

Diary of a Family Physician



Priscilla Auguste, MD, is the student representative for *American Family Physician*, Leawood, Kansas, and a first-year resident at the University of Arkansas for Medical Sciences, Jonesboro, Arkansas. Send correspondence to pauguste@uams.edu.

6:15 a.m.

I feel like a kid on the first day of school. I have my backpack of essentials based on advice from past residents. I'm dressed in my scrubs, program merchandise, and stethoscope. I wonder if I look like a tourist in my own program.

7:00 a.m.

I have clinic at 8:00 a.m., so I come in early to review charts. There are six patients on my schedule today ranging in age from two to 79 years. The symptoms they report include a rash and a cold left arm. Am I ready to do this? It's comforting to know that I'll be surrounded by residents and attendings as I get oriented.

8:00 a.m.

I introduce myself as Dr. Auguste for the first time. It feels surreal, but I jump in, refusing to let my nerves get to me. My first patient has a rash around the neck area. I smile and chat with the parent and child as if I have been doing this for years. My first prescription as a physician is a ketoconazole shampoo for what is likely tinea versicolor.

9:00 a.m.

My second patient has a cold and weak left upper limb, but the duplex ultrasound results are negative. I wonder if they've had a stroke? Or maybe the problem is in the neck? Otherwise, the examination is normal, and this has been going on for weeks. After a discussion with my attending, I order an MRI of the brain. If the result is negative, the next step is an MRI of the neck.

Send Diary of a Family Physician submissions to afpjjournal@aafp.org.

This series is coordinated by Sumi Sexton, MD, editor-in-chief.

Author disclosure: No relevant financial affiliations.

1:30 p.m.

My faculty mentor stops by to check on me and asks how my first day is going. I quickly reflect on the variety of my morning schedule and say, "I was worried about not remembering the things I've learned. But it's like riding a bike. You get on and you just get going." I can see the smile in her eyes.

2:00 p.m.

A 29-year-old patient presents for a Pap smear but ends up needing additional monitoring due to high blood pressure readings. I also find out the patient has episodes of chest pain, is a smoker, and is getting a stress test as a follow-up from an emergency department visit. It's a little concerning considering the patient's young age. I notice this pattern with several of my patients this afternoon. They came in for one thing but ended up needing something else that was much more important and pressing.

6:15 p.m.

I finally finish my clinic notes. The patients in the afternoon clinic were more complicated, and it was harder to keep up with my notes while learning the electronic health record system. I think things will be a lot smoother once I'm more familiar with the system. I look forward to my learning focusing more on patient care and not on the EHR system.

6:45 p.m.

Now that I'm home, the goal is to shower and eat, and, because I examined several patients with hypertension issues today, I read two *American Family Physician* articles on hypertension. Because we're still in orientation, we cycle through a different rotation every day for the first two weeks. Tomorrow I will be with obstetrics, and I'm looking forward to hopefully delivering a baby. ■