**Coronary Artery Disease (CAD)** Limited knowledge of pharmacological management options. Strategy: Offer educational sessions focusing on different classes of medications (for example, beta-blockers, statins) and their mechanisms of action in CAD treatment.

		Reference Agrawal, H., Choy, H. H. K., Liu, J., Auyoung, M., & Albert, M. A. (2020). Coronary artery disease. *Arteriosclerosis, thrombosis, and vascular biology*, *40*(7), e185-e192. https://www.ahajournals.org/doi/full/10.1161/ATVBAHA.120.313608
	Diagnosis	**Peripheral Vascular Disease (PVD)** Insufficient understanding of diagnostic criteria and assessment methods. Strategy: Organize workshops or case-based discussions to improve familiarity with diagnostic tools (for example, ankle-brachial index, Doppler ultrasound) and clinical presentations of PVD. Reference Shi, R., & Babu, S. (2021). Modern approaches and innovations in the diagnosis and treatment of peripheral vascular diseases. *Frontiers in Bioscience-Scholar*, *13*(2), 173-180. https://www.imrpress.com/journal/FBS/13/2/10.52586/S560/htm
DERMATOLOGY	Pharmacology	**Acne Vulgaris** Inadequate understanding of pharmacological treatment options. Strategy: Conduct educational sessions focusing on various medications (for example, retinoids, benzoyl peroxide) and their mechanisms of action in acne management. Reference Mavranezouli, I., Daly, C. H., Welton, N. J., Deshpande, S., Berg, L., Bromham, N., ... & Healy, E. (2022). A systematic review and network meta-analysis of topical

		pharmacological, oral pharmacological, physical and combined treatments for acne vulgaris. *British Journal of Dermatology*, *187*(5), 639-649. https://academic.oup.com/bjd/article/187/5/639/6966388
	Diagnosis	**Dermatophytosis** Lack of familiarity with diagnostic criteria and differential diagnosis. Strategy: Provide training on recognizing characteristic features (for example, annular lesions with central clearing) and conducting appropriate diagnostic tests (for example, KOH preparation, fungal culture). Reference Aboul-Ella, H., Hamed, R., & Abo-Elyazeed, H. (2020). Recent trends in rapid diagnostic techniques for dermatophytosis. *International Journal of veterinary science and medicine*, *8*(1), 115-123. https://www.tandfonline.com/doi/full/10.1080/23144599.2020.1850204
	Assessment	**Excoriation** Difficulty in identifying and assessing skin excoriations. Strategy: Offer hands-on training sessions to improve recognition of excoriated lesions and differentiate them from other dermatological conditions. Reference Snorrason, I., & Lee, H. J. (2022). Assessing excoriation (skin-picking) disorder: Clinical recommendations and preliminary examination of a comprehensive interview. *International Journal of Environmental Research and Public Health*, *19*(11), 6717. https://www.mdpi.com/1660-4601/19/11/6717

	Planning	**Herpes Zoster** Insufficient knowledge of management strategies for herpes zoster. Strategy: Organize workshops on antiviral therapy, pain management, and prevention of complications associated with herpes zoster. Reference Patil, A., Goldust, M., & Wollina, U. (2022). Herpes zoster: a review of clinical manifestations and management. *Viruses*, *14*(2), 192. https://www.mdpi.com/1999-4915/14/2/192
	Planning	**Lentigo** Limited understanding of assessment and treatment options for lentigo. Strategy: Provide resources and guidance on evaluating pigmented lesions, including the use of dermoscopy, and discussing appropriate management approaches (for example, cryotherapy, laser therapy). Reference Naik, P. P. (2021). Diagnosis and management of lentigo maligna: clinical presentation and comprehensive review. *Journal of Skin Cancer*, *2021*. https://www.hindawi.com/journals/jsc/2021/7178305/
	Diagnosis	**Scarlet Fever** Lack of awareness of clinical features and diagnostic criteria. Strategy: Conduct case-based discussions or seminars highlighting characteristic signs (for example, sandpaper-like rash, strawberry tongue) and diagnostic tests (for