

Diary of a Family Physician



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6:00 a.m.

I wake up to coffee delivered by my stay-at-home husband and run through my email. I send text messages to family in the Midwest to help move my 88-year-old mother to an assisted living facility due to recent falls and essential tremor.

8:00 a.m.

As medical director, 80% of my time is spent helping primary care clinics provide high-quality care to our tribal health care organization. My clinical time keeps me grounded, and I use an app-based virtual scribe. Using a virtual scribe has brought back the joy of medicine for me.

9:30 a.m.

After shared decision-making, I offer low-dose lung CT to a 57-year-old former smoker with a family history of lung cancer in a sibling. We have a new CT scanner, and I can get the results in three days. This short time frame is unheard of in my Alaska-based career, where we typically travel by plane or ferry to get to medical centers with the latest technology.

10:30 a.m.

An 18-year-old patient with juvenile rheumatoid arthritis (JRA), who recently restarted infliximab infusions, doesn't show up for their appointment and has worsening anemia on labs. We quickly call them for a telemedicine appointment instead (one good thing from the pandemic). The differential diagnosis for the anemia includes the JRA, adverse effects of a tumor necrosis factor medication, and other etiologies such as heavy menses. We make sure their labs are updated and that they do not miss any infusions.

11:00 a.m.

A 55-year-old woman follows up after an urgent care visit for shortness of breath. Her ECG is reviewed and symptoms have resolved. We use the opportunity to get the COVID-19 booster set up for her and her husband.

5:00 p.m.

“Quiet time” at the clinic is the only chance in a busy day to catch up on emails from across the consortium. I text my siblings, who are still working on plans for our mom.

9:00 a.m.

My first patient recently had several hospitalizations and procedures. She had recurrent pancreatitis and a pancreatic head mass, and she does not drink alcohol. Her gastroenterologist did a cholecystokinin stimulation test with biliary drainage to determine the cause of the pancreatitis. Surprisingly, the cytology results revealed liver flukes. The patient does not know how she was infected. She was treated with triclabendazole, which had to be obtained from the CDC.

10:45 a.m.

An older man presents for a diabetes checkup. He lives alone and asks if I know someone who can cut his toenails. I am dismayed to find that he has been walking on nails that have curved under his toes. I carefully trim his nails and chastise myself for not checking his feet for the past year.

1:45 p.m.

A young man with congenital heart disease, pulmonary hypertension, and chronic heart failure presents for a hospital follow-up. He had cellulitis of his leg, which I treated with Bactrim. It worked well but caused a severe acute kidney injury. Fortunately, the patient's renal function recovered, and his leg is clear. I make a note in his chart to avoid sulfa drugs and remind myself that I am always learning new things.

2:30 p.m.

A teen girl and her mom arrive for a follow-up of depression with suicidal ideation. This issue exceeds my comfort zone, but I have found myself doing more psychiatric care during the pandemic. I had prescribed citalopram, and she reports feeling better and has an intake interview in two days with an intensive pediatric outpatient therapy program.

4:45 p.m.

I examine a woman with anxiety who has her three-year-old son with her. My medical assistant supervises our trainee, who is performing venipuncture on the patient. As the medical assistants leave the room, the little boy brightly exclaims, “Goodbye! I love you!” We all laugh. I enjoy seeing these future doctors realize how fun patient care can be. ■

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

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