**Psychiatry rotation in QHC**

The psychiatry rotation in the QHC was a great experience because I got to see a different aspect of medicine and it changed my view on how I am planning to practice medicine in the future. This rotation site was a great place to learn because every provider treated their patient very respectfully and teach their way of interacting with the patient. Learning psychiatry in class during didactic was a very different experience than learning in person. I got to see a lot of interesting cases: schizophrenia, MDD, bipolar, Schizoaffective, OCD and multiple substance abuse patients. One thing I learned during this rotation is to ask every patient two questions: “if the patient feels hopeless, helpless or depressed and if they ever feel like hurting themself or anyone else” These two key questions help to access the patient's mental well-being.

Psychiatry patients can be very challenging at times to collect history from because either they are not in the mental state to communicate or aggressive and agitated. I struggled on the first day collecting history, but PA Alie was really helpful and taught me ways I can elicit history effectively. Especially, patients under the influence of substances were difficult to interact with because either they were very agitated or aggressive. However, the CPEP team were like a family and very protective as they always guided me in challenging situations. All the staff in the CPEP were very friendly and they made me feel like a valuable team member. By the third day, I was collecting history from the patient and writing H&P. The format of H&P for psychiatry is different compared to general medicine, so I had to learn specific formatting and wording for the HPI. Almost every patient, after collecting the history, I got a chance to write the note, discuss the treatment plan and patient’s disposition.

I saw a lot of patients and every one of them taught me a different way of interacting, collecting history and management plan. However, one patient was very special because she came with a classic presentation of postpartum psychosis. Also, this patient had trichotillomania, which is a phenomenon where a patient just pulled out her hair. I learned about trichotillomania in school, but I did not think I will get a chance to see a patient during rotations. She was a very interesting patient, who has been suffering from MDD, which turned into postpartum depression and became postpartum psychosis. Her clinical presentation was a reminder to ask the 2 important questions during regular annual exams and help patients before it becomes a crisis.

My experience was broadened by all the staff members in the CPEP as the nurse practitioner allowed me to practice venipuncture, EKG, COVID Swab and wound checkup. PA Alie was an amazing preceptor because he helped me to formulate ddx and create treatment plans. Medication has been the hardest part of PA school for me since the didactic year but for Psychiatry rotation, I did not struggle a lot because PA Alie went over in details about the dose, side effect and criteria to choose all the psychiatry medications. Also, PA Kevin always promoted critical thinking by asking questions regarding the administrative mode of different medications, which was really beneficial for me. I believe everyone around me appreciated my enthusiasm to learn, participate and became part of the medical team to help the patient. Overall, I would not really change anything about the rotation because it is a perfect learning environment for a student like me.