Diary of a Family Physician



Jennie Zheng, MD, is a family physician with the University of Texas Health East Texas, Bullard Clinic. Send correspondence to jzheng440@yahoo.com.



Stephen Finney, MD, is the primary care and obesity medicine physician at Southcoast Health in North Dartmouth, Massachusetts. Send correspondence to finneys@south coast.org.

10:00 am

My first patient is a 50-year-old man establishing care. I tell him that I am a new doctor in town. He has had vertigo for the past month. I perform the Dix-Hallpike maneuver, and the results are positive; he is diagnosed with benign paroxysmal positional vertigo.

11:00 am

A mother brings in her 3-year-old child who was recently treated for pertussis and has recovered. The child has a new fever and cough, and she is dehydrated and tachycardic on examination. I direct her to the emergency department for fluids and additional workup.

2:00 pm

An 80-year-old woman comes in for a Medicare wellness visit. She says she feels depressed because she recently moved here from another state. We bond because I also know the feeling of starting anew in an unfamiliar place. I invite her to join me in the "Walk with a Doc" program (an initiative to invite patients from the local community to walk with a health care professional while learning about a medical topic), and she is eager to participate.

3:45 pm

I log onto Zoom for an interview with a local news channel to discuss the amoxicillin shortage and the impact it is having on patients. I reinforce that antibiotics do not treat viral infections and share the importance of proper hand hygiene and prevention.

5:00 pm

I follow up with the 3-year-old patient whom I sent to the emergency department earlier. She received IV fluids for rehydration, her laboratory test results were normal, and imaging was unremarkable. The diagnosis is dehydration secondary to a viral illness other than COVID-19 or influenza.

8:00 am

A patient with a remote history of unhealthy alcohol use who was initially seen for a new skin lesion presents for follow-up in my suburban primary care office. A biopsy was performed, and today we discuss the results: calciphylaxis, a condition most commonly associated with kidney disease, but it can also occur in the setting of liver disease. I order imaging of the liver and laboratory tests.

10:00 am

A 32-year-old transgender female presents for her annual physical examination. We discuss increasing her gender-affirming hormones because she is interested in maximizing the feminizing effect of estradiol. I order the appropriate laboratory tests to guide titration of her hormone dosage.

11:00 am

A mother brings in her 3-year-old son who has a sore throat, fever, and cough. His test results are positive for streptococcus pharyngitis, and I explain the modified Centor criteria to my accompanying medical student. Despite the cough, the patient's posttest probability is high enough that we decide to prescribe amoxicillin.

12:00 pm

I am on the Health Maintenance committee, and today we discuss adding HPV vaccine requirements to our institution's electronic health record. I have inherited male patients in their late teens and 20's from pediatricians, and many are not vaccinated and are unaware that the vaccine can prevent anal and penile cancer.

4:00 pm

The imaging on my patient from this morning confirms liver cirrhosis. With the laboratory test results, I calculate his Fibrosis-4 score, which prompts an urgent referral to gastroenterology.

Author disclosure: No relevant financial relationships.

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