I found my terminal in the Miami airport and panic doused my excitement like a bucket of ice. Without warning, everyone around me was speaking rapid fire Spanish with a variety of heavy accents. This included the airline attendant attempting to check my bags. “¿Y adónde va usted?” Four years of high school Spanish classes and five semesters more in college, and it turned out I could read a novel or write an essay, but conversations outside of the classroom were another question entirely. The terror on my face was universal, and the attendant took me through my last English conversation for the next several days to get me on the plane on time.

That spring, I spent five months living in Quito, volunteering at a Catholic school and community outreach foundation in a poor neighborhood on the southern reaches of the city. Despite all the planning that went into this, my first grand adventure, I had no concept of the experience ahead. I worked primarily in the clinic, helping the school nurse, arranging days for the physician to staff the clinic, and following up weekly with patients as they worked in the local market. For the school’s children, we organized a health fair and built a relationship with a local vision center to get vision screenings and glasses for those who needed them. We campaigned for a month against lice with a combination of education, screening, and painstaking delousing. I learned a lot about the practical aspects of managing diabetes and hypertension, visiting weekly with our physician’s patients, navigating the market twice a week with a glucometer, a sphygmomanometer, and a little bag of pills to distribute.

I also learned about the power to influence other people. As a 21 year old and a fresh college graduate, I had held a variety of jobs, from volunteer tutoring to research assistant, but I had never been in a position to advise individuals older than myself. I had never felt the trust and respect I received from the indigenous Ecuadorian vendors, often more than 30 years my senior, for simply carrying a stethoscope around the market. Of all the lessons I took from these interactions, the most lasting is how much impact simple words can have when someone trusts you so implicitly. I did not have a fantastic grasp of evidence based medicine or pharmacology at that point, and I worried about the potential to mislead and misinform. Still, I found myself able to do some good in correcting misconceptions and educating about diet and exercise choices that change a person’s course with diabetes.

I began the third year of medical school in my family medicine clerkship, with three full years of research and education behind me. Immediately I saw the opportunity to provide the kind of patient care I had so wanted to see available for my patients in Ecuador. I worked with physicians, nurses, and entire healthcare teams focused on education as a key component of every encounter. Both in local university clinics and in a federally qualified health center in Saint Louis, I was incredibly fortunate to work with fantastic attending and resident physicians who wholly exemplified my vision of a good doctor. They listened carefully to each patient, educating him or her about potential causes, outcomes, and solutions for their health concerns, and jointly made management decisions with the patient to fit each individual’s unique biomedical and psychosocial needs. Having lived now in eleven different cities across four continents, I can appreciate the vast variety of individuals and circumstances, all deserving accessible healthcare that meets their unique needs. Although I am occasionally overwhelmed at the breadth and depth of family medicine, I am drawn to its diversity and believe the broad scope of practice enhances care by keeping the physician thinking broadly, maintaining a wide variety of tools at ready disposal to meet the needs of the incredibly diverse body of patients seeking care today.