

## Schwartzstein Clip 2 Transcript

MATT DIFRANCESCO: OK. All right, so first off, that was great. You guys did a great job back there. He was a little challenging with his history, but it kind of went along with his shortness of breath. I think the first thing, to kind of kick things off, is to ask those of you that we managing the case how that felt. What are your reflections and some of your questions just in the first couple minutes?

STUDENT: Do you mind going to like the front here? Oh. no, like right over there so we--

[INTERPOSING VOICES]

JEFF: Tay, leave your mic on, but I'll take your stethoscope.

[INTERPOSING VOICES]

STUDENT: One of the things I was thinking about through the whole thing was that, even when we treated the pneumothorax, it didn't seem like we'd very well managed his asthma that caused it. And like, what else we should have done for that I still wasn't very clear about. Does anyone else have thoughts?

STUDENT: Even just emotional reflections, how it felt to take care of a patient like that.

STUDENT: Yeah. I mean, I think particularly with a younger patient that didn't have a parent with him, I think that one of the big things is that I'd really caught up in the case and I'd be like oh, we haven't checked back in, or we haven't reached out to his mom. So I think that was good when we did that. And then also just realizing how hard it is to talk to a parent. Because you want to be open and honest with them, but also don't want

to absolutely terrify them. So striking a balance of saying, he's fine, but this is what's going on, was more difficult than I expected.

STUDENT: I think it was actually just a little bit kind of scary for me, just because, especially not knowing like a full, kind of direct history, and this patient not really being able to convey that. Like what medication have you taken prior, and kind of read as the medication, getting that. And so wanting to help, but being so nervous that you could give something wrong. Like even your immediate reactions of like, oh, I think you need albuterol, but then not knowing, is that actually wait you normally take?

And so kind of this like push and pull, and then trying to be like patient and calm so that you make the right moves with your team.

STUDENT: I think for me-- maybe for most of us-- this time I felt like we moved faster than the last stimulation I was a part of, at least. And we were making decisions a lot faster, and making those decisions was a lot harder, internally for me, because I kept wondering what the complications would be. Even though they might be secondary to fixing the problem, I kept worrying about the complications.

You know, Tina said from the get-go, let's give him oxygen. And I thought oh, like what else could happen if we give him oxygen? And then we talked about corticosteroids, and then we realized, oh, he might be sick, and maybe let's not do that, and it'll be long-term anyways so it might not be as beneficial. So it was kind of hard to battle the pros and the cons between the medications and everything we did.

STUDENT: I guess near the end we had some issues with informed consent, too, when we were trying to explain the procedure. But the patient still seemed a little bit confused, and was obviously not a fully healthy, kind of mentally aware state of mind. So getting that consent for that procedure seemed really difficult.

STUDENT: Yes, I agree. And it's always sort of difficult when you get new information on the fly, and keep up with what you know, and try to make a decision even though you know that some things are going to go wrong based on what your decision is. But to still tried to manage whatever you see is happening-- it's pretty difficult to do.

MATT DIFRANCESCO: OK, awesome. Great reflections. So a lot of stuff about taking care of younger patients, interacting with family members in kind of emergency scenarios. Informed consent, and some questions about the therapies that you were giving and whether they kind of lined up with home medications and then whether or not even mattered in that line-up. So we can probably touch on all that stuff.