This rotation allowed me to develop procedural skills that I had only previously observed. I was able to perform ultrasound-guided IV placement, laceration repairs, incision and drainage, fluoroscopy staining w/ Wood's lamp, and nasal packing. One of the most memorable procedures I participated in was a peritonsillar abscess drainage; the patient had classic presenting symptoms of u/l throat pain, fever, muffled voice, and uvular deviation. In regards to US IV placement, I learned the "caterpillar" technique to ensure the catheter is successfully placed in the vein w/out infiltration. These experiences serve as a foundation for my technical abilities moving forward.

One of the biggest adjustments was working with a different preceptor nearly every shift. Each had their own approach to patient care and different styles of teaching. This forced me to be adaptable and actively engaged in my learning. I developed a systematic note-taking approach to aid with my presentation skills. I focused on a logical HPI, pertinent pmhx, and staying open to feedback from my preceptors.

One of the challenges I faced involved situations where my clinical suspicion differed from my preceptor's, particularly in a memorable case involving a 19 yo M presenting w/ acute neurological deficits. While my ideas around management were different, the experience taught me to respectfully defend my clinical reasoning whilst remaining open to learning.

Some of the most challenging patients for me were those with psychiatric illness and substance use disorders. For example, a 49 yo F w/ a pmhx of schizophrenia and MCI presented w/ a 4x2 cm laceration above her left eye. I tried to meet the patient where she was at, while moving the encounter forward. She did surprisingly well with the lidocaine injection, but was unable to tolerate NS irrigation. She began threatening us, stating we were trying to kill her. We decided to give her a break, pivot to topical lidocaine, and attempt irrigation again in 45 minutes. We were then able to successfully close her wound. These encounters taught me the value of patience, empathy, and building rapport, especially with challenging patients.

Moving forward, I want to continue developing my rapport skills. Veteran providers are able to calm down agitated patients in a way that seems effortless. This is a crucial skill, especially for EM. To do so, I will remain calm, stay focused on the desired outcome, and find feasible compromises when possible.

One patient who stood out was an unhoused individual whose history initially did not make sense. The pt was a 42 yo M w/ unknown pmhx c/o "feeling dehydrated and hot" x12 hours. The pt was visibly red in the face, but the curious thing was his visible tremors. I continued asking questions until the pts revealed that he was a daily heroin user who ran out of supply 3 days prior. If something doesn't feel right, I learned that it's important to keep asking questions.

Upon reflection, I realized that every healthcare facility will be vastly different. My current rotation was at a public community hospital - my previous rotation was at North Shore University Hospital (NSUH), one of the largest and best-funded private teaching hospitals in the state. At NSUH, consulting specialists were commonplace for nearly every ED pt whereas my current rotation has a higher threshold for consultation. This again highlights the need to be adaptable. It also shows the importance of expectations and understanding the resources available to you when you begin working at a new facility.

If there is one thing I hope my preceptors noticed, it is my desire to improve. I ask questions not because I expect someone else to think for me, but because I want to continue growing. That mindset is something I will carry with me always.