Why did you choose primary care? We posed that question to physicians and medical students a few weeks ago. What is it, we wondered, that drew them to generalize rather than specialize? To opt for the office over the hospital? To deal with the whole spectrum of disease rather than a narrow slice?

Given the lower compensation for those who practice pediatrics, geriatrics or general internal or family medicine as compared with doctors in other specialties, we figured their answers were not going to be about money. And given that primary care physicians shoulder so much of the administrative burden of our ultra-complicated health care system, we also figured that they wouldn’t say they liked that part of their jobs. We were right about those things. We weren’t surprised to learn either that in many cases, a particular physician-mentor inspired someone to choose primary care. Nor were we surprised that many chose their specialty because of their desire to build long-term relationships with patients.

But we didn’t expect to find so many to be so enthusiastic about their choice. Looking back on his career, Erick Reeber, M.D., wrote, “Family practice was the best job I could imagine.” Looking forward to her career, Erin Morcomb stated, “I can’t see myself doing anything else. I also love pediatrics, psychiatry, obstetrics, emergency medicine and geriatrics, and primary care affords me a way to combine all of these passions.”

We also were surprised at how many found their work so intellectually challenging. As Mary Wagner, M.D., put it, “I’m a detective who gets to listen for the story, paying attention to what’s said, what’s implied, what I remember and what’s in the chart to come up with a hypothesis and work on a solution.”

In this day, when we hear so much about the systemic dysfunction in health care, it’s good to be reminded that there are individuals out there who simply love what they do. We found their answers inspiring. We think you will, too. Here’s what they had to say.
**ERIN MORCOMB**

Growing up in a small rural community, primary care physicians were all that I had contact with as a young girl. As a result, the field held a natural attraction for me. Participating in the Rural Physician Associate Program (RPAP) during my third year of medical school solidified my interest in primary care, as I had several superb and supportive mentors during my time in Winona.

I really enjoy listening to patients’ stories and forming long-term relationships with them. Sometimes the best medicine isn’t any medicine at all; it is simply being there, showing your support and carefully listening to those in need, which I feel is a strength of the primary care fields.

I think family medicine will be rewarding because I love interacting with people; it’s what motivates and inspires me, and I can’t see myself doing anything else. I also love pediatrics, psychiatry, obstetrics, emergency medicine and geriatrics, and family medicine affords me a way to combine all of these passions. It will be gratifying to feel like I am using everything I learned in medical school, not just focusing on one particular thing.

In primary care, you really get to know your patients and their life stories, and it is humbling to be allowed such a privilege. There is nothing more satisfying than giving back and enriching the lives of others, and I feel the primary care fields enable physicians to do this.

Erin Morcomb is a fourth-year medical student at the University of Minnesota.

**KEITH STELTER, M.D., MMM**

In medical school I really enjoyed all my clinical rotations and wondered how I could integrate a bit of everything in my eventual practice. I greatly enjoy following patients over time and providing medical care for multiple generations of the same family.

The most rewarding aspect of family medicine is having the ability to make a difference in the lives of patients I see daily in my community. I also enjoy having the opportunity to “morph” my career. I’ve gone into many different areas over time, from clinical care to teaching to administration.

Keith Stelter is associate director of the University of Minnesota-Mankato Family Medicine Residency Program.

**JACOB PRUNUSKE, M.D., M.S.P.H.**

I wanted to make a difference in people’s lives. I considered other specialties during medical school but found I was energized by the stories of people. I was strongly influenced by a retiring general practitioner, whom I worked with as a third-year medical student. I watched him care for patients he had known for 40 years. I was also influenced by a family physician from whom I learned the power of simply being present when patients needed it most.

As a primary care doctor, I help my patients with their daily concerns and issues that matter most for their quality of life and sense of well-being. I enjoy being able to focus on each patient as a person in the context of their family and community rather than as a health condition or disease process. I am sustained by the time I spend with my patients and the relationships I have built with them over time. I am rewarded by sharing the successes and triumphs of my patients as they go through life.

Jacob Prunuske is a member of the department of family medicine and community health at the University of Minnesota, Duluth campus.

**KATHRYN MCKENZIE**

I applied to medical school in order to become a rural family physician. I grew up in southeastern Minnesota, where my father was a family physician. My first insights into the field came from observing his relationships with patients and the community. My admiration for the profession grew as I met other family physicians who were using clinical research to address health problems they were seeing in the clinic.

To me, the most rewarding aspects of primary care are building relationships with patients and being able to provide continuity of care. Additionally, primary care physicians are in a unique position to improve the health care experience for patients because they are able to see firsthand the barriers patients face in accessing medical care and taking charge of their health.

Kathryn McKenzie is a fourth-year medical student at the University of Minnesota.
BRIE BLOOMQUIST

I’m going into pediatrics because I love working with children, helping them to get better when they are sick and to stay healthy when they are well. At the end of the day, my patients will be what makes practicing medicine worth it for me, not any particular specialty or procedures.

I enjoy getting to know patients and ensuring they get the best care possible.

Brie Bloomquist is a fourth-year medical student at the University of Minnesota.

DAVE BUCHER, M.D.

I had excellent family physicians growing up in Iowa. Originally, I was headed toward teaching, but a high school guidance counselor planted a seed that grew and directed me to medical school. My mother, an RN, also encouraged me to go in that direction. Mentoring by physicians in my neighborhood as well as experiences in medical school at the University of Iowa also were formative. Despite serving the tertiary and quaternary care needs for the state, the University of Iowa Carver College of Medicine had (and continues to have) a great primary care emphasis. During the late 1970s and early 1980s, it had a premier family medicine department headed by Bob Rakel, and the faculty were wonderful role models. Rotations in rural and agricultural medicine, caring for rural geriatric patients and having an ongoing working relationship with a family physician in nearby Cedar Rapids reinforced my decision to enter primary care.

The most rewarding thing about family medicine is that you have the breadth of training and ability to do most care for most people. Patients appreciate that you can help them throughout their lifespan with all kinds of issues. I love obstetrics, pediatrics, adult, and chronic and elderly care as well as the surgical procedures we do in the office. I now enjoy circling back as a residency faculty member and teaching our next generation of colleagues.

Dave Bucher is a family physician at United Family Medicine in St. Paul and is on the faculty of the University of Minnesota’s Family Medicine and Community Health Residency Program.

ANONYMOUS

It’s all about the patients! Sharing their joy, pain, elation and sorrow is like delving into the deepest reaches of the human experience. Being a part of their lives, listening to their stories and guiding them through trying times—that is the true flavor of life itself!

COLIN WEERTS, D.O.

I chose primary care knowing full well I would make less money but would likely forge stronger relationships with those in my community and have a bigger impact on the overall health of those around me than my colleagues who were going into other specialties. There was probably no single event that made the decision for me. But the combination of many small events and observations in medical school led me to do a residency in family medicine. Specifically, I noticed the trust and genuine appreciation that long-standing patients should have with their family physicians. I also enjoyed the fact that on the same day I could be helping a patient start hospice care, doing an OB check, and performing a vasectomy and a well-child exam. I liked that there was not only variety but also that all of those visits could be with members of one extended family.

The most rewarding thing about primary care is the relationships that I can develop with patients. I also feel that my family values my role in primary care because it allows me to better assist them and answer questions in regards to their own medical needs.

Colin Weerts is in his first year of the University of Minnesota-Mankato Family Medicine Residency Program.

ERICK REEBER, M.D.

When I was in medical school, each specialty was interesting and I wanted to do each one. The obvious way to do that was to go into general practice (the term “family practice” had not yet been coined at the time). So I took a rotating internship at Arnot-Ogden Memorial Hospital in Elmira, New York, where I spent a short period with each department in the hospital, and I was hooked.

As I practiced, I got to know entire families. Many times, I took care of four generations. I’d get invited to family gatherings, and the babies I delivered were “my” babies. I frequently got invited to their weddings 20 years later. I remember one where a guest asked me how long I had known the groom. I told her that I had known him longer than anyone, since I delivered him. Now, 11 years after retiring, patients still stop to talk to me on the street and tell me about their grandchildren. After my wife died, I received dozens of sympathy cards from former patients. I still live in the town where I practiced, since I know almost everyone here.

Family practice was the best job I could imagine. I loved it.

Erick Reeber is a retired general practitioner in Bagley, Minnesota.
Going into medical school, I felt I was called to be in primary care. I just wasn’t sure if it should be family medicine, internal medicine, OB or pediatrics. I had a wonderful primary care doctor growing up and loved the consistency and comfort I had as a child seeing the same doctor the majority of the time.

Doing the Rural Opportunity for Medical Education program as a third-year medical student at the University of North Dakota School of Medicine and Health Sciences, which was modeled after RPAP here in Minnesota, cemented my passion for family medicine. I loved the diversity it offered, the continuity of care, and the fact that I would have the ability to care for the young and the old, handle the simple and complex, and do office procedures and obstetrics. When I was in my second year of family medicine residency, one of my OB/GYN preceptors tried to talk me into entering OB/GYN. I shared with him that I had no desire to give up the child to the pediatrician after he or she was born.

I love treating the entire family and watching the children I deliver grow and develop. It is so rewarding to discuss growth and development with the parents of a young child (especially during that first year of life) and share in their joy as they tell about their child’s first smiles, giggles, strengths and development.

In primary care, we also have the opportunity to prevent disease and in some cases to reverse the disease process. We are not always reactionary. One of the challenges of family medicine is that you never know what kind of problem you are going to face nor what issue is going to walk through your door at 4:40 on a Friday afternoon. This challenge allows me to constantly learn from my patients and grow as a physician and a person.

Mary Loerzel practices in Willmar at Family Practice Medical Center, an independent family medicine practice.

Mary Wagner, M.D.

At the start of my fourth year of medical school, I was discouraged and depressed. I disliked the academic health center in New York where I trained, with its politics and put-downs, and I found the specialty clinical rotations mostly esoteric and unappealing. Fortunately, I signed up for a family medicine elective at the local community hospital. It was an epiphany of life-changing proportions, as I saw physicians who listened attentively to their patients’ stories, talked about the social and emotional aspects of illness as well as the biomechanical ones, and treated the medical students as junior colleagues rather than somewhat unpromising scut-monkeys. I felt these were the doctors I wanted to be like.

The sign on our office door should read “Creative problem solving: no problem too large or too small, no patient too rich or too poor.” Being a family doctor has been a great fit for me, both in terms of how I think and what I value. Primary care doctors think differently than doctors in specialized fields of medicine.

Being a generalist means being someone who is continually confronted with undifferentiated problems. I’m a detective who gets to listen for the story, paying attention to what’s said, what’s implied, what I remember and what’s in the chart to come up with a hypothesis and work on a solution. I look at my patients through multiple lenses, from the microscopic to the family and community level. I generate plausible solutions and then put them to the test. I get to do synthesis as well as analysis. I live with ambiguity and work with systems. As a family doctor, I have the fun of helping people uncover their strengths, eliminate barriers to health and happiness, and navigate life transitions. In the process, I’ve learned from them and have grown more aware of my own humanity. I care for the poor, relieve suffering, make a good living and use the gifts I have been given.

Mary Wagner practices family medicine at Park Nicollet Clinic—Creekside in St. Louis Park. She also directs the University of Minnesota-Methodist Hospital Family Medicine Residency Program.

Mary Loerzel practices in Willmar at Family Practice Medical Center, an independent family medicine practice.

Yael Smiley

I plan to go into primary care because I want to take care of patients throughout their lives. I also want to explore how the structures of poverty, immigration, education and environment converge to influence a person’s health. I am drawn to this because of the impact that continuity, education and access to care can have on the lives of patients.

Yael Smiley is a third-year medical student at the University of Minnesota.
Raymond Christensen, M.D.

I went into primary care because I grew up in rural America and was concerned about the distance to and quality of care available to farmers and other rural workers. I saw neighbors receiving care that seemed poorly done and having complications that did not occur in people from urban areas.

What I’ve found most rewarding is having the ability to see any patient and be able to either care for them or safely send them to others. I also appreciate coordinating the care done by several caregivers.

Raymond Christensen is assistant dean for rural health at the University of Minnesota Medical School. He practices at the Gateway Family Health Clinic in Moose Lake.

Lindsey Johansen

The variety along with having the ability to form long-term relationships are what drew me to primary care. Every clinical rotation I would go on during my third year of medical school, I would spend the first week thinking things like, “This is so awesome! I want to be a urologist!” or “I have got to go into surgery, this is so cool!” Then as the rotation went on, I found myself thinking, “This is all they do? The same thing every single day?” But I never got bored during my time in family medicine. The many experiences I had while doing RPAP (I spent nine months in Montevideo, Minnesota) solidified my desire to pursue family medicine. Every day brings something different, and the variety of patients, diagnoses and treatments will keep me challenged throughout my career.

The relationships with patients are my favorite part of primary care. Seeing a pregnant mom over a nine-month period, delivering her baby and then being able to provide care for that child as he or she grows up seems incredibly rewarding to me. Primary care physicians get to know patients over time, build trust and, as a result, provide high-quality care catered to each individual instead of treating them as just another patient.

Lindsey Johansen is a fourth-year medical student at the University of Minnesota.

Kelsey Redland

I chose family medicine because I was truly interested in everything in medical school. I felt that if I went into a non-primary care specialty, I would forget too many of the things I worked so long and hard to learn. I also felt I would be letting myself down if I chose to do something else. I knew family practice would be a challenge, but the variety of challenges makes it such an engaging field. Most importantly, I love the patient-physician relationship that can only be cultivated through longevity and continuity of care. Family physicians are welcomed to be a part of very intimate experiences throughout a patient’s life. They are allowed to share in the joy of birth, the grief of death and everything in between. There is simply no substitute for caring for individuals over a lifetime and families over generations.

Being a family physician is truly a privilege. During my third year of medical school, while on RPAP in New London, Minnesota, it quickly became apparent that this was my passion. While technology and politics in medicine are continually changing, the one thing that will remain constant in family medicine is the interaction between the patient and the physician. The healing power of compassionate family physicians will forever fill the gaps in medicine that technology simply can’t. That is why I have chosen to go into family medicine.

Kelsey Redland is a fourth-year medical student at the University of Minnesota.
are inviting educators and employers from across the state to help find new ways to get these doctors into health professions jobs. “The skills these doctors have are desperately needed in our state, and there are plenty of other opportunities for them,” Nicholson says. Among the options the group is exploring are working in the public health sector, in emergency medical services, or as physician assistants or nurse practitioners.

“The shortage of residency opportunities shouldn’t keep these talented people out of health care,” he says. “We need all hands on deck. Someone who can treat sick people in a state with a shortage of physicians shouldn’t be stuck driving a taxi.”

Kim Kiser is senior editor of Minnesota Medicine.

Bruce W. Young, M.D., Ph.D.

One of the biggest influences on my decision to go into primary care was a family physician I met while doing a rotation in medical school at the University of Calgary. Dr. Sheila Malm was a very bright, caring woman who showed me how, as a primary care doctor, you have to be able to see the whole patient and put together a lot of diverse findings and symptoms to make a diagnosis. She really impressed me, and primary care came across as a very challenging and enjoyable way to practice medicine.

I’ve found you have to have an investigative knack. In a given day, I see so many different patients coming through the door with so many different problems. Primary care is very challenging intellectually.

One of the challenges we have in America is the cost of health care. It’s going to become more and more important to have someone involved in patient care who can make sure things are being done in the most cost-effective and appropriate manner. We’ve de-emphasized primary care in our country for many years. With the way we’re going, with accountable care organizations and a movement toward preventive care, we’re going to see a bigger focus on primary care in the future.

Bruce Young practices family medicine at Allina Medical Clinic - Brooklyn Park.

The graduate glut

(continued from page 17)

for residency positions, but someone who graduated from medical school outside the U.S., say France or Somalia, didn’t have to go through the Match,” Andrews says. “If you were interested in an international graduate, you could offer them a position and reduce the complement of positions offered through the Match.”

Further contributing to the bottleneck is the fact that graduates are applying to more programs than they once did, thus ramping up competition for spots. “People are anxious about their prospects when graduating from medical school,” Andrews says, adding that this year the pediatric residency program at the University of Minnesota, which he formerly directed, saw a 25 percent increase in applicants over last year. “The irony is that more applicants may be more of a curse than a blessing. When students make a conscious decision to apply to more programs, they may not be applying to your program because of a focused interest. As a program director, you need to be selective about whom you interview. The best applicants have many options, and you may not be their first choice.”

The challenge for residency directors is to make sure that the pool of applicants yields a highly qualified residency class.

Getting back in the game

The impending residency bottleneck led to PRP’s suspension this fall. As a result, Nicholson and others involved with the program, including representatives from the university’s department of family medicine and community health, HealthEast Care System, local groups representing international physicians and even some recent PRP graduates, have launched a new effort—the International Physician Workforce Initiative. Trying to increase the number of career options for immigrant and refugee physicians, they are inviting educators and employers from across the state to help find new ways to get these doctors into health professions jobs. “The skills these doctors have are desperately needed in our state, and there are plenty of other opportunities for them,” Nicholson says. Among the options the group is exploring are working in the public health sector, in emergency medical services, or as physician assistants or nurse practitioners.

“The shortage of residency opportunities shouldn’t keep these talented people out of health care,” he says. “We need all hands on deck. Someone who can treat sick people in a state with a shortage of physicians shouldn’t be stuck driving a taxi.”

Kim Kiser is senior editor of Minnesota Medicine.