**ER rotation in QHC**

The ER rotation in QHC was a great experience because I got to see a diverse group of patients with a wide range of chief complaints. I am really glad that I was placed at this site because I was able to practice formulating differential diagnosis based on clinical presentation and physical examinations. I always struggled formulating DDX but all the preceptors were very understanding and patient with me as I formulated my ddx, and treatment plans. All the preceptors allowed me to perform or observe procedures, which were really helpful to overcome my fear. I got to perform laceration repair, venipuncture, IV access, I&D, pelvic exam, Fast Exam, Transvaginal Ultrasound and splinting. Some preceptors allowed me to write the HPI in the system which was a great exposure. Once, I finished writing, the preceptor edited the HPI and taught me ways I could improve the HPI in the future. Additionally, in QHC there are a lot of Bengali speaking patients but there is a shortage of bengali providers, which gives an opportunity to see extra patients compared to other students in the site. Also, this skill allowed me to work with multiple providers, which helped to see different methods of interacting with patients and managing the patients. I felt like a valuable member of the team, because the patient and my preceptor allowed me to express my treatment plan and management plan for the patients.

Overall, I loved the rotation, but I would appreciate it more if I got a chance to rotate through the acute and triage area. Only a few times, I was allowed to see patients with my preceptor from the acute section but usually students did not get a chance to work on the acute section. I got to see a cardiac arrest recitation patient but if I got a chance to rotate through an acute area then I could have experienced more emergent medicine. Furthermore, most students do not get a glimpse of triage but my preceptor allowed me to experience triage area for a few hours. In a few hours, I realised that triage is challenging because with a brief clinical story from the patient, the provider has to make a decision of where to place the patient in the ER. Also, in the Triage, a possible list of differential is established which is a challenging aspect of medicine especially for me. I tried to learn as much as possible and tried to expose myself to all available new information and procedures.