My third rotation was emergency medicine, and it definitely had to be my favorite by far. During my first week, I learned the importance of having a systematic approach to ruling out the "red flags" even when clinical suspicion was low. For instance, I encountered many low acuity cases, such as a 24-year-old male with low back pain, and while I concluded that he had musculoskeletal pain, the resident taught me to screen for alarming symptoms from that point onward, and in that patient's case it was Cauda Equina syndrome, by assessing for trauma, IV drug use, saddle anasthesia, etc. Another reason why I truly enjoyed this rotation is that I was learning about things that might not have been as emphasized in the didactic year. For example, I was exposed to trauma-specific anatomy, such as the zones of the neck. After seeing a patient with a superficial laceration on his neck, I learned from the resident that this was in zone II of the neck, and he challenged me to research the management of these zones. I learned why this zone is particularly critical due to the presence of major vascular structures such as the carotid arteries. The next time I saw the resident, I successfully presented the zones of the neck and learned about the hard signs of vascular injury in the neck.

One of the most significant challenges I learned was regarding difficult patients and the legality of managing patients who go Against Medical Advice (AMA) in the emergency medicine setting, and knowing that as a future clinician, I would have to deal with this. A particular case that I saw was a patient with a history of alcohol use disorder with a severe finger avulsion who left without any treatment since he grew increasingly aggressive. This required me to stop the visit with another student and report back to our PA about the situation. This required me to maintain professionalism and empathy while respecting the patient's autonomy in a frustrating situation. I also learned about the importance of interprofessional collaboration by seeing how PAs, nurses, and doctors coordinate in high acuity cases like cardiac arrests, seizures, respiratory depression, AMS, etc. My goal moving forward is to improve my efficacy in triaging multiple complaints. To improve this, I plan on practicing better and providing focused presentations in my next rotation, and continuing to identify sick vs not sick status in a patient in the first minutes of interacting with a patient.

A memorable experience for me was on a laceration case with the help of my preceptor. Seeing this case with him taught me immensely on every step to consider, with antibiotic management, essential tests, and wound management. This was a young patient who presented with a laceration above her Achilles tendon, and we performed the Thompson test to rule out a tendon rupture. This laceration repair required extensive suturing with about 14 sutures placed. This experience was very rewarding because I was able to comfort the patient in her native language, and it taught me the importance of wound care. The knowledge I learned here is highly applicable to other laceration cases I will encounter in the future.

Moreover, this rotation shifted my career perspective. I entered this rotation without expectations in the specialty, but I have a newfound appreciation and passion for acute care. My other rotations in Family Medicine and Ambulatory Care taught me the value of long-term management, but I realized I prefer the immediate problem-solving with the ED over managing chronic conditions. I see myself thriving in an environment where I can see acute cases and make an immediate impact. I was also able to translate for Spanish-speaking patients in an underserved area, which reinforced my commitment to bridging communication gaps, as I saw firsthand how much more comfortable patients felt when they could express their concerns directly in their native language. Ultimately, this rotation challenged me to grow clinically and personally.