

## **Long-Term Care Rotation #2 reflection**

### **Something New**

My experience at Gouverneur Health was very interesting because I worked with a diverse patient population from various cultural and ethnic backgrounds. Many of the patients in the subacute rehabilitation unit had multiple chronic medical conditions such as hypertension, diabetes, heart disease, and mobility limitations. This experience helped me understand that the management of elderly patients often differs from that of younger populations, particularly due to polypharmacy, decreased physiologic reserve, and the need for coordinated multidisciplinary care. During this rotation, I was exposed to several new procedures. I performed a few rectal examinations for the first time and assisted in administering enemas for patients experiencing constipation. One important clinical lesson I learned from this experience was the importance of monitoring a patient's blood pressure before and after administering an enema. Stimulation of the rectum can activate the vagus nerve and rectal tone, potentially causing a vasovagal response that may lead to a temporary drop in blood pressure. Observing and participating in these procedures helped me better understand both the technique and the physiologic responses associated with them.

### **Skills, Challenges, and Action Plan**

Throughout this rotation, I also observed how physicians, nurses, and other healthcare professionals work together to coordinate patient care. I observed frequent collaboration among nursing staff, physical therapists, occupational therapists, and case managers to ensure patients were progressing safely through rehabilitation and were ready for discharge to home or an assisted living facility. Observing this interprofessional communication helped me appreciate the importance of teamwork in managing complex geriatric patients. One challenge I encountered during this rotation was providing explicit explanations and answers to patients. Initially, this was somewhat uncomfortable for me because I didn't know much about the patient and only knew what the patient was originally admitted to the Skilled nursing facility for. However, by observing how experienced providers approached these discussions respectfully and confidently, I gradually became more comfortable performing the exam and explaining the procedure to patients, and explaining the plan and treatment course to the patient. Moving forward, I would like to continue improving my physical examination skills, particularly with procedures that require patient trust and careful communication. My action plan is to actively seek opportunities to perform these examinations, establish a plan under supervision, and to ask my preceptors for feedback to refine my technique and patient communication.

## **Memorable Experiences**

One of the most memorable patient cases during this rotation involved a 78-year-old female who presented with abdominal pain for two days. She was awake, alert, and responsive but appeared uncomfortable and guarded her left lower quadrant during the examination. When we interviewed her, she reported that she had not been able to pass gas or have a bowel movement for two days and also noted a decreased appetite. Based on her symptoms and history, the provider and I suspected possible fecal impaction, potentially secondary to decreased bowel motility. We proceeded with a rectal examination with a chaperone present. During the exam, a large amount of firm, formed stool was palpated in the rectal vault, and no gross blood was noted on the glove. The patient tolerated the procedure well. After the intervention, the patient began passing gas and stool shortly afterward and reported significant relief of her abdominal discomfort. This experience was meaningful because it demonstrated how a thorough history and physical examination can quickly identify the cause of a patient's symptoms and lead to immediate relief with appropriate treatment. It reinforced the importance of not overlooking common but potentially uncomfortable diagnoses, such as constipation and fecal impaction in elderly patients.

## **Overall Reflection and Perspective**

Overall, this rotation significantly improved my clinical reasoning skills, particularly when managing elderly patients with multiple comorbidities in a subacute rehabilitation setting. I learned that caring for geriatric patients requires a comprehensive approach that considers not only the primary medical condition but also functional status, mobility, medications, and social support systems. This rotation also helped me develop a greater appreciation for the complexity of geriatric care and the importance of interdisciplinary collaboration in achieving positive patient outcomes. In future rotations and clinical practice, I will apply these lessons when managing older adults, especially in recognizing how small clinical issues can significantly impact their overall health and recovery. One thing I would want my preceptor and colleagues to notice about my work during this rotation is my willingness to learn and actively participate in patient care. I consistently asked questions, observed procedures carefully, and applied feedback to improve my clinical skills. This experience has strengthened my confidence and will help prepare me for future clinical rotations and ultimately my career as a healthcare provider.