NYPQ internal medicine is my fourth clinical rotation place. In this rotation, I love it because I learned to how analyze and manage different clinical internal medicine conditions in this rotation, and since my future practice might focus on medicine, I benefit from this rotation greatly.

My working schedule in the NYPQ internal medicine is usually from 8:00 am to 4:00 pm or 5:00 pm. I worked in different units. In the first week, I worked with stroke team to evaluate the stroke possibilities and severity of patients. During this week, I was usually waiting for the calls from ER, so I spent most of the time in ER. In the second and fourth weeks, I worked in the pulmonary unit. In the third week, I worked in the cardiovascular unit. In the last week, I worked in a mixed unit including pulmonary/hematological/nephrological patients. I worked in the units that many healthcare providers are physician assistants and I followed one or two PAs in every unit. I dealt with the patients with them, made some orders and wrote notes as they required, listened to them when they talked with patients, patients’ families, and other healthcare providers such as attending physicians, consultant physicians, nurses and technicians. Of course, I also did some procedures as they required. There is a morning round with my supervising PA, case manager, RNs and sometimes, attending physician every day.



In my rotation, I met with patients with various conditions and problems, among which many are serious. Firstly, I learnt how to manage new admitted patients, including performing thorough H&Ps in ER, making a basic evaluation, listing the possible differential diagnoses that need to be ruled out, setting up a basic plan including tests, interventions, and medications, and writing admission notes and orders. Secondly, I learnt how to monitor and deal with patients with serious conditions, such as severe CHF or severe sepsis, and write related progress notes. Thirdly, I learnt how to determine if the patients could be discharged, make related preparations, talking with them about the recommended plan, and write the discharge summaries. Fourthly, I also learned how to communicate with other related healthcare providers, including lab technicians, nurses, attending physicians, case managers, and consultant physicians. Most importantly, I learnt the protocols to deal with different conditions, which will greatly help in my future practice. For example, for a possible shock patient, I learned how to do necessary neurological exam and related imaging tests to rule out or rule in the shock quickly. I realized that sometimes good skills and experiences are needed to perform some procedures on patients with severe illness. Fox example, in ED I never failed in ABG procedure. But in IM, there are some patients with very cold, weak and thin blood vessels so that ABG is very difficult when you even could not fell the pulse. Another example, for lumbar puncture, I just saw four failures and only two successes and these two successful performances were done by the same PA.

In my rotation, I realized more problems. I could do some procedures, such as ABG and IV on the common patients. But for the patients with conditions to make procedures hard to be performed, I need more practices and experiences. For example, for the patients with very dark skin colors, it usually took me long term to get the blood sample. And for the patients with weak pulses and very low skin temperatures, I failed twice for ABG procedure. I will find more chances to watch and deal with the patients with conditions to make procedures hard to be performed and learn from the skillful healthcare providers.