**Richard Easterling - Match Day interview.mp4**

**Richard Easterling, Student Member** [00:00:08] So, I love the continuity of care that family medicine provides. A family physician cares for entire generations of patients from great-grandparents to great-grandchildren and everyone in between. I love that as a family physician, you become an expert on the illnesses of the young and old, and you're the expert in the room at both childbirth, and during end-of-life care. Family physicians are the cornerstones of their communities. It places them in the perfect position to be highly aware of what their patients need and advocate on their behalf. That is personally why I chose family medicine. I really love advocacy, and family medicine puts me in the perfect position to work on behalf of my patients. And it's just a very exciting new career to look forward to.

[00:00:27] Yeah. So in my opinion, family medicine is the cornerstone of modern medicine. Without family medicine physicians to notice the issues under the surface that our patients are facing. Our specialty colleagues would not have patients. The way you access specialty care in our health care system is by referral through a primary care physician; wherein family medicine physicians ourselves, are the specialists. Also, more importantly, family medicine is a specialty best suited for preventative medicine. We see our patients often and we get to know them as people, and that vital connection enables us to help our patients make the best, most informed decisions about their health care. That trust that patients have in their family doctor is hard to find. And that trust is inherently what makes our specialty worthwhile and important to our patients.

[00:01:40] So to start with, AAFP commissions have been instrumental in connecting me with family physician leaders who've walked the walk and fought the good fight for decades. I specifically served on the Commission for Federal and State Policy, and those doctors still have the fire of advocacy and a passion for medicine that I had in my early career, and they've been doing this for decades. Getting to know these heroes of family medicine has made me excited for my own career. And it's inspired a hope in me that I can one day walk in their shoes and inspire students like myself to pursue a career in family medicine. But also, the AAFP National Conference is one of the best experiences of my medical school career. Being surrounded by fellow students who share your vision of a future of family medicine and are just as excited about primary care as you are, is one of the most energizing and invigorating experiences. At National Conference this year, I made a bunch of friends who were both physicians and students who I've kept in contact with throughout the year since. And some of them we're hoping to work with together in the same residency program, which we'll find out about in 30 days, if that's the case or not, as of recording. But nothing can compare to my experience on the board. I found a new family in the board directors' members. And I found a new goal for myself to be half the physician leader that doctors like Tochi Iroku-Malize and Dr. Nosal are. And honestly, in Dr. Tochi's case, I'd settle for being a quarter as amazing as she is. When I hear the stereotypes people have of family medicine doctors these days, I kind of laugh because my example of a family doctor are these amazing leaders in the AAFP, who just do it all and at the same time have the happiest marriages, are super supportive parents and are just in general doing amazing work. They're all amazing people and amazing examples to look up to and I only met them through the AAFP.

[00:03:31] I would say, family medicine is hard to describe. It's easy to understand that a surgeon operates, a hospitalist sees patients within the hallowed halls of the hospital, and that specialty, specialty services, all specialists have their scope of practice and their title; ophthalmologist work on the eye. Gastroenterologists work on the GI tract. Family medicine is different. It's very difficult to describe the responsibility of being a primary care physician for an entire family or the responsibility of being a rural physician who operates the hospital service, primary care clinic, and does OB as well. And all of the patients in your community rely on you as their doctor for those varied services. It's also difficult to describe the joy of having these patients rely on you to be their support and friend in times of need. And to be the person they turn to when they have questions about this enigmatic magic called medicine. Family medicine's a practice of being there for someone, of supporting them through the good times, healing them through the bad, and being like a good family member, but with also tons of years of medical training and knowledge that their uncle probably doesn't have, and that's why we're here. If that sounds appealing to you as a prospective family medicine, future family medicine resident, then I would like, say, you're going to join the nicest people in medicine. Family doctors are some of the best doctors. There's obviously a personal bias. I've met hundreds of family doctors at this point through my work with the AAFP. And I've yet to meet someone who I would not be thrilled to be my physician. So if you're interested, or you're undecided and you're thinking about family medicine, just know that you're joining the ranks of family-oriented people, people who like people, people who want to help people. And we'll put up with all of the nonsense that goes along with it, with documentation, prior authorizations, all those things are real. But we do it because we love our patients and that is at the core of family medicine.