

Katie Marvin, M.D., FAAP, Stowe Family Practice, "A day in family medicine, 8am-5pm:"

(just to be clear, these are not actual patients, just a common representation of a typical day, clearly with respect to HIPAA and patient privacy):

1). A 4-day old baby boy, to check on his weight, color (jaundice) and how the family is doing. We'll see him and mom back in a few weeks.

2). A 12-year old with a broken foot. We take some x-rays and get her in a walking boot. One week follow up. [Click here for the full story](#)

3). A 51-year old female for an annual physical with screening for cancer, diabetes and high cholesterol - where we can do her pap, full exam including skin exam and blood work in house, update her shots, meds, and send off referrals for mammogram and screening colonoscopy.

4). A 15-year old struggling with school and depression, connected to our in-house counselor. Always a good place to start.

5). A 5-year old who needs 2 shots and proudly shows off a wiggly tooth.

6). An elderly farmer who just beat COVID, at home. He couldn't stay in the hospital with cows to tend.

7). An electrician who takes buprenorphine, is doing awesome, and has a new baby.

8.) A man with a new diagnosis of diabetes, learning so much with the help of our nutritionist.

9). A 32-year old with a "bunch"...

Lunch meeting to discuss how our quality measures are doing, how we can more efficiency use our medical record to benefit patient care, and ways we can improve access to patients with fewer resources. Remember to drink water...

10). A 22-year old young man with strep throat. (Let's just rule out mono and COVID to be sure, and maybe check in about STD screening and prevention, consent and safer sex)....

11). A 42-year old woman who gets a Mirena IUD and saves her partner from vasectomy-land.

12). An 89-year old woman who has some leg swelling and concerns about medication side effects.

13). A 55-year old women who needs a punch biopsy of a concerning mole on her shoulder. Biopsy done here and sent off to rule out skin cancer.

14). A 62-year old with a chronic cough, needing to get an x-ray and talk about options for quitting smoking, treating COPD and affording it all.

15). A tele-visit with video for another patient with COVID, just diagnosed yesterday, stable at home, but we talk quite a bit about quarantine, contact tracing and when the family can resume normal life.

16). A RAM (Rapid access to medication) visit for a patient actively using heroin (we are able to prescribe buprenorphine same-day to help her get stable and to a safe and appropriate level of care. Plus our medication assisted treatment team provides full wrap around support to guide the way)

17). An 11-year old with a wart on his foot. Several options there...

18). A 70-year old skier who just finished up another season and needs a knee injection! To be young again!

Finish notes and return some phone calls, then head home for dinner. The variety is endless. We can do a lot in primary care, and what we can't handle we know where to send you for help. Many patients new to the area come from places where they have to see a different doctor for everything - even basic things. We feel that your basic dermatology, orthopedics, gynecology and other needs can be met by your medical home. And it is far more convenient and less expensive.

P.S.- our whole team is essential - from our front desk and patient access reps on the phones; nurses getting patients into rooms with compassion, screening for smoking and depression, answering triage calls from someone worried at home; medical records who manage the paper, the details and keep our EMR organized; Jack, of course, for X-rays, lab draws and a smile!; our peers on the community health team: nutrition, social work, mental health and substance use experts who round out the medical home (and we aren't sure how we ever did this without them). It's a family in the building, working together for your family.