

Diary of a Family Physician



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7:20 am

I huddle with my team and the medical student who is working with us today. I am pleased to learn that he is fluent in Spanish. Most patients at my health center speak only Spanish, and it's preferable that learners understand patient interactions.

7:45 am

I see a new patient who is 17 years old and just moved to our state. She is accompanied by her partner. She needs to update her vaccines before starting high school—the same school that my teenagers attend. I learn that she and her partner recently had an unintended pregnancy that ended in miscarriage, and now they are using long-acting reversible contraception. I feel optimistic for her future and wish her well in school.

9:00 am

My student and I see a woman who is 36 weeks pregnant. Her pregnancy is complicated by chronic hypertension and superimposed preeclampsia. We perform a nonstress test and limited ultrasonography, both of which are reassuring. I review precautions with her; I am hopeful that she will remain pregnant until her induction next week.

11:45 am

My student shows me the handheld ultrasound machine that his medical school now provides to their students. POCUS was uncommon during my residency training, and it's gratifying and daunting to learn new applications as an attending physician.

12:45 pm

I head to the hospital where I am the attending physician for a patient undergoing a cesarean delivery. Two family medicine obstetrics fellows are the primary surgeon and first assistant. By this point in the academic year, the fellows perform many deliveries with minimal assistance. I feel somewhat superfluous, and I wonder if this is a mark of success as a teacher.

8:00 am

I meet with a physician assistant student who has been struggling with end of rotation exams during the clinical year. We review missed practice questions focusing on cardiology topics. The student has trouble with the management of heart failure with reduced ejection fraction, so we review guideline-directed medical therapy for this condition. We also discuss an *AFP* review article on this topic.

10:00 am

I facilitate a lab for a course on medical communications with our first-year physician assistant students; they demonstrate their skills by taking a history from each other. We discuss that taking a good history is not just about gathering data; it is about recognizing red-flag symptoms that should prompt further investigation. For example, in a chest pain case, we discuss why exertional symptoms are worrisome.

12:00 pm

I meet with second-year physician assistant students for mentor meetings. They are at the end of their final didactic semester and are preparing to start clinical rotations in January. We discuss their academic performance and practices for working collaboratively on an interdisciplinary team.

1:00 pm

I work with the physician assistant students on the Objective Structured Clinical Exam. This includes interviewing and examining a standardized patient. They do an excellent job with their history taking and physical exam skills and arrive at the most likely diagnosis. I give them feedback on the importance of considering alternative diagnoses. Our faculty team uses illness scripts to compare the clinical features of disease processes with similar presentations.

4:00 pm

I sit down to grade the students' performance on the Objective Structured Clinical Exam. I love the challenge of educating students. It requires an approach that focuses on clinical reasoning and recognizing one's scope of practice. These skills are essential for effective collaborative care.

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