**Something New:**
Pediatrics can pose an additional layer of challenges due to patient non-compliance during examination. It is very common for toddlers to be afraid of going to the Dr - they pull their arms away, refuse to open their mouths, scream, cry, and hit. I found that having a structured approach for each different age group was necessary when it came to working with difficult patients. For all age groups, its imperitive to say exactly what you are going to do before you do it and explain why at each step of the way.

For babies to ~ age 4, incorporating the parent into the interaction as much as possible was very helpful. There were times when I gave the otoscope to the parent and asked them to shine it in their child's mouth, as I looked on from an angle. For children afraid to receive a vaccine or blood draw, having them sit on their parents' laps was very helpful.

For patients ~5 and older, I really focused on my demeanor, the specific words I used, and how I progressed the interaction to build the patients' trust. At the beginning of the interaction, I make it a point to give the child a fist bump and tell them “good job” for answering the most basic questions. In a Pavlovian way, this creates an expectation that if they follow directions, they will be rewarded positively. I found this very helpful for the younger patients who are very nervous. At every phase of the physical exam, I give them a fist bump and tell them “good job.” That way, when it is time for the vaccine or blood draw, we have built rapport. When it comes time for the blood draw or shot, I tell them, “Every single boy or girl has to get their shots every year. You are going to do a good job. All you have to do is follow my instructions, and you will be just fine. Can you follow my instructions?” They are going to get the shot regardless, but this gives them the sense that they are making a choice and that I am someone who is here to help them. I have been continuously reinforcing them and explaining everything that is going to happen, so even though they know it will hurt them, they trust me. That is the hope, at least. Over the 5-week rotation, I refined this approach and found more success with it over time.

**Skills, Challenges, and Action Plan:**
One of the greatest challenges in this rotation was communicating with patients who speak a different language. A majority of the pts at this location were Spanish-speaking. I took Spanish in high school, but I am not fluent. To adapt to the environment, I had a few different tools. First, I learned as much basic medical Spanish as I could. Tos-cough, gripe-cold, garganta-throat, oidos - ears, nariz-nose, etc. This way, I could ask the patient or their parents if they had any of those symptoms. By the end of the rotation, I was pleased with my progress. For example “Hola, me llamo patrico y estudiante de medicina. Trabajo con el medico. Como te llamas? Estas enfarma o necesitas papeles para la escuala? Ok. Tienes tos? Cuantos dias llevas asi? (etc).”

Unfortunately, there were no interpretation services available at the clinic. There was a secretary who spoke Spanish, but she was not always available. Whenever there was a misunderstanding, I would use a translation app on my phone: translating my English to Spanish and having the patient speak into my phone, translating their spanish into English.

There were 2 types of challenging patients: the young scared patients and patients with rashes. I discussed my approach to young scared patients above, but this did not always make the situation less difficult. The first 2 weeks of the rotation were the hardest to adjust to. Hearing the pts screaming and crying was emotionally draining on me. Another difficult thing was holding a patient's arm while the Dr. gave the injection or drew the blood. I remembered that children cry, their pain is going to be temporary, and we are providing them a great service by protecting them from infection. Providing a post-vaccination lollipop felt like a good way to make amends.

Patients with rashes were also quite challenging. Firstly, the volume of rashes surprised me, as it was a complaint I saw daily. Secondly, it can be hard to identify exactly what type of rash the patient had. A thorough history helps narrow down a ddx, but patients dont read the textbook. Towards the end of the rotation, it was easier to identify allergic wheals vs. atopic dermatitis vs. tinea versicolor vs. the viral xanthams. I continued to reference resources, pictures, and case studies online to reinforce my learning.

I want to continue improving my Spanish as it is the second most spoken language in NYS. I downloaded language learning apps on my phone and will continue to use them during the remainder of my rotations. Achieving Spanish fluency within the next 5 years is a fair goal. While I can get by with translation services, fluency will help me better serve my patients and increase my job marketability.

I did not get much exposure to newborns during this rotation. I only saw 1 patient who was 6 days old; besides that, the younger patients were 2 months old. I want to ensure that I am well-versed in the physical exam for a newborn, as it will serve me well in the future. I will speak to my peers who had rotations in the NICU and ask them about the most important physical exam findings they were looking for.

**Memorable Experiences:**

We had a 16 yo F present c/o LLQ/flank pain x1 month. The pain is colicky w/ pain flares that take her breath away, rated 9/10. There is constant underlying pain of 3/10. She denies trauma, menorrhagia, dysmenorrhea, hematuria, or any vaginal symptoms. She denies symptoms of any kind. The PE was unremarkable, including a soft, non-distended abdomen w/ no peritoneal signs. Her LMP was 2 weeks ago, and she states she is not sexually active due to her religion. Our ddx included mittleshmirtz, nephrolithiasis, ovarian torsion, hernia, IBS, and functional ovarian cyst. We drew a CBC, CMP, and a UA (all of which were unremarkable). We referred her for abdominal and pelvic US, both of which returned unremarkable. This case is memorable because I did not get to find out the resolution of the case. We referred her for a CT a/p and to see a gynecologist, but I left the office before the results of the scans came back. Upon further research, there is another dx that is possible, nutcracker syndrome of the left renal vein. This vascular pathology is often missed unless the US technician performs a Doppler US of the left renal vein.

**Overall Reflection and Perspective:**

I learned the value of patience. Working in peeds can be challenging, but this was compounded by the language barrier that I faced. I was patient, methodical, and able to achieve my learning goals throughout the rotation. My preceptor has been a provider for over 30 years and moves at a slower pace. While they were a wealth of information, I found myself reviewing their work at the computer, as they would often make errors in inputting information. This was another lesson in patience and adaptability.

While some patients had difficulty expressing themselves, many others did a fantastic job. This taught me discernment; there are some patients whom I could take at face value, and others whom I had to dig a little deeper to discover the truth. I believe this is true in all fields.

I hope that my preceptors and colleagues notice my devotion and care. I am always looking to go the extra mile for my patients. How can I explain this concept a little better? How can I ensure they understand the instructions? Are they going to go home and misuse their medication because it wasn't explained well? Was I using teachback methods? Did I provide helpful resources? Even with the language barrier, I always asked the patients and their parents if they had any additional questions. For me, healthcare is about care, not just medicine.