



Week One

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Dr Stone, your patient is ready. With that, our clinic's medical assistant kicked off my first week of intern year. I took a deep breath, walked down the hall, stopped, walked back to the work room, and cut the tag off my white coat. We'll call that my first lesson on how to inspire confidence in our patients.

Later that day, I had a wonderful clinic visit with an older gentleman. He had just moved to Tucson from out of state, and he needed help finding a local oxygen supplier. He was diagnosed with COPD several years ago, and this was nothing new to him. But it was all new to me. Not COPD. That was the easy part. Robbins taught me what to look for, and Netter taught me how to see it. But none of my textbooks discussed managed care or home health agencies. I had never heard the phrase "durable medical equipment" even once during medical school. And how come there are so many different types of oxygen concentrators? What's an oxygen concentrator? I pretended to auscultate his lungs for at least 2 extra minutes while I figured out a nicer way to say, "Excuse me while I step out of the room and latch on to the first person that makes eye contact with me. Someone must know how to order these things." Maybe we can call that a lesson in professionalism.

But he didn't mind my stall tactics. In fact, he seemed to appreciate the extra time with a physician. At the end of his appointment, he asked me if I would be his primary care physician. I tried not to tear up when I told him that I'd be honored. Now I'm learning composure, and it's not even lunchtime yet.

Tuesday brought my first shift covering our inpatient service. We accepted a transfer patient from an outlying hospital, but we didn't know much about her. She apparently had a lot of abdominal pain and a pretty high lactic acid concentration. My medical training triggered the obvious concern for ischemic bowel, but I wasn't able to ask her any questions about it. She was pretty sedated, and I figured that the half-dozen benzos on her medication list probably weren't helping. I stopped them overnight so I could get a better history from her in the morning.

The next day, I resolved to do some investigating and find out why she was on such strong sedatives. But first I had to take care of a new admission, a couple of discharges, and a near-constant stream of pages. I kept pushing the medication task down my list until I got a frantic call from her nurse. "Dr Stone, your patient is hallucinating and running down the hallway." Ah. That's why she was on the sedatives. It was my first lesson in priority management. After she was safely back in her room, I

sat down at my computer and added most of the benzodiazepines back to her medication list. I wasn't going to cure her dependence overnight, and I certainly wasn't going to cure it if she ran out the front door of the hospital.

The patient and I were able to have progressively more meaningful conversations over the course of the afternoon. I found out that she has been battling anxiety and PTSD for decades. She didn't like the feeling of constant sedation, but she liked it a lot more than the alternative. By the end of the day, the results of her U Tox were available, and they confirmed what I had learned simply by talking with her. Not only was she treating her mental illness with benzos, she was also treating it with opioids. Her abdominal pain was from the morphine-induced constipation that had kept her from having an honest bowel movement in well over a week. Two enemas later, I was the hero who fixed her abdominal pain. But I had also learned some valuable lessons on how easy it is to fall down the rabbit hole of prescription drug addiction.

That wasn't the only bittersweet lesson I learned during my first week. I learned that the medical

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record is really a legal and financial record. I learned that 15 minutes isn't enough time to have a meaningful visit with anybody besides a window agent at the post office. I learned that goodwill and altruism only get you so far when you're running on 4 hours of sleep and you still have six more discharge summaries to write.

But those aren't the lessons that I want to take away from intern

year and certainly not from the first week. This isn't an easy job, but it's a meaningful one. The rewards of our profession come from strong personal connections, satisfying outcomes, and the feeling of being someone's doctor. Those are the lessons that come from our patients, and that is what I want to learn this year. Fifty-one weeks to go.

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