During my site evaluations, I presented three H&Ps that reflected the complexity of caring for geriatric patients in long-term care settings. One of the patients had been hospitalized for a respiratory illness before being admitted for subacute rehabilitation. I chose to discuss this case because I found it interesting since it taught me that recovery involves more management than treating the initial diagnosis. I had to consider the patient's multiple chronic conditions, medications, recent hospitalization, etc., while developing an overall management plan. This case reinforced the importance of treating the patient as a whole, instead of focusing on one diagnosis alone. From this case, I explained my reasoning for each differential diagnosis.

My next case was on an 86-year-old with COPD who developed an acute onset of shortness of breath with a productive cough concerning for a COPD exacerbation. This case allowed me to consider multiple differential diagnoses, including COPD exacerbation as my leading diagnosis. I also considered pneumonia, viral URI, pulmonary embolism, and acute bronchitis. This case reinforced the importance of maintaining a broad differential diagnosis in elderly patients and recognizing that respiratory illnesses can progress rapidly in residents with multiple chronic medical conditions. This case was also unique to me since I was able to follow this patient's course, and he was eventually admitted to the hospital. Seeing his progression emphasized the importance of reassessing patients and recognizing early signs of clinical deterioration.

The next H&P was on a 76-year-old female with atrial fibrillation, rheumatoid arthritis, and hyperlipidemia who presented with a chronic left heel ulcer concerning for osteomyelitis. I chose this case because while I did see patients who had pressure ulcers, I had yet to see a complication of a wound. I was also taught how to read an X-ray involving a wound to assess for osteomyelitis. Through this case, I was able to learn about the evaluation of chronic wounds, including differentiating pressure injuries from osteomyelitis and other differential diagnoses such as peripheral arterial disease, while understanding the importance of wound care, pressure offloading, nutrition, and multidisciplinary management. From this case, I learned that treating chronic wounds requires more than just managing the ulcer itself, but also addressing the patient's underlying risk factors.

Moreover, I also presented a journal article, *Association Between Initiation of Pulmonary Rehabilitation and Rehospitalizations in Patients Hospitalized with Chronic Obstructive Pulmonary Disease*, based on my H&P COPD case and focused on the experience during this rotation. This is because many of the residents I cared for were recovering from pneumonia or COPD exacerbations, and I wanted to understand interventions that could improve their recovery after hospitalization. The study demonstrated that pulmonary rehabilitation was associated with lower rehospitalization rates and improved functional recovery, reinforcing the importance of incorporating rehabilitation into the long-term management of patients with chronic lung disease. This is appropriate for long-term care since it involves a team of rehabilitation, respiratory consults, and medical management.

Overall, I found my site evaluation to be a valuable learning experience for me since it challenged me to apply evidence-based medicine while presenting medically complex geriatric patients. The questions from my evaluator encouraged me to also strengthen my clinical reasoning, support my differential diagnoses with appropriate rationale, and develop comprehensive management plans. I believe this experience strengthened my patient presentations and will better prepare me for future rotations, particularly Internal Medicine, where I expect to continue caring for medically complex patients.