

A Reflection on Moving On

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“Yep. That’s my doctor. Never seen him. Not sure if he’s for real.” The tone of teenage disdain was there, the tone of someone old enough and smart enough to question the existence of Santa Claus. It was a crowded, warm school gymnasium in early August, and the kids, the parents, the staff, and I were more than motivated to move things along the station-based assembly line of sports physicals. While medical students and family medicine residents took vitals, checked vision, and conducted focused interviews and exams, I was at the last station, verifying that forms were filled out completely and that follow-up for abnormal findings was arranged.

I could have told the teenager that I indeed was the family doctor he listed on his sports physical form. But I didn’t. Perhaps I did not want to morph the boy’s flippant comment into a creepy, “I am your doctor” Darth-Vader-like moment. By gross appearance and on paper, he was a healthy teenager for whom this sports physical likely was just an inconvenient formality. So, I let him move on to the more exciting things high school had to offer. “Moving on” likely characterized his clinic experience with us, bouncing from resident to resident provider every 3 years. So, was I really his family doctor, or was I just a name on an insurance card?

My most critical self would argue that my role as a faculty preceptor in a residency clinic lends itself to a form of absentee doctorhood. I have likened myself to a checkout cashier in a shadowy resident precepting room out of sight from the patient care hallways. When I do make my way into the exam rooms, I assume a variety of brief, benevolent supportive roles: the last-minute wingman who seals the deal of the care plan, the backup singer who extols the resident’s clinical acumen, or the apologetic bureaucrat who acknowledges delays and inefficiencies. Rarely, problematic patient behaviors, heated patient complaints, and troublesome safety events jolt me into stepping up quickly and taking over confidently as the real doctor, allowing residents to move over and move on to their next patient.

Moving on. On occasion patients and colleagues have asked whether I, myself, would move on from a family medicine faculty position back to full-time, direct clinical care with my own patient panel in my own practice. During those moments when I question my reality as a family medicine faculty preceptor, the following memory invariably bubbles up to the surface:

An intern invited me to accompany him to evaluate an elderly female with a persistent rash. The last time I had seen this patient was approximately 3 years prior when she similarly had been assigned a fresh intern. “Haven’t you graduated by now?!” she exclaimed as I entered the room, raising her forearms, exposing a hyperpigmented macular rash. Her joyful recognition of me and the innocent sincerity of her greeting overwhelmed me . . . with gratitude. “I’m still at it!” I burst into laughter as the intern and I donned gloves, examined the rash, and discussed differentials with the patient.

Unlike the teenager wrapping up his sports physical, this elderly woman recognized me, even after a 3-year cycle. Unlike other encounters when I was called into the exam room, I was not there simply to echo the resident’s impression or to take over the encounter. My humble presence and opinion as a fellow learner and collaborator constituted a key portion of the patient encounter, not an inconvenient formality.

When I graduated from family medicine residency, I commented to a fellow resident how I looked forward to a feeling of professional legitimacy. As I move my way through my fifth 3-year cycle as a family medicine faculty physician, I continue to strive for a meaningful

and relevant presence among patients and learners. Yes, I am a work in progress, an eternal learner, and nonetheless a real doctor.