My first rotation was Family Medicine, and I learned how to adapt early on to the workflow of a very busy practice, and I grew in confidence as time went along. Throughout the rotation, I encountered a variety of patient complaints from various age ranges, which allowed me to put my didactic knowledge into practice when recognizing presentations. I saw a lot of acute complaints, follow-up cases, and preventative care, and also learned the importance of screening needs and laboratory results. Presenting to my preceptor was also something I learned how to do, and how to present a simple versus a complex case. I developed a lot of hands-on skills that I was able to do in this rotation that I learned in previous classes; I did a lot of physical exams, venipuncture, EKG performed/ interpretation for the most part, and developed better communication skills when speaking to patients.

I learned valuable clinical experience through every question I had for my preceptor, as she was very knowledgeable and always made time to explain things thoroughly when I had questions, and also appreciated her taking time to show me how to perform proper examinations under guidance such as breast examinations and how to conduct a pelvic exam; both exams, which are crucial in becoming an efficient well rounded provider. Along with valuable real-world knowledge to become a better clinician.

Although the clinical experience was educational, one of the biggest challenges I encountered was the inconsistencies with the clinical organization and the limited coordination amongst support staff, which created hurdles with efficiency and patient flow. This environment limited opportunities to conduct a thorough assessment and plan, given that it was very fast-paced and disorganized. However, I acted professionally on what I could control, including giving proper presentations, asking questions pertaining to the case to my preceptor, and reviewing management independently after a shift. It made me more aware of areas I can continue to work on and grow to become a future clinician. Regardless, I still remain motivated in becoming more active in my clinical role in the upcoming rotations. Moving forward, I plan on developing my skills in giving better assessments and plans.

One of the most memorable experiences in this rotation was assessing a patient who had peripheral arterial disease during my first week at the practice. Although she was just present for an annual physical exam and had no symptoms, it was truly interesting seeing a case with a condition that we are taught about. She had the exact hallmark presentation of a patient with PAD, red brawny skin, with pallor, and no leg hair; this case helped me recognize how this presents, and knowing it really is how a classic textbook presentation. I did appreciate seeing this since a lot of the family medicine cases do not present with such a severe presentation.

What was new to me was learning how to interpret laboratory findings for patients within a clinical setting. I was familiar with lab values from coursework, assessing them further and

applying this to real patients, along with explaining the significance, required a much deeper level of understanding. Becoming comfortable in discussing lab results, along with thinking about medical management, was a true learning moment for me in this rotation. I learned how necessary it is to know how to interpret labs in family medicine and in other rotations. From this experience, I know I will continue to refine this skill and build confidence in being more proficient in lab interpretation throughout my clinical training.
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