

For my site evaluation, I presented on a 23 yo F with URI symptoms and persistent chest pain x1 week. She was initially treated for pneumonia, discharged home, and returned one week later when her chest pain would not alleviate. Upon return, she underwent a cardiac workup and was diagnosed with pericarditis. She had classic physical exam findings, including worsening pain lying flat and alleviation when leaning forward. Her TTE showed a thickened pericardium w/ a small pericardial effusion posterior to her LV. Interestingly, this patient did not have diffuse ST elevations on ECG; this finding reinforces the old saying that “patients don’t read the textbook.” She responded well to NSAIDs and colchicine, further supporting the diagnosis. Additionally, she has a family history of SLE, prompting a rheumatologic workup. She was found to have multiple positive markers, adding another layer of complexity to her case. An issue many students have, myself included, is anchoring too heavily to a diagnosis. I chose to present this patient because it reinforces the importance of diagnostic flexibility.

I thought my presentation was thorough, as I explored multiple clinical considerations. However, one area where I fell short was in the chronology of my documentation. The patient experienced a significant drop in her hemoglobin during her hospital course from 12.2 to 9.5. I made an error in my documentation, which implied that this hgb drop occurred in a single day, which would have been very alarming. In reality, this hgb drop likely occurred over the course of a week. Moving forward, I plan to improve by organizing lab values more systematically.

More than anything, my site evaluator emphasized the importance of teamwork in the hospital setting. This reinforced that no single provider is expected to know everything. While it is essential to be thorough and advocate for your patient, hospital care is ultimately collaborative across multiple teams. My site evaluator stressed that learning to function effectively within that system is just as important as my individual clinical knowledge.

My site evaluator did a great job by consistently asking “why.” Why I organized my presentation a certain way, why I prioritized specific findings, and why I chose particular diagnoses. This challenged me to be intentional in my reasoning rather than simply reporting information. In future site evaluations, I will continue to improve and ensure that every part of my presentation serves a clinically important function.

This was my first rotation in a hospital setting, and a positive site evaluation was an important moment of validation for me. My evaluator has years of hospital experience, and receiving their feedback gave me confidence that I am progressing in the right direction. She showed me that I have room for growth, but my intention and clinical fundamentals are headed in the right direction. I’m grateful for the feedback from my evaluator, and I hope to continue learning from them and keep that relationship going.