Scenario 3: Primary Care

This month you are rotating through a community-based primary care outpatient clinic in rural New Hampshire. It is a bit far from the academic medical center where you are a resident, but a nice change of pace to experience front line medical care in a setting that is quite different. Today, you are seeing continuity patients with your preceptor.

Your first patient is a 54 year old woman here for her annual follow-up. Her medical history includes asthma, three uncomplicated pregnancies, and some chronic back pain. She is very excited today to tell you about her recent vacation to Northern Quebec. She also has 3 forms for you to complete for work...these are important for her to be able to take time off to help care for her elderly parents. You review the flow sheet for her preventive care, including flu vaccine, pneumococcal vaccine, colon cancer screening, lipid panel, osteoporosis, and cervical cancer screening.

The visit – scheduled for 20 minutes – has now been going for 25 minutes and you just get started on the physical exam. She has slight end expiratory wheezes in all her lung fields. You finally have a chance to ask her about her asthma and find that she only uses inhaled albuterol as needed...about 10-15 times per week. You’re surprised she is not using inhaled corticosteroids (as per guidelines) for her moderate persistent asthma. She agrees to give it a try and is scheduled for a follow-up in 4 weeks. Now 35 minutes behind, you rush into the next room and apologize to the patient.

At the end of the day, you talk to your preceptor. He is frustrated by his practice's inability to complete patient visits within the scheduled time as well as the sense that care is sub-optimal. You brainstorm with him about how visits might be more made more streamlined as well as how asthma care might be brought in line with current guidelines. He is skeptical because it is different, but agrees to give it a try.