



Things Worth Remembering

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In medical school, days fly by at blinding speed. I vividly remember my white coat ceremony the first week of school, my dad rushing through traffic to get there on time, my mom, shall we say, displeased at his tardiness. I can almost see myself—I try on my coat on stage, miss the sleeve, finally shove my arm through.

I blink. It's my last rotation of my third year. I'm starting my 2 months of family medicine. I've seen hundreds of patients, learned a truly absurd amount in that blink of an eye that was 3 years of my life. I'm painfully aware there's still so much more. To set the stage: my clinical assignment for the next 8 weeks is our medical school's mobile health clinic, an actual RV that parks in different underserved areas in Miami to provide care to uninsured patients. It's my first day.

I climb the steps to the clinic and look around, shake hands with the medical assistants. Six patients crowd the "intake room," which is about four feet wide. My attending physician says hello, then immediately drops me in the deep end. I take three steps from the apex of the stairs and I'm in the "exam room," which comprises the cab of the RV.

My first patient, a young woman, is waiting for me in the exam chair, a backdrop of a steering wheel and curtained windshield behind her. I'm relieved she speaks English.

She's great, joking around. She recently moved to Miami, wants to get a check-up. As I maneuver to the tail end of the interview, I ask an off-hand screening question: "Do you feel safe at home?" On a different day, I might not have asked. Her face changes starkly. We have good rapport, and, in that moment, I can see her decide to let me further into her world than she had planned. She reveals to me that she fled Tampa from an abusive husband who she's still technically married to. She found asylum with her father, who was abusive to her mother. She's giving him a second chance. He's an alcoholic and, over the last week, he came close to sexually assaulting her. Tears begin to spill. She goes on, there's worse. All this from my first patient.

My second patient requires the interpreter phone. The patient says "yes" to every question I ask. She has a cough she cannot shake. She has tension headaches. She's got stomach discomfort after eating and joint pains in her knees and shoulders. We're already over her appointment's allotted time and the interpreter is sapping minute by minute, but I can't leave her like this. Turns out, in addition to all this pain, her husband does not speak to her and she is lonely. I sense that she just needs to be heard. I look down at the ticker on my phone—it reads over an hour. I let her cry.

The next day, I arrive and my patient, a 32-year-old man, has a history of epilepsy. His mother accompanies him. She only speaks Creole. I begin the interview in English with the son, but several questions in, I realize he is not a reliable historian. I dial the interpreter, in order to converse with his mom. I am blown away as she casually relays how he ran out of medication months ago and has been having multiple seizures a day. That's just their life as they know it; no medication has ever fully controlled his seizures. He has never tried the medication most American neurologists would turn to first for his type of epilepsy.

In my fourth week, on back-to-back days, I have patients who won't go to the hospital for what could be emergent symptoms. One patient stopped all five of her medications instead of solely her metformin as instructed. Her blood pressure was astronomical. The other patient's crippling depression keeps her from seeking out the specialist care she needs for recurrent chest pain, for vertigo, for double vision.

When life gets busy, sometimes you can have your head down, absorbed in what it takes to get through that day to the next, and the next. Then, almost at random, you

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jar to a stop for a moment. Months have gone by since you really looked up. You're a little stunned. "Wow, look how far I've come. How did I even get here? Do I deserve the things I have? Am I who I think I am?" Medical school is unrelenting. You can forget to process the progress you have made. Often you feel like an imposter, or like you have nothing to contribute. Your diagnostic thinking is rudimentary; your physical exam skills seem as likely to miss a finding as they are to identify one. Does my being present even matter? Did I do anything of significance today? Anything worth remembering?

The mobile health center is one such grind. Uninsured patients are complicated, with long problem lists. But our little team makes progress with them, in fits and starts. My first

patient found a sympathetic ear, possibly for the first time ever, as well as social work support. My second found therapy through our program. My patient with epilepsy is finally on the appropriate first-line medication, thanks to my preceptor. The potential ER patients both left with the promise that they would make changes, and in subsequent visits have shown improvement. Did we cure these people? Return them to perfect health? Definitely not. Maybe we, in fact, accomplished nothing. However, it's also possible their path was altered for the better. With consistency and follow-up, perhaps these patients will be able to find health and happiness in the future.

Sometimes, my actions seem inconsequential. Yet as I write these stories, I realize that while these

moments may not have resonated with me at the time, they were potentially vital steps for each patient. So even if I spend much of my time worried about the next test; even if all this feels like just a stepping stone to a future where I can finally make real change; even then, I know that what I'm doing matters, what all physicians and future physicians do matters. That gives me heart.

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