

Appendix Table A. Code Categories and Representative Quotes From Student Reflections

Code Category	Quotations
Scope of practice	<p>“I had an idea going into this rotation that family medicine would be extremely broad, and this rotation confirmed this belief. I saw cases that ranged from ingrown toenails and mouth ulcers to a possible heart attack. I’ve realized that you don’t know what the next patient may present with.”</p> <p>Subcategory: Prevention. “Use every visit as an opportunity to accomplish health maintenance and screening. As a family medicine doctor, you have the ability to prevent a lot of major medical conditions that can negatively impact a patient’s life in the future. Use every opportunity to educate a patient on screening and complete important health maintenance.”</p> <p>“PCPs do so much of the mental health care; it is important to screen all patients in some way for mental health problems or safety issues at home. Many people don’t have time/money for therapy visits, and PCPs need to be equipped to address mental health concerns.”</p> <p>“Caring for more than one member of a family provides a unique opportunity to understand patients’ mental health concerns, life stressors, as well as views on medication and health.”</p>
Health care systems	<p>“The way medical care is structured in the US—particularly through insurance delivery—interferes with doctors’ ability to effectively care for their patients by setting limitations on the resources we can provide patients and even who we can care for. Shorter visits and reactive (instead of preventative) health care are incentivized.”</p> <p>“The group visit model is a powerful example of the therapeutic effect of experiential support.”</p> <p>“The medical system in the United States does not currently place enough of an emphasis on primary care.”</p>
Role of FM in the system	<p>“The privilege of being the first person people talk to about deeply held private mental or physical health problems: Primary care sees the broadest segment of the population, and there is an incredible opportunity to change someone’s life just by being willing to ask and listen respectfully and offer support.”</p> <p>“Family medicine doctors are at the front line of health care and have to manage a wide array of patient concerns. They must triage these accordingly while also finding the time to coordinate care for patients and complete clerical tasks.”</p>

	<p>“Primary care providers are often the first point of contact for patients. If someone is being discharged from the hospital, long-term follow-up with primary care prevents readmission. As such, being in primary care provides a unique opportunity to really address wellness before a patient’s health gets drastically worse.”</p> <p>“Family physicians can be the bridge between the community and the medical system. Their role isn’t purely medical, but also therapist, interpreter, educator, among others.”</p>
<p>Traits of a family doctor</p>	<p>“Know your patient. By this, I not only mean remembering who they are and little pieces of their lives (which is so key!), but also to understand the patient population as a whole—the demographics, culture, community, etc.”</p> <p>“Be flexible. Patients will often come in with one chief concern but are worried about something entirely different. Patients may have their own ideas for their care. We need to be able to adapt.”</p> <p>“Empathy and active listening are an integral part of care: Patients feel more satisfied, heard, and their viewpoints appreciated when the physician actively listens to their concerns and empathizes with their struggles. Patients are much more likely to open up and discuss challenges they face, challenges that perhaps can be better avoided if the physician is aware of them.”</p> <p>“Be efficient: More than any other clerkship I’ve been on, efficiency is imperative in family medicine. There are always more patients to be seen, and more documentation that needs to be done. Acute visits will interrupt your normal schedule and get you behind, but it’s a sacrifice you’ll make to care for your patients. Efficiency requires you to take focused histories, perform focused exams, and write concise notes. This is certainly a skill that takes time to master but will undoubtedly serve you in the long run.”</p>
<p>Values of family medicine</p>	<p>Subcategory: Doctor-Patient Relationship. “There is nothing quite like the patient-doctor relationship. Patients trust you with their lives and tell you the most sensitive information about them sometimes minutes after just meeting you. It is a special relationship, and therefore you should give all patients the time and opportunity for you to listen to their story.”</p> <p>Subcategory: Continuity of Care. “The nature of repeated visits allows for a much greater understanding of the patients. Because of this, family physicians can help their patients in ways that other doctors would not be able to, or not be able to see over a long period of time.”</p> <p>Subcategory: Team-Based Care. “Teamwork makes the dream work: Humility and recognition of your (the provider’s) role as just one piece of the outpatient patient care puzzle is critical. Oftentimes, patients have more interaction with the support staff than the provider him/herself, and it’s important to acknowledge their integral role in patient care and the functioning of the clinic.”</p>
<p>Cultural competency/social justice</p>	<p>“The impact of social factors on health cannot be overstated, and it’s easy to miss the opportunity to ask about these factors.”</p> <p>“Another skill that was immensely important during this clerkship was the use of both live and telephone interpreters. I would say about a quarter of my patient</p>

	<p>visits required the use of an interpreter, and in languages I was completely unfamiliar with. The practice I got during this rotation will be extremely valuable moving forward, especially since I would like to ultimately practice in underserved urban areas, which will likely have many patients who do not speak English.”</p> <p>“Some patients may not understand what you are saying even though they say “yes” after you explain something to them. Always avoid jargon and have them put in their own words what their understanding is.”</p>
<p>Challenges of family medicine care</p>	<p>“While my preceptor and I were with our patient with rib fractures, it felt like time stopped for a bit. We were coordinating her ER visit, making sure she was stable, and managing her distress and anxiety. But then, after she left, there was a waiting room full of patients to see. I don’t think I’d ever experienced that before, having to compartmentalize and move on, even while I was still processing a fairly charged situation. It was a lesson in staying focused and moving on to the next problem, because that’s the job.”</p> <p>“Managing chronic diseases is very difficult: Chronic disease and med management is a challenge even for the most well-informed patients, nevermind those who face barriers such as low education level, low income, little family/emotional support, and a primary language other than English.”</p> <p>“Family medicine doctors work hard, long hours and can see many complicated patients, all the while not being compensated fairly compared to their physician colleagues. The current reimbursement system absolutely needs reform.”</p> <p>“Family med doctors working in a hospital setting like in Boston will face a certain degree of stigma about what they can and can’t do by other specialists.”</p>
<p>Evidence-based medicine</p>	<p>“Medicine evolves quickly; it is important to consistently update your evidence-based practice using point-of-care resources.”</p> <p>“It’s completely fine and actually normal to constantly be researching while in clinic and even in a patient’s room. For some reason, I always thought you were supposed to know absolutely everything and it was a bad thing to need to look things up, but that’s not the case at all.”</p> <p>“Using point-of-care resources and looking up your patients’ diseases in real time. It is impossible to know everything, but the skill to know where to look up information for yourself and for your patients is an invaluable skill.”</p>
<p>Clinical skills for a student</p>	<p>“Take time to complete a thorough exam. (When pertinent, again, probably not necessary for that punch biopsy f/u). Laying hands on a patient and taking time to fully investigate their concerns through a physical exam can both be comforting for them—they feel taken seriously and cared for—and can expose valuable information as to their diagnosis. If pinched for time, you can combine the ROS and the physical, which helps limit extraneous elaboration in the “all positive” patient, aids organization, and further reinforces your exam.”</p> <p>“During my time in the outpatient clinics, I spent time speaking with multiple patients about the importance of smoking cessation, alcohol cessation, nutrition, exercise, and much more. Though these are some of the most</p>

	<p>exhausting conversations to have with patients, they are some of the most important. I had the opportunity to experience the outcome of my motivational interviewing skills during a continuity-of-care case: discussed the risks of alcohol with a 50-year-old man at a health maintenance visit and found that at his follow-up visit 2 weeks later that he had not had a drink in 2 weeks! Aside from being proud of my accomplishment, I will never underestimate the importance of motivational interviewing.”</p> <p>“Committing to an assessment/diagnosis while learning to deal with and helping patients with ambiguity: While we have to commit to a differential and top working diagnosis for patient’s chief complaint, sometimes exact pathophysiology is unknown, too subtle to interpret, or doesn’t matter to the actual treatment course (eg, the treatment will be the same either way). Learn to provide excellent evaluation and care without wasting heroic efforts to try and find information that will not actually be helpful.”</p>
<p>Personal impact</p>	<p>“Doctors are teachers. They teach themselves, they teach their peers, they teach students, and they teach their patients. We also have a lot of self-learning to do. “</p> <p>“Choosing a patient population that fits with your personality and passions is very important; the interactions you will have will vary dramatically with the demographics of your patients.”</p> <p>“Having a family and being a family med doctor is something you can do. You can work toward creating a schedule that works with the life you want.”</p>
<p>Life skills/tips</p>	<p>“If you're late, first thing to do is apologize before starting the visit.”</p> <p>“When someone asks you if you want to or have time to see just one more patient, always say yes because oftentimes something really cool happens that you would have missed out on.”</p> <p>“Have fun! Get to know your patients and everyone in the office. They'll appreciate your willingness to smile and not take things so seriously all the time!”</p>
<p>Patient centeredness</p>	<p>“Family medicine is as patient-centered as medicine gets. Evidence-based medicine is the goal when it comes to providing health care, but at the end of the day, it comes down to the patient's needs and priorities at that moment in time. This is influenced by a variety of factors, including cultural values and socioeconomic status.”</p> <p>“It can be helpful to ask the patient what issue is most important to them during each office visit so you can make sure to discuss what they have actually come for.”</p> <p>“Always involve the patient in the treatment plan; a treatment plan is only good if followed. Patients have multiple barriers and influences on their compliance to a treatment. Always invoke the patient’s perspective on the plan to come up with the best treatment that will help them and that they can follow through with.”</p>

	<p>“Treat the last patient of the day like the first patient of the day. At times, I felt rushed to finish the last patients. However, the same quality of care needs to be provided as if they are your only patient of the day.”</p>
<p>Clinical pearls</p>	<p>“Very important to use Opioid Conversion Charts to determine a patient's total amount of morphine milligram equivalents. According to the CDC, dosages at or above 50 MME/day increase risks for overdose by at least 2x as compared to patients at 20 MME/day. In a study national sample from the VHA, patients who died of overdose were prescribed an average of 98 MME/day. The CDC recommends avoiding or carefully justifying increasing dosages ≥ 90 MME/day.”</p> <p>“Common things are common. Uncommon presentations of common things are more common than the uncommon things. But always rule out the uncommons!”</p> <p>“Ultrasound is a highly underutilized but excellent diagnostic tool.”</p>

Abbreviations: PCP, primary care physician; med, medication/medicine; FM, family medicine; ER, emergency room; VHA, Veterans Health Administration; f/u, follow-up; CDC, Centers for Disease Control and Prevention.