My fifth rotation was long-term care at a skilled nursing facility/ subacute rehabilitation serving an urban population. This experience was unique because it focused solely on managing elderly patients, and I had little exposure to this population in my prior rotations. One overall takeaway was how caring for elderly patients is more medically complex than I had initially anticipated. The majority of residents had numerous chronic medical conditions, extensive medication lists, and subtle presentations of acute illness. I learned that in elderly patients, a seemingly simple UTI or respiratory infection could lead to significant clinical decline. This rotation taught me to pay closer attention to subtle changes in a patient's baseline mental status, functional ability, or behavior for the prevention of worsening health.

For each shift, I attended morning report, which became a valuable learning experience throughout the rotation since I saw interprofessional collaboration amongst professions to manage one patient, including dieticians, OT/PT, nurses, and physicians. Listening to the discussion of overnight/daytime events, including falls, wounds, behavioral changes, and new medical conditions, gave me a better understanding of each patient's clinical status before evaluating them. After the report, I was able to round with the providers, as well as see patients independently and then complete admission, comprehensive, and interim notes. This was also much different from my prior rotations since management plans were done for every active medical condition the patient had instead of just focusing a plan on the patient's chief complaint. This significantly improved my clinical reasoning since it challenged me to go through each medical condition and think about how each diagnosis and medication prescribed affected the patient's overall health and quality of life.

Throughout the rotation, I saw a variety of conditions that were commonly seen in long-term care settings, including COPD exacerbations, pneumonia, pressure injuries, heart failure, constipation, etc. Working alongside the provider also allowed me to gain a much greater appreciation for how difficult it could be to manage chronic diseases in elderly patients. One patient I followed had congestive heart failure and required frequent diuretic adjustments due to worsening weight gain. This taught me that managing heart failure in elderly patients involves much more than simply increasing medication doses. It requires careful monitoring of renal function, electrolytes, volume status, and the patient's overall clinical response. Additionally, I became more aware of the challenges associated with polypharmacy and the importance of balancing treatment recommendations.

Moreover, another important lesson from this rotation was learning how to communicate with patients who had cognitive impairment. There was also a large Cantonese/Mandarin-speaking population, making communication challenging even with the use of interpreter services. However, I realized that language barriers were not the greatest obstacle, since even English-speaking residents had significant cognitive impairment, limiting their ability to provide an accurate history. Also, reading a patient's behavior for communication was very important.

One of the patients receiving hospice care with advanced Alzheimer's dementia frequently became agitated and demonstrated behavioral disturbances. This taught me the importance of utilizing the healthcare team, particularly the nurses and CNAs, who often knew the patient's baseline behavior and provided valuable information when the patient could not communicate effectively. I also had the opportunity to care for several patients receiving palliative and hospice care, which gave me a much greater appreciation for focusing on patient comfort, dignity, and quality of life rather than just treating a disease. One patient who stood out to me was a 104-year-old resident whom I had the privilege of meeting during my rotation. Unfortunately, she later passed away. Although I only cared for her briefly, her passing reminded me that caring for geriatric patients involves supporting them and their families through the final stages of life with compassion and respect. Another unique and memorable experience was attending a graduation ceremony for the residents who had completed a recreational program. Watching the residents celebrate alongside their families reminded me that maintaining hobbies, participating in recreational activities, and remaining socially engaged can have a major impact on an elderly patient's quality of life.

Overall, this rotation gave me a better understanding of the challenges involved in caring for elderly patients with multiple comorbidities. While I know I still have a lot to learn, I feel that this rotation provided me with a strong foundation that I can continue building upon during future rotations, especially in Internal Medicine, which I have later on in the year. It has taught me that geriatric care extends beyond diagnosing/treating disease. It requires patience, effective communication, interdisciplinary teamwork, thorough medication management, and an individualized approach that prioritizes each patient's quality of life. This experience has made me more comfortable caring for older adults and has strengthened my clinical reasoning as I continue through my remaining clinical rotations.