If there is one thing I learned about working in the Emergency Department (ED), it is that you never know what will come through those doors. One moment you might be seeing a patient with dental pain, and the next you're responding to a stroke code. The pace can shift in an instant, and you really have to be ready to adapt quickly while staying calm and focused. Either bring your A-game or get smoked!

The one thing I enjoyed most about this rotation was how hands-on it was. I had the chance to actively participate in patient care, not only getting histories and physicals, but also assisting with procedures like bedside ultrasounds, wound dressings, and I&Ds. At first, it was a little intimidating because I kept asking myself, "Do I really know what I'm doing?" But with guidance from the PAs and nurses, I quickly gained confidence. An important lesson I learned was to be proactive – opportunities don't just come to you; you have to seek them out. You essentially have to jump the gun anytime an interesting case comes in and show that you're ready to be involved.

Initially, the thing that I struggled with the most was timing. In my last rotation in ambulatory care, I was used to performing detailed physicals (since every patient was coming in for an annual exam) and taking thorough histories, which worked well in a slower-paced clinic setting. In the ED, however, the pace is much faster, and you can't spend the same amount of time on every patient. For example, I remember seeing a patient with abdominal pain while another patient was simultaneously arriving with shortness of breath. At first, I spent too much time on the abdominal exam and felt rushed when I had to switch to the more urgent case. Over time, I learned to focus on the most relevant parts of the history and physical for each patient.

Many patients in our ED were Hispanic, so I had to rely on an interpreter a lot. And I mean A LOT. It was definitely an adjustment because I was so used to communicating directly with patients in my last rotation and building rapport in real time. With a language barrier, it was harder to connect (especially when I'm trying to slide in a joke ugh). It's even trickier at times because words can get lost in translation. I remember asking patients open-ended questions, only to have them respond with a simple "si," which made it challenging to get the information I needed. Over time, I learned to slow down, be more intentional with my questions, and use nonverbal cues and patient expressions to help guide the conversation. It taught me patience and the importance of building trust even when communication is limited.

The most memorable moment during this rotation was seeing and participating in a stroke code. It was definitely intense since everyone was moving so quickly. Even though I didn't fully understand everything that was happening, I tried my best to stay actively involved. I helped the nurse with blood draws, placed EKG pads, and did the little things that kept the process moving smoothly. That experience showed me that even seemingly minor contributions matter in critical situations.

And with that, the second rotation is in the books. Walking in, I was a nervous wreck. Coming from ambulatory care, where everything is calm and chill, to the fast-paced chaos of the ED was a full 180°. One thing I learned about myself is that I can adjust to the environment, even when it's overwhelming at first. I learned to stay focused, think on my feet, and jump into whatever was needed. This rotation definitely pushed me out of my comfort zone and showed me that I can rise to the challenges of a fast-paced, high-stakes setting. I still have much to learn, but it's only up from here.