**Mid Rotation site evaluation:**

For the mid-site evaluation, I presented a patient who came to the ER complaining of urinary retention and abdominal pain who was admitted to the internal medicine floor for further evaluation and stabilization. I choose this patient because UTI and urinary retention is a common problem encountered in the geriatric population so it is very important to recognize it and manage the patient effectively. I struggled to present this patient because I was not aware how to present the pre admissional and my finding in the same H&P. Dr. Davidson suggested to include the pre-admission information in the HPI as part of the patient presenting story and then present my findings while examining the patient. Also, I did not explore the past medical history regarding prostate cancer, which could be causing current presentations. Therefore, Dr. Davidson and I explore other possible reasons that would be leading to the presentation. Overall, this site evaluation was a learning opportunity and considered ways I would improve in the future.

**Final site evaluation:**

For the final site evaluation, I presented a patient who came to the ER complaining of chest pain for the past few hours and he was admitted to the internal medicine floor for further evaluation, monitoring and stabilization. I chose to present this patient because the patient’s presentation was like a typical and classic myocardial infarction presentation, which was an interesting experience for me. This was a great case for me as I was able to create a broad range of differential diagnosis pertaining to the chest pain which Dr. Davidson appreciated. Dr. Davidson suggested considering esophageal spasm as one of the Differentials because esophageal spasm patients also presented like classic MI patients. In order to consider esophageal spasm, I could have explored questions regarding the effect of the pain with cold or hot food/ beverages. This patient had extensive renal surgery history, which Dr. Davidson mentioned to clarify in the HPI regarding what type of stenting happened in the past. Additionally, we discussed the patient education for this patient who noncompliance to medication and relatively healthy and young who could really benefit from adherence to medication regime. I presented an article that discussed the efficacy of ICDs in preventing mortality in patients with nonischemic cardiomyopathy. Since this patient was diagnosed with non-ischemic cardiomyopathy , this article was relevant to the patient and his future management plans. Overall, the site evaluation was an effective and judgement free learning opportunity.