One thing I quickly learned about Internal Medicine is that medicine is rarely ever just one problem. Patients didn't come in with a single complaint and a straightforward plan. Instead, it was often hypertension, diabetes, heart failure, CKD, and a medication list long enough to make your eyes cross all wrapped into one admission. At times it felt like trying to untangle headphones that had been sitting in your pocket all day. There was always another lab to review, another consult note to read, or another piece of the puzzle to figure out.

Coming from previous rotations where things felt either procedure-heavy or more focused on a single complaint, Internal Medicine challenged me in a completely different way. What I enjoyed most was the diagnostic thinking behind everything. I liked sitting down with the chart before seeing a patient and trying to connect the dots between their symptoms, imaging, labs, and medical history. Sometimes the answer felt obvious, and other times I would confidently think I knew what was going on only for rounds to humble me REAL quick. It reminded me that medicine is as much about asking good questions as it is about knowing the answers.

One thing that stood out to me was how much of Internal Medicine revolves around teamwork. Every patient seemed to have multiple people involved in their care – physicians, PAs, nurses, PT/OT, case management, and consultants all working toward the same goal. At first, I honestly underestimated how much coordination happens behind the scenes. I realized that good patient care is not just about making the diagnosis or prescribing medications. It is also about making sure the plan is realistic, communicated clearly, and safe for the patient once they leave the hospital.

The thing I struggled with the most during this rotation was managing the sheer amount of information. In clinic rotations, I felt more comfortable focusing on one complaint at a time. Internal Medicine was different. I remember reviewing a patient's chart and seeing pages of progress notes, imaging studies, consult recommendations, and medication changes. My brain was doing jumping jacks trying to keep up. During presentations, I sometimes found myself wanting to include every single detail because I was afraid of leaving something important out. Over time, I learned that being thorough does not mean saying everything. It means knowing what is relevant and being able to prioritize the information that matters most.

One moment that stayed with me involved speaking with an elderly patient who had several chronic medical problems and had been hospitalized multiple times. During rounds, most of the conversation centered around labs, medications, and discharge planning. But later, while talking with the patient, the conversation shifted toward how tired they felt constantly coming in and out of the hospital and how much they missed being home with family. That interaction stuck with me because it reminded me that while we, as providers, may focus heavily on clinical improvement, patients are often thinking about something entirely different: their independence, their routines, and the life waiting for them outside the hospital walls.

Overall, this rotation pushed me in ways I did not expect. Internal Medicine taught me to slow down and think critically rather than rushing to the first answer that came to mind. It also showed me that medicine can be messy, complicated, and sometimes frustrating but that is exactly what makes it meaningful. If you asked me what I learned about myself during this rotation, I would say that I am more adaptable than I give myself credit for. There were definitely moments where I felt overwhelmed or questioned whether I was keeping up, but little by little I became more comfortable and learned to trust the process. I still have a lot to learn (and a lot more medication names to stop mixing up), but this rotation reminded me that growth usually happens in the moments where you feel challenged the most.