

Third Year Family Medicine Clerkship Student Handbook
SEARHC – MT. EDGE CUMBE HOSPITAL

2020-2022

Welcome to Sitka and Mt. Edgecumbe Hospital. We hope that you have a great visit and enjoy learning and practicing family medicine here in Sitka. What follows is an introduction to our hospital, our history, our patients, and an overview of our process. We have outlined our expectations for you as well. It is important that you take the time to read through this handbook before orientation begins.

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I. History and Organizational Structure

The Hospital

South East Alaska Regional Health Consortium (SEARHC) Mt. Edgecumbe Hospital (MEH) is a 25-bed [critical access hospital](#) with active inpatient and outpatient services. The hospital serves as a primary source of medical care for Alaska Native and non-Native people living in the MEH service unit and is a referral center for 18 communities throughout Southeast Alaska. In November 2015, MEH received designation as a “critical access hospital”. The service unit covers all of Southeast Alaska (approx. 35,138 square miles). The hospital exists as a tribal health corporation called SEARHC, which was created out of the Indian Self-Determination act (aka “a 638-pact”). The company is a cooperative of the federal health dollars from all of the distinctive tribal groups within this service unit. The money these tribal groups receive from the federal government to fund their health care is pooled under the auspices of the SEARHC company, and used to operate all of the various activities of the company. The hospital is just one part of the health care system. There are a number of clinics in outlying communities, including a large outpatient clinic in Juneau called the Ethel Lund Medical Center (ELMC). SEARHC provides preventive health services, injury prevention services and mental health services. The mental health clinic in Sitka is called Haa Toow’oo N’aakw Hit (you may hear this referred to as “clinic two”). In Sitka and in most outlying communities, SEARHC serves not only the Alaska Native population, but non-Native populations as well. In April of 2019, the city of Sitka signed a purchase agreement with SEARHC, and as of June of 2019 SEARHC assumed management of Sitka Community Hospital and their associated clinics as well. SEARHC is funded in small part by direct payment from the federal government for tribal health care. Tribal health facilities such as SEARHC can also bill private insurance, Medicare, and Medicaid for services, just like any other hospital.

Mt. Edgecumbe Hospital was originally a US Naval base built in the 1940s by the federal government as a response to the military threat posed by the Japanese in the North Pacific. Following the Second World War, there were tuberculosis outbreaks throughout Alaska and amongst the Alaska Native people. This health crisis prompted the transfer of the facilities from the Department of War to the Bureau of Indian Affairs with the hospital serving as a tuberculosis sanitarium throughout the 1950s. It is important to recognize the sadness this time period brought many Native Alaskans, as many died of tuberculosis far from their communities and families. Others spent many months and even years living in Mt. Edgecumbe Hospital and the surrounding

buildings while they recovered from tuberculosis. Many of the older Native patients you care for may have been patients here when they were children during the times of the tuberculosis epidemics. They may be able to tell you some things they remember from those years, but this topic should always be approached with great respect and sensitivity.

Community “village” clinics

Currently 18 satellite clinics in the surrounding communities are owned and managed by SEARHC. These clinics are staffed by nurse practitioners, physician assistants, [community health aide practitioners](#) (CHAPs), and community family service workers. The smallest clinics may only have a CHAP present. A CHAP is a medical provider who is a resident of the village where he or she works. They have been given several intensive 6 week training courses in the practical care of common medical problems. The training level can be thought of as something akin to a paramedic with ambulatory care skills. They use the Community Health Aide Manual (CHAM) to help them through their encounters with patients. Spend some time reading through the CHAM, and feel free to reference it during your time in clinic. If you interact with health aides, pay attention! There are some outstanding health aides in this consortium, and you could learn a great deal from them. The larger outlying clinics such as Juneau, Haines, and Prince of Wales Island (Klawock and Craig) have physicians on their staff. The health care providers from these outlying clinics are in contact with SEARHC physicians on a regular basis to discuss the care of patients and to arrange transport to Sitka for evaluation and treatment. This aspect of “radio medical traffic” is unique to rural and remote medical settings and requires excellent communication skills, patience, and good triage skills. Try to listen in as your attending physicians in Sitka take calls from the field.

Specific members of the medical staff are assigned to specific villages. For example, Dr. Antonio is assigned to Angoon, and Dr. Bruhl to Kake. These physicians are responsible for being a liaison for patients from that clinic to the hospital and the rest of the system. These physicians also travel to their respective clinics for “field health clinics” quarterly.

Hospitalist Services

As of August, 2015, MEH has had a separate inpatient and outpatient medical service (prior to that, all primary care providers took turns providing inpatient services). Dr. Capp is the lead hospitalist. There are a team of other doctors and advanced practice providers who cover the inpatient service and ER. There are a variety of ancillary services available at MEH. This includes radiology, laboratory, pharmacy, optometry, dental, audiology, respiratory therapy, social services, dietician, physical therapy, occupational therapy, and speech therapy. The medical staff also includes two general surgeons, (Dr. Taggart and Dr. Gruchacz) and OB/GYN (Dr. Babb). Surgical ENT (Dr. Mather) and surgical orthopedics (Dr. Bowton and Dr. Clyde) visit for 1-2 weeks/month to provide operative services in their specialties. A recent partnership with Swedish hospital allows for several specialty providers to travel to Sitka for field clinics several times a year. Specialty field clinics include Cardiology, Dermatology, Neurology, and Rheumatology.

Culture

Tlingit (roughly pronounced Khleen-kit) culture: A large number of the patients you will see at MEH are Alaska Native people – mostly [Tlingit](#). Some of them are Tsimshian and Haida whose home territory is further to the south from Sitka. There are also Native Americans from the lower 48 and indigenous people from Canada. The native people in Sitka take great pride in their culture. The Sitka Native people have one of the highest rates of

college education of any tribal entity in the country. Many of them own businesses, participate in local government, and hold leadership positions in the school district. Inter-marriage with non-native people is common, and many multi-generational families in Sitka and throughout southeast Alaska have both Native and non-Native members. (Please be aware of the fact that many of the Native people you will interact with will not likely fit any common cultural stereotypes. Your patient may not look any different from any other patient you have cared for but they may have a distinctly different outlook and way of life.)

For many of the Native people in Sitka and for most of the residents of Sitka in general, subsistence activities are an important part of daily living. A [recent study](#) looking at Sitka households showed that the average Sitka household consumes more than 450 pounds of locally harvested food annually. For most Native households, this number is probably three to four times higher than that. In spite of the cultural richness which you will see here, it is also true that Native people in Sitka and throughout Southeast Alaska have much higher rates of unemployment and face many health challenges at higher rates than the rest of American culture. This is compounded by the unique financial challenges of living here, including the [high cost of living](#) and limited employment opportunities.

You will have a number of extra assignments to complete during your time in Sitka and the first of these assignments revolve around issues of cross-cultural communication and Tlingit culture. There are a number of other cultural activities that occur seasonally in Sitka throughout the year. We encourage you to seek out these opportunities and get involved if you are interested.

II. **Student Responsibilities**

A. Attendance:

Transitioning to the schedules and expectation of clinical medicine is an adjustment for many students. Please recognize that your preceptors and the staff have gone to great lengths to accommodate this learning experience for you and be respectful of their time and your patients' time.

If you have an acute medical condition that makes it unsafe for you or your patients to attend work, please request an excused absence. Stay home, rest, and get well.

See your UW student handbook regarding the UW policy for unanticipated absences. Please notify Dr. Antonio or Dr. Siza by phone or in person (receipt of text and email notification cannot always be confirmed) as soon as you know you will be absent. Also, notify the preceptor whose clinic (or inpatient experience) you will be absent from. This will give us the chance to reschedule patients who have been double booked for a "student clinic".

B. Outpatient Clinic:

Most of your half-days will take place in the outpatient clinics. When you are in the clinic, we will be working hard to make sure that you have a good learning experience. In addition to being prompt, and completing assignments as instructed, other elements of a successful experience include enthusiasm, professionalism, a positive attitude and the ability to be adaptable. You will generally be expected to see between 1-4 patients (usually 2 or 3) per half-day, and write notes for each of them.

Specific things you can do to achieve this are:

1. Come to clinic a little bit early to start reviewing the medical records of patients you will see.
2. When you see a patient, take a history and do a focused exam. In many office visits, a full H&P is not a good use of time, so use this opportunity to learn how to do **focused** histories and physicals. Invasive exams (breast, rectal, and genitourinary) should not be done without the attending physician present.
3. Be ready to develop assessments and plans on your patients. **When appropriate**, don't forget about things like health maintenance, immunizations, and behavior change counselling.
4. After you see a patient – take a few moments to compose your thoughts, then give a brief, concise presentation to your preceptor (some preceptors prefer to have you present the patient in the exam room in front of the patient). You will be expected to have developed some kind of plan.
5. Return to exam room with attending physician to close the encounter, then complete your note in the EHR- or as much of it as you can –before moving on to the next patient. If you have another patient waiting, you may not be able to complete your note before moving on. Clinic notes are to be completed before you leave the clinic in the evening, as they must be reviewed and co-signed by your preceptor.
6. Recognize that your preceptor may be pressed for time in clinic. It is best to ask for teaching tips and feedback at the end of the half-day of clinic, once direct patient care is completed. Again, prompt your preceptor for feedback if you are not getting enough.
7. **Patient Centered Observation Form (PCOF) aka Mini CEX:** Keep several copies of the PCOF available and make an effort to observe your preceptor once a week or be observed once a week. We do not formally set aside time for this- we need you to prompt us to incorporate this excellent learning tool into the clinic.

C. Inpatient duties:

Attending physician sign out occurs at 7 am and at 7 pm daily- typically in the hospitalist office on the 3rd floor or in the ER.

You will be assigned a one-week experience in the hospital during your stay in Sitka. We expect that you will report for your shift promptly to the attending you are working with at the assigned start time of your shift. The goals of your shifts are educational and to see the broad range of skills and jobs of a family physician. You will work ~ 2-3 shifts in the ED from 2-10 pm, and the following mornings, you will round with the hospitalist from 7am-2 pm. We would like for you to try do one admission during each time you are on shift in the ED. The following morning, you will round with the hospitalist and round on the patient you admitted the previous night.

When you admit patients, you will be expected to perform a history and physical, and present the patient to the attending physician you are working with. The attending physician will dictate or type the H&P into the EHR or take over your completed H&P and edit and co-sign it. Please discuss the attending's expectation of you with each admission. You will type up a complete history and physical. We expect to see **one write-up with discussion** from you on your hospital rotation. The write up includes:

1. H&P

2. Discussion: This is a short (1/2 – 1 page) summary of an interesting aspect of the case (i.e. for a community acquired pneumonia admission, write about how the pneumonia severity index influenced your management of the patient).

The two things: H&P, med list, and summary is called a “write up” and should be turned in via email or hard copy within 24 hours after the end of your call shift to Dr. Siza **and** Dr. Antonio. Either of them should review your write ups with you in detail to provide constructive feedback.

In addition to the write-up, we expect to see at least **one completed H&P or progress note per hospital shift**. You can cc us on the notes in the EHR. The purpose of encouraging note writing is to give you experience in medical charting, medical decision making, and efficiency.

When you go in to round in the morning:

Sign-out begins in the Hospitalists' office on the 3rd floor each morning at 7 am.

Following sign-out, you will be assigned the patient you admitted the night before and 1-2 other patients. If you did not admit a patient the night before, you will be assigned 2-3 other patients.

- For each patient assigned, you will be given time for a brief review of the record, visitation with the patient for exam, and the opportunity to attend and present the patient at rounds with nursing.
- During the morning, you will be asked for a presentation of the patient including your assessment and plan (include overnight events, nursing concerns, patient & family concerns, vitals, telemetry report, pertinent exam findings, pertinent lab results, new radiographic findings assessment and plan). The presentation should be 5 minutes or less, and will involve discussion of the case with the attending.
- Following this process, you will be asked to write a note if not already done. Use the SOAP or APSO format and route to the attending for co-signature.
- Students are encouraged to suggest plans.

Continuity of care opportunities

- If there is a unique opportunity available to you related to a patient you have cared for and you would like to participate (e.g., patient is going to surgery and you would like to scrub in), please call the attending physician that you are scheduled to work with in the clinic and let him or her know your desires, and get his or her verbal approval before missing the assigned clinic. The way clinics are scheduled may make it difficult on the patients and staff if you do not come to clinic.
- The same applies to inpatient time: if there is an interesting clinic procedure or patient, or obstetrical event that you would like to attend, please just ask the attending hospitalist before leaving.

Feedback: Please ask the attending for feedback during the week. You can use present one of the “feedback” cards provided at orientation to the attending to facilitate discussion.

D. Obstetrics experiences:

Full spectrum family medicine includes family centered maternity care. You will likely see a lot of prenatal care in the outpatient clinics. When it comes to attending and participating in deliveries, the decision to invite a student to participate is entirely up to the patient. We are hopeful that as the WWAMI students develop a long-term presence in our healthcare system, patients will warm up to students taking part in obstetrics care. Please be respectful of patients’ wishes. Prenatal care is where many students get continuity care during this rotation. If you are able to see a patient at multiple visits during her third trimester and build rapport, you may be invited by the patient to be present at the birth.

E. Final Exam

The exam takes place the last Friday of the rotation. UW will provide you with the appropriate instructions. You can take the exam in the student library. Please bring your laptop with you.

F. Village Trip / Clinic

A number of the attending physicians have responsibilities that take them to the outlying villages 4 times a year for a week at a time. It may be possible for you to attend one of these clinics if you’re interested. Please understand that travel to the villages as well as the work encountered by attending physicians in the villages can be very challenging because of the travel and living conditions. The opportunity for you to join one of these trips may or may not be possible, but we will do our best to make that opportunity available to you. If you do not feel safe traveling by small aircraft or ferry or if you have any personal or medical reasons why you would prefer to not travel far from Sitka that is OK. A village trip is not required. You have no obligation to go on one and your grade will not be affected in any way if the experience does not occur for any reason.

G. Assignments Unique to Sitka’s site:

Assignment #1 – Southeast Alaska Culture & Cross Cultural Communication; to complete this assignment there will be required reading. We would like you to complete this reading the 1st week of your rotation. We would like you to read the following sections from the book *Another Culture/Another World* by Father Michael Oleksa; pages 1-30, 59-80, and 135-145. Next, you’ll read pages 149-163 of *Native Cultures in Alaska: Looking Forward, Looking Back* by Tricia Brown. Then you’ll read pages 40-54 of a small red book from Alaska Geographic Guides book titled *Sitka*. Finally, read pages 70-79 from the book *Fifty Miles from Tomorrow* by William Iggiagruk-Hensley.

Next you will be given an opportunity in your schedule during the first 10 days of your rotation to pay a visit to Sitka National Historical Park. When you go there, we would like you to bring the guide titled *Carved History* with you, which is located in the library. Please bring the guide with you to the historical park and attend the movie in the park Visitors Center which will cost you a nominal fee (let us know how much and we will reimburse you). After your visit to the National Historical Park, we would like you to visit Sheldon Jackson Museum. The museum is located on the Sheldon Jackson Campus. Bring your ticket and we will reimburse you!

After you’ve completed the readings, made both visits to the National Historical Park and Sheldon Jackson Museum, and had some time to interact with patients in the clinic- we would like you to write a very short

paper; one to two pages typed. The paper should address the relationship between a physician and the Tlingit patient when dealing with significant health care decisions (i.e., the decision to pursue palliative care in the face of terminal illness or consent for major surgery). ***How might the history of the relationships between Southeast Alaska Natives and the dominant society in the last 200 years affect that relationship and what can or should a physician do to address or deal with these issues?*** Your paper will be due **on Friday during the third week of your rotation**. If you would like your essay included in a compilation of essays by your peers, send an electronic copy of it to Dr. Antonio at lantonio@searhc.org. She may compile them at the end of the year and send a copy of the compilation to each student who submitted one as well as to the course directors at UW. These essays have always been as diverse and interesting as the students who pass through. We thoroughly enjoy reading your reflections on this topic. Once you have turned your essay in and reviewed it with Dr. Antonio or Dr. Siza, you may read last year's essay compilation if you'd like.

Assignment #2 – Medical Staff case presentation; you will be required to give a short patient presentation at morning report on a Friday morning during the second half of your rotation. You'll want to choose a patient with an interesting disease process. The presentation should be case-based and relatively short – 15 minutes or so. You are welcome to practice it with one of the clinical site directors or one of the other attendings. In addition to the oral presentation you will probably be asked some questions about the patient by some of the attendings at the meeting. The point of this will not be to give you a hard time, and if you know your patient well, you should do fine. We would also like you to give a useful handout to the medical staff at that time regarding the topic of your patient presentation. This handout should be typed and should be based on your reading about the patient. It should not be a regurgitation of an article from Up to Date. If you have questions about this assignment, please discuss it with either of your site directors.

Please coordinate the date for this with Dr. Vastola, our medical director. He sets the agendas for the Friday morning meetings, and will be able to let you know which Friday will give you the most time.

Assignment #3 – **Optional**

Module on Suffering in Medicine

In order to augment student insight into patient suffering, to develop skills in the care of patients who experience suffering, and to help students identify their own responses to working with patients who are suffering, the UW FM clerkship has developed an optional curriculum on suffering.

Students who wish to participate will read at least two articles (see attached), then write a one page reflection on a patient encounter scenario. Identify a patient encounter where you witnessed patient suffering and describe what happened, and how you experienced it. Identify questions you have about your experience with the patient, how to respond to suffering patients in general, and your personal reactions when encountering suffering. Once you complete this- we'll set aside time to sit down and talk about it. The shared reflection and conversation is one of the most valuable aspects of this exercise.

RESOURCES

Required Reading:

Cheng A. "Running behind to move forward" *Fam Med* 2016;48:736-737.

Epstein RM, Back AL. "Responding to suffering". *JAMA* 2015;314:2623-2624.

Recommended Reading

Cassell EJ. "The nature of suffering and the goals of medicine". *N Engl J Med* 1982;306:639-645.

Egnew TR. "Suffering, meaning, and healing: challenges of contemporary medicine". *Ann Fam Med* 2009;7:170-175.

Gunderman RB. "Is suffering the enemy?" *Hastings Ctr Rep* 2002;32:40-44.

Assignment #4 (very optional, very fun, no grade, enrichment only)- Burgess Bauder Veterinary Medicine and Suture Clinic:

Spend a ½ day (or more if you want) with [Burgess Bauder DVM](#). "Burgess", as he is known across Southeast Alaska is a living legend. He is an eccentric, smart, and creative veterinarian. In addition to building lighthouses and diving for sea cucumbers, he runs a bare-bones low-cost veterinary clinic. He loves having students- and welcomes you to spend some time with him. He promises to teach you how to suture- and you'll probably learn something new... He asks that students call him directly to set up a time with him. His clinics usually run from 3-6pm several days/week. If the time conflicts w/previously scheduled clinics- let Kamala know in advance so we can re-arrange your schedule in advance. Burgess can be reached on his cell phone at (907) 738-1497. Introduce yourself as the UW medical student and tell him we told you to call. Have fun.

III. Student life

A. Student Library

There are several books about Alaska, Sitka and the Native people of southeast Alaska that are available for you to read. A small amount of this reading material is required. These books are kept on a bookshelf in the 4th floor medical staff library (or they may be at the student apartment), which is across the hall from the 4th floor board room. You're welcome to read any and all of them but please do not take them. The books have been purchased by the physicians and we would like to keep them here for future students.

B. Student Workspace

You will be assigned a desk on the 4th floor where you can hang your coat every day, stash your backpack, and have a quiet workspace with a computer. You will be given a key to that room, so you may lock your belongings there if you'd like.

You will be assigned a laptop that can be used to access the SEARHC intranet remotely. Please have this at work with you on a daily basis. Some days in clinic, computer stations are tight, and there may not be a desktop computer available for your use. You are expected to use the student laptop in this scenario. This laptop will be passed from student to student. Please leave it in the student office at the end of the rotation.

There was a student suture kit provided by UW for students to practice suturing with. This occasionally disappears and reappears. At the time of writing this (October 2021, it has been placed in the student workspace/library).

C. Meals

SEARHC will provide students a free meal/day. Just let the cashier know that you are a student.

D. Exercise

There are abundant opportunities for outdoor exercise in Sitka. Ask around if you are interested in road or trail running or hiking. There should be a hiking guidebook at the student apartment. If that has vanished, let Dr. Antonio know so that it can be replaced. You can get your SEARHC badge activated for access to the SEARHC fitness center on the SEARHC campus. To initiate the process, send an email from your SEARHC email account to fitnesscenter@searhc.org, and they'll get you set up. This has recently purchased exercise equipment for you to use. It is for SEARHC and Sitka Tribe Employee use only- please do not share access with friends you may make in the community.

E. Service work

We believe that being a family physician in a small community gives tremendous opportunities to help improve the health and well-being of the community outside of work hours. Many members of the medical staff find ways to get involved with the community and share their talents and passions. If this is important to you, please let us know. We know that you have a huge amount of required work to do in order to be successful on your rotation. This service work is not required nor is it expected. Some examples of outreach that we could facilitate your involvement with include:

Volunteer at Sitka's women's' shelter, Sitkans Against Family Violence ([SAFV](#))

Create a public service message on a pertinent public health message – meet with the news director at KCAW [Raven Radio](#) to record a public service message.

Volunteer at one of the community gardens in the spring or summer.

Volunteer at the Sheldon Jackson Campus for the summer [Fine Arts Camp](#).

Contribute to the health and wellbeing of Sitkans outside the four walls of the clinic by participating in one of several Sitka Health Summit [initiatives](#).

If there is something else that interests you, let us know and we'll help you make connections.

F. Safety

Sitka is generally a safe place. Here are a few extra safety tips regarding outdoor recreation:

1. If you go out for a hike- let someone know where you are going and when you expect to be back. Most hiking areas have poor or no cell reception. It's a good idea to go with someone else. If you have a particularly big adventure in mind, you can file a trip itinerary with the fire department.
2. Carry bear spray when on the trails.
3. Trails can be icy in the fall, winter, and spring. Throw a pair of YakTracks (these are ice grippers that can go on your sneakers or boots. We have placed two pairs at the student apartment) in you pack in case you encounter icy conditions on a trail. We have had one student sustain a distal radius fracture from a nasty fall on the ice. We would prefer for other students to avoid a similar fate.
3. If on the water, wear a PFD (personal floatation device = life-vest).
4. If on a bike, wear a helmet. Set a good example for the kids in town, and protect your noggin.
5. If you plan to go hiking, climbing, or skiing off the trail system- go with someone knowledgeable about local conditions and weather patterns.
6. Have a head-lamp, jacket, water, and appropriate clothing when you head out for a hike. Weather can change quickly, and is often cold and wet at higher elevations, even in the height of summer.
7. Do not touch or look at your cell phone while driving. This is dangerous, and you may be ticketed for it in Sitka.

G. Housing:

Most students have enjoyed the experience of staying in the student apartment off campus. Landlords Michele Friedman and Roland Wirth live in the upstairs home from September-April. In the summers they rent the main house out and live nearby in a small island cabin. They will frequently commute by skiff or kayak to town and are available to you year round if problems arise. We feel fortunate to have a good relationship with these wonderful folks and hope to preserve it for years to come.

Please be sure to leave the apartment in good condition when you check out. Wipe down counter tops, throw away perishable food that the next student won't eat, sweep the floors, do your dishes, and strip the beds. It's never a bad habit to leave a place in the same (or better) condition than you found it.

If you will be having guests, please notify the landlords in advance.

IV. Grades/Evaluations

We understand that each student from the UW WWAMI program is highly motivated to be successful during his or her clinical clerkships. As you know, your grade is made of a combination of clinical scores and test scores. You will be given a copy of the Grade Anchors which are used to determine your clinical grade. All of the members of the medical staff who you will be working with have seen these grade anchors and will use them to evaluate you. Your clinical work will be evaluated continually, but only the work done in the last 3 weeks will count towards your final grade. Your UW Family Medicine Webinar will cover the nuts and bolts of the grading process with you. We would like to stress that even though your grade is important in the short term- your educational attitude, curiosity, work ethic, and professionalism are what will be more important in the long run.

In less time than you can imagine, you will no longer be graded. Your drive to excel will need to be internally driven if you want to have a successful career.

V. **Struggling students**

We realize that clinical rotations during your 3rd year are challenging and at times stressful. If you feel that you are struggling or need help in any area, please don't hesitate to ask us for assistance. You can contact the clinical directors, Drs. Antonio or Siza at any time if you have problems. **You do not need to disclose the nature of your struggles**, just let someone know that you need a bit of support. If at any time during your rotation you feel threatened or mistreated by any patient or staff, we want you to contact Dr. Siza or Dr. Antonio immediately. We want your time here to be worthwhile and challenging, but fun and safe as well.