

# Walk-In

Category: Stories

written by Ingrid Forsberg | February 9, 2018

**Ingrid Forsberg ~**

It's 10:00 am on a Monday in June. I'm the nurse practitioner on duty in a convenience care clinic housed in a corner drugstore in urban Chicago.

Sunlight is pouring through the huge storefront windows when my first patient of the day walks in. He's in his late twenties, muscular, crew-cut. He looks like someone who's used to being in charge.

Right now, though, he looks anxious. He's pale, with dark circles under his eyes. His eyes scan the store, looking for something.

I know immediately that he's looking for me.

Not every medical professional loves the idea of convenience care clinics (CCCs, as they're known). Some believe that sick patients should be seen by a doctor in a full medical facility, not by a nurse practitioner in a walk-in clinic.

But for some patients, these clinics are the difference between getting some medical care or getting none. In this neighborhood, the nearest doctor's office is booked weeks in advance, and a basic visit to the nearest ER costs more than \$1,000.

The man makes his way toward my sign-in desk, trying to look like he's not in a hurry. He examines some items in the pharmacy aisles, then moves on, his hands in his pockets.

Finally, he crosses the last ten feet to my desk.

"Hello," I say. "Are you here to be seen?"

He nods.

"Could I have your name, please?"

"Jim. Jim Cornwell."

I bring him into our exam room and step out for a moment.

When I rejoin him, he's sitting on the exam-room table, looking more comfortable. The doctor's-office feel of the setting often has that effect on people.

"What brings you here today, Jim?"

"I've had the flu...I thought it was the flu. But it's not getting better. I've got—a rash—now. That's new."

I nod, looking him up and down. He's thin, with the look of recent weight loss.

This is Boystown—a predominately gay neighborhood that has given support and a sense of belonging to many people who've come from areas where being gay has been a frightening experience. Boystown is a place where they can express their sexual identities freely.

I see a few cases like Jim's each month. They arrive with common symptoms; runny nose, sore throat, fever, body aches, fatigue and, in some cases, a rash. Often, as I begin the exam with patients like Jim, I feel as if I can sense the thoughts and wishes going through their minds: *Why did I come here? It's got to be just a common cold...*

I collect a throat swab from Jim for a strep test. When the result is negative, it's time for the good news—and the bad.

"You don't have strep throat," I say. "Unfortunately, we don't have the equipment to run other tests to find out what's causing your symptoms. But can you tell me...are you sexually active?"

He nods slowly.

"Based on your history and symptoms, it's unlikely that you have just a common cold," I say. "There are some sexually transmitted diseases that begin with symptoms such as yours. HIV is one of them. If you're currently sexually active, especially with new partners, getting tested for HIV should be your next step."

Silence.

"It can cause these kinds of symptoms—and much worse, if untreated. There are treatments that, properly managed, can keep you healthy."

He listens. Nods a little every now and then.

"Getting treatment can also make it safer for you to have partners," I continue. "The risk of passing on HIV, if you have it, is much less while you're being treated."

He stares into the space ahead of him.

"I have a list of free clinics nearby that do the testing," I say. "Would you like to have it?"

He nods. "Please."

I get the pamphlet and explain the options as gently as I can, treating him as I would treat my own son. That's a role that nurse practitioners often fall into—being a surrogate parent for young people who might be far from home, and afraid.

I try to take the fear out of it, to communicate acceptance and warmth. Many

people avoid being tested for sexually transmitted diseases for fear of what they might learn, or how they might be judged. They find it less frightening to wait and see. As a nurse, I tell them that's rarely a good idea.

One of the hardest parts of working here is that I can't know what happens to these patients after they leave.

Watching Jim walk out, I know that I'll probably never see him again. I have to relinquish him to the great unknown—the place for all of those people I see long enough to care about, then never see again.

Fast forward two years.

No longer working at the CCC, I'm pursuing my doctorate in nursing practice. An e-mail arrives:

**From:** Ann

**Subject:** *Your former patient*

My heart begins to race. Ann was my colleague at the CCC.

*Jim Cornwell asked for you today. He came in with a cold—but he kept asking where Ingrid was!*

*He's in treatment for HIV now—he says that was your idea. He says if he hadn't seen you, he doesn't know how bad things might have gotten.*

*He says you saved his life.*

*I thought you'd want to know.*

As I read this, my heart soars and breaks for Jim, both at once. He's received a serious diagnosis—but, thanks to the latest antiretroviral drugs, he can expect to live a long and healthy life.

We never know when our actions might change a life. Mundane symptoms can mask life-threatening illness; the smallest words can change the course of treatment. This is a gift—but it can also be a burden when you don't know what the outcome will be, or if you'll ever see the patient again.

With Jim, and others like him, knowing that my care made a difference is life-changing. I may have changed Jim's life by telling him what he needed to hear, but he also changed mine by coming back and sharing his story with my colleague.

I still think of Jim whenever I'm not sure whether my work is making a difference, or whether I'm doing enough.

Remembering him, I feel reassured that, often, doing enough means simply being there for someone who's in trouble.

**About the author:**

Ingrid Forsberg, an assistant professor in the family nurse practitioner program at Rush University College of Nursing, has been a nurse practitioner since 1978. “It wasn’t until the explosion of convenient care clinics in supermarkets and drugstores that the public knew much about our profession. I’ve felt interested in writing about my experiences for some time, but now, with nurse practitioners enjoying greater recognition, I decided that this story had to be told. I’ve also been reading *Kitchen Table Wisdom* by Rachel Naomi Remen, which has led me to recognize the power of storytelling in health care.”

**Story editor:**

Diane Guernsey