QHC ED psychiatry is my fifth clinical rotation place. I love this rotation because in this rotation, I learned a lot of new things about dealing with patient with different psychiatric disorders, and whatever my future practice might focus, I benefit from this rotation greatly because psychiatric knowledge will be necessary for any clinical practice.

My working schedule in the QHC ED psychiatry is from 8:00 am to 4:00 pm on Wednesday, Thursday and Friday and from 4:00 pm to 12:00 am on Monday and Tuesday. In ED psych, there are physicians, physician assistants, nurse practitioners, registered nurses and social workers. My work has two main parts. One is to provide the psych evaluation for the patients sent by EMS, NYPD, family members, friends and even patient self. The other is to provide the psych consultation for the patients in the medical ER to make sure that there is no immediate threat to hurt themselves or others or to admit the patients with urgent psychiatric conditions. Sometimes I did the psych evaluations or consultations myself, and sometimes I followed a physician, PA, NP or social worker to do it. My work also include calling the patients’ family, friends, physicians or group home staff for patients’ information, writing down the list of daily patients on the blackboard and sheets, checking if for every patient’s chart, there are necessary papers such as lawful agreements.

In my rotation, I had the experience with patients with different psychiatric conditions and disorders. At first, for the patients with serious condition, I knew how to manage and monitor them. Then, for the patients admitted into our unit, CPEP, I knew how to get H&Ps, performing a detailed psych evaluation, making a list of possible differential disorders, making a treatment plan including tests, interventions, and medications. In addition, for the patients in the consultation, I knew how to decide if their conditions are urgent or not, determine if they could be discharged, admitted or under overnight close observation. During the rotation, I learned how to communicate with the psych patients. To deal with these patients, we need more patience and respect. For example, I followed our PA, Amil Alie to provide a psych evaluation for a patient with schizoaffective disorder. The patient was guarded, and even somewhat hostile in the beginning. During the evaluation, PA showed his respect and interest on the patient’s hobby, caring about a lot of cats. They talked about it for half an hour. Eventually, the patient became very friendly, told us his psych conditions in great detail, and later told another physician that this PA is the best psychiatric clinician that he met and thanks much for his great help. During the rotation, I learnt not only how to do the mental status evaluation and depression evaluation, but also learnt how to do the work as a team. As I said before, in the ED psych, there are many different types of health care providers. I learnt a lot from them, and even social workers are very good teachers. As a part of work, I also learnt how to write different types of note, including admission notes, discharge notes, progress notes and consultation notes. It is a really good experience.

In my rotation, I realized my problems. I need more practice on my oral language. The requirement for oral language is higher in psych evaluation than the other clinical work. Although I felt that my oral language level has already much improved, I need spend more time to practice. I would find more resources and chances in the community to practice my oral English.