

“Beep, beep, BEEP, its 7 am on a Friday. Time to leave my place to head to the hospital. I park at the resident parking garage. Walk up the staircase and head inside the hospital with earl grey tea in hand. I head to the scrub machine to trade my previously worn scrubs for clean, pressed scrubs. I'm on my psychiatry emergency service rotation and prefer to wear scrubs due to patient's unpredictable behavior at times of extreme crisis. I hurry towards the UNM psychiatric center, a separate building on the UNM hospital campus. I walk through the sizeable open-spaced atrium in the psychiatric center building and appreciate the sunlight shine onto the two fiddle leaf fig trees.

The night attending and second-year resident sign out to me and the attending. I'm handed the pager from the second year psychiatry resident since it's Friday. The second-year residents have protected time off on Friday mornings. I like holding the pager. Pages are from the emergency department requesting a psychiatric evaluation and subsequent transfer for patients that are now medically stable. The outside doorbell rings, Albuquerque police department, they have a patient for evaluation. The screening process begins. I head outside with the nursing staff. I observe as the nursing staff begins to obtain belongings and attempt to obtain vitals. Head back inside to acquire collateral from the police officer. Another patient brought in by her husband for odd behavior. Another patient no longer withdrawing from alcohol needs re-evaluation for suicidal ideation. Minutes later, a young man brought in for an evaluation with concerns he's being followed.

Deep breath, prioritize. The attending and I create a plan as to how to proceed. I head out of the workroom and towards our six rooms in the secure locked area. I obtain a focused history and perform a physical. I head back to the workroom to present my patient to the attending and cement the patient's treatment plan. We discuss the case and initiate the treatment plan, which includes admission for inpatient hospitalization. The patient agrees. I begin placing orders for the patient, initiate a transfer to the inpatient ward, and call the resident on the ward service for sign out. The next patient that requires an evaluation is sitting in the waiting room. I call her name, and we walk towards a private room near the waiting for an interview. History, physical examination, collateral, treatment plan, presentation to the attending, and initiate the treatment plan. At 1 pm, the second-year resident arrives. I update the resident of the morning events and take a break for lunch.

It's 5 o'clock, a full day's work. Sign out with the night team. I look down at the notes in my hand. Read each patient's name and recall the day's events and reflect of the stories that were shared with me. I reflect on the patient's strength and resilience after experiencing trauma, the longing for substance use treatment or assessing one's stage of change, identifying a manic or psychotic episode, and listening to the young girl who was deeply affected by the loss of her loved one. I hope that each patient felt heard, reassured, and treated. I'm most thankful to my patients for their trust in me as they shared their stories and engagement to create patient-specific treatment plans.”