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Family Medicine

NARRATIVE ESSAY

From Geometry Lessons to Primary Care

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It's 6:30 AM. I arrived early because the printer was broken yesterday. There's now a line of teachers behind me waiting to print their lessons. I get to my classroom and quickly rearrange the tables for today's geometry lesson. Before I know it, the hallways are filled with quick footsteps and laughter as I wait by the door to greet my middle school students.

One by one, my first period students enter the classroom. As they walk in, I do a quick scan of each of them and the daily questions flood my mind: *Did they eat enough? Did they sleep well? How's their mood? Do they look upset today?*

As a former teacher at a Title one school, these concerns for my students were constant. I pull one of my students aside, noticing the heaviness in her eyes, and ask how things have been at home since losing her father. After our conversation, I motion for another student to step outside with their backpack. I slip two brown paper bag meals inside, a quiet routine we've created while he's staying in a temporary shelter so he can get through the day without going hungry.

When the bell rings, we begin our lesson for the day. Shortly thereafter, my students begin working on their independent practice problems. As I'm circulating the room, I notice one student staring blankly at their worksheet. When I stop by their desk, they quietly tell me they don't understand the lesson. I try re-explaining using a different method, but the confusion remains. So I reach for a set of shaped blocks and I begin using the tactile pieces to demonstrate the geometry concepts. This time, their expression changes, and they begin using the blocks to work through the problems. Moments like these remind me that teaching is first and foremost about understanding the learner and adapting to their needs.

It's 7:45 AM. I arrived early for the first day of my family medicine rotation. Patients have already begun to enter the clinic for their appointments. While we stand in the hallway waiting for the first patient to arrive, my preceptor instructs me to observe their gait and demeanor. The evaluation begins before the encounter does. As I watch the patients getting triaged into their rooms, familiar questions flood my mind: *Did they eat enough? Did they sleep well? How's their mood? Do they look upset today?*

The next day, my preceptor sends me in to interview a new patient. The patient is visibly anxious and tells me that she hasn't seen a doctor in 8 years after losing her job. After gently inquiring more, she tells me that she hasn't been the same since losing her parents 10 years ago. As we talk through her symptoms and strategies to help her feel better, her posture softens and the tension in her voice fades. She slowly starts offering more detail without hesitation. Before leaving the office, she pauses by the door and thanks my preceptor and me for helping her feel at ease. This encounter showed me that, just like in teaching, family medicine begins with connection and comfort long before treatment. I learned that while connection opens the door, education is what moves care forward.

Later that week, I saw a patient with hyperlipidemia who was unsure why he needed medication. I explained how cholesterol builds up in the arteries and why prevention matters long before treatment. He stared at me with the same confusion I had seen in my students, so I shifted my explanation. Knowing he is a mechanic, I explained how cholesterol build-up is similar to changing oil in a car. It doesn't make it drive better today but prevents engine damage later on. As his confusion turned to understanding, I recognized that family medicine, like teaching, was about adapting the message to the person in front of you.

By the end of the month, a pattern had begun to emerge. I found myself returning to the same lessons I learned as a teacher: notice the small details, understand the person as a whole, and meet people where they are. Whether it was a student struggling with geometry or a patient managing their health, the work began with connection, trust, and adapting to their needs. In my family medicine rotation, I realized that I never stopped being a teacher; I simply changed settings. I still arrive early. I still look for unspoken needs. I still listen before I speak. In both places, the goal is the same: help someone take the next step with confidence. After that month, I realized family medicine was a natural continuation of the work I had already begun, and I committed to becoming a family physician.