"Sometimes we need someone to just listen. Not to try and fix anything or offer alternatives, but to just be there… to listen." – Steve Marboli

Coming from rotations where everything felt fast-paced and task-oriented, this experience was completely different. In the inpatient psychiatric setting, I actually had the time to sit down and get to know my patients beyond just their chief complaint. Instead of quick in-and-out encounters, I was learning about their hobbies, their living situations, their families, and the small details that make up their daily lives. It shifted my perspective on what a "patient interaction" really means.

What stood out most to me was how natural the interactions felt. There were moments where I was sitting with a patient playing chess, giving them a bit of banter, and then somehow the conversation would transition into how they have been feeling since being admitted. Other times, I would be shooting a basketball around with a patient in the unit, and in between shots they would open up about stressors at home or what led them to come in. These weren't conversations that felt forced or structured like a typical interview. They just happened, and because of that, they felt more honest.

I also remember sitting in the common area with a patient who initially barely spoke during morning rounds. In that setting, they seemed closed off and guarded, giving short answers and avoiding eye contact. But later on, just sitting side by side watching TV, they started talking about their family and what their life looked like before everything started to feel overwhelming. It made me realize how much the environment and approach can influence what a patient is willing to share.

Another moment that stuck with me was talking to a patient about their plans after discharge. Instead of focusing only on medications or follow-up appointments, the conversation naturally turned into where they would be staying, who they could rely on, and what a typical day might look like for them. It made me think beyond just treating symptoms and more about understanding the full picture of their life.

At the same time, this rotation was also a struggle for me. I wasn't used to this pace or this style of interaction, and at times it made me feel like I wasn't doing enough. In other rotations, it's easy to measure your contribution through procedures or how many patients you see. Here, progress felt less tangible. There were moments where I questioned whether just sitting and talking was really adding value. It was also challenging to navigate the emotional side of things. Hearing patients open up about their experiences, their families, and the difficulties they were facing could be heavy at times. And unlike other rotations where you might stabilize a patient and move on, here you sit with their story a little longer. I had to learn how to be present and supportive without feeling like I needed to immediately fix everything.

Over time, I started to understand that this discomfort was part of the learning process. I realized that in psychiatry, building rapport is the foundation of care. Those conversations, even the ones that seem simple, are what allow patients to trust you and share what is really going on. And without that, it is hard to make any meaningful progress.

This rotation taught me that medicine isn't always about efficiency or checking boxes. Sometimes, slowing down and meeting patients where they are can tell you more than any structured interview ever could. It showed me a different side of patient care, one that feels less like treating a condition and more like understanding a person. It honestly felt less like I was interacting with patients and more like they were letting me into their world, and that is something I will carry with me into every rotation moving forward.