

Keeping It Fresh

Variety in our daily work may be a way to improve care and satisfaction with practicing medicine.

I talked to a young physician recently who told me she was struggling with fatigue, feelings of being overwhelmed, and decreased empathy. Learning how to do obstetric ultrasounds helped her. She said that learning a new procedure and incorporating it into her clinic day had infused some much needed energy into her practice. This idea resonated with my personal experience. A normal clinic day is full of adult patients with multiple chronic medical and psychosocial needs. Helping all these people can be fulfilling, but draining as well. I am happy to see a well-child check, prenatal visit, or procedure on my schedule. Not only do these visits break up the day, but the subsequent documentation is less time-consuming than a standard problem-based note.

Last week, I saw a 3-year-old for a well-child exam, and his 8-year-old brother had a plantar wart that he needed me to freeze. Mom was having some depression. We were able to take care of all these issues within one visit. After completing the well-child exam, I treated the wart with cryotherapy, set up Mom with counseling, and arranged a follow-up visit with her to talk more about starting a selective serotonin reuptake inhibitor. This is an example of family-centered, comprehensive care. And it happens every day in most family physicians' offices.

We are trained in our residencies to provide comprehensive care. It is one of the tenets of family medicine. From head to toe, left to right, cradle to grave, we take care of it. We see patients in the office, in the hospital, in long-term care facilities, at their homes, or on sports fields. Increased comprehensiveness of care by family physicians is

For my young colleague, the addition of a new procedural skill added a new dimension to her normal day. She did not add more work but changed the work she was already doing. For a variety of reasons, practice patterns have changed. More family physicians are limiting their practices to one setting — outpatient care,

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associated with decreased cost and hospitalizations.¹ This makes sense. If a patient feels connected with a physician and other practice staff, that patient is more likely to call the office before going to the emergency department. A recent study also found that more comprehensive care (inpatient, nursing home, and maternity care) was associated with decreased rates of burnout among newly practicing family physicians.² When we take care of a variety of conditions, in different venues, it keeps our minds active and engaged.

hospital medicine, or urgent care. Fewer family physicians are seeing children and providing maternity care. The article by Sumana Reddy, MD, and Jaydeep Mahasamudram in this issue provides tips on how to increase the number of children in your practice (page 26). These practical suggestions demonstrate a thoughtful way to increase comprehensiveness. Keeping variety in our daily work may be a way to improve care as well as improve our satisfaction with practicing medicine. **FPM**



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1. Bazemore A, Petterson S, Peterson LE, Phillips RL. More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations. *Ann Fam Med*. 2015;13(3):206-213.
2. Weidner AKH, Phillips RL, Fang B, Peterson LE. Burnout and scope of practice in new family physicians. *Ann Fam Med*. 2018;16(3):200-205.