

Internal Medicine Rotation – Site Evaluation

During my internal medicine rotation, I was exposed to a wide range of complex patients that significantly strengthened my clinical reasoning and approach to patient care. Completing full histories and physical examinations of medically complicated patients helped me better understand how multiple acute and chronic conditions interact and influence the overall presentation.

Two cases in particular highlighted this learning. In my first H&P, I evaluated an 88 Y.O female patient presenting with acute altered mental status in the setting of suspected sepsis. This case required a broad and systematic approach to differential diagnosis, including urinary tract infection, pneumonia, obstructive renal pathology, and metabolic encephalopathy. What became especially clear was how chronic conditions such as chronic kidney disease and a history of substance use disorder increased the patient's susceptibility to infection and altered both presentation and laboratory findings. This reinforced the importance of not only treating the acute infection but also of recognizing and managing the underlying conditions that contribute to the patient's vulnerability.

In my second H&P, I evaluated a 27 Y.O male patient with sickle cell disease presenting with a vaso-occlusive pain crisis. This case demonstrated the importance of addressing both acute pain management and long-term disease control. While the immediate focus was pain control, hydration, and monitoring for complications such as acute chest syndrome, the underlying chronic condition required ongoing management with disease-modifying therapy, anticoagulation considerations, and prevention of future crises. This helped me appreciate that symptom control alone is not sufficient without addressing the chronic disease process driving recurrent hospitalizations.

Together, these cases emphasized that effective inpatient care requires a multimodal and individualized approach. Patients often present with acute issues layered on top of chronic comorbidities, and successful management depends on simultaneously treating the immediate problem while optimizing long-term conditions. This includes infection control, pain management, anticoagulation decisions, renal protection, and careful medication management, all while considering patient safety and quality of life.

Overall, this rotation helped me develop a more structured and holistic approach to patient care. I learned to think beyond single diagnoses and instead view patients as complex systems requiring integrated, multimodal management strategies. This experience has strengthened my clinical reasoning and prepared me to better manage medically complex patients in future rotations.

