The professor running my site evals is an experienced EM provider whose feedback and real-world perspective were very valuable. His real-world approach to decision-making was a wealth of information that is difficult to learn from textbooks. Hearing how an experienced clinician thinks through complex cases helped reinforce many of the concepts I have been developing throughout my emergency medicine rotation.

One of my cases involved a 52 yo M w/ npmhx p/w persistant epistaxis for 12 hours. After placing anterior packing, the pt c/o persistent pain, became diaphoretic and obtunded. This was my first experience w/ vasovagal syncope due to pain. Discussing this case w/ my preceptors and site evaluator enforced this very important pathophysiologic phenomenon. Distinguishing this cause of syncope compared to other causes, like hypovolemia or cardiac, is crucial.

We also discussed a memorable case involving a 19 yo M with focal neurologic deficits who was ultimately diagnosed with transverse myelitis. I felt the patient's workup progressed too slowly, requiring an emergent MRI, broad-spectrum abx, high-dose steroids, and potentially antivirals. My site evaluator agreed with my reasoning and approach, which reinforced my confidence in my clinical judgment. I then reviewed an article comparing transverse myelitis and Guillain-Barré syndrome to understand the diagnostic differences and management considerations better.

We also reviewed medication cards. My site evaluator shared his personal preferences based on years of practice. For example, we compared lorazepam and diazepam. For patients requiring higher doses, diazepam may be preferred because you can provide higher doses with less risk of toxicity. Overall, my site evaluation strengthened my clinical confidence and provided practical insights into emergency medicine decision-making.