

THE CENTRALITY  
OF THE PATIENT-  
PHYSICIAN  
RELATIONSHIP,  
INSTILLED AT  
ROCHESTER, MAKES  
A SAN FRANCISCO  
PHYSICIAN BETTER  
EVERY DAY

# SAN FRANCISCO, CA



Photo by: Elisabeth Fall

● **JENNIFER BARTON, M.D.**

Jennifer Barton, M.D., completed her residency in internal medicine at the University of Rochester Medical Center in 2004 and then served as chief resident for a year.

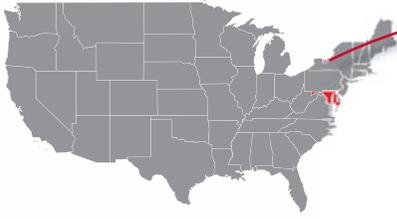
Barton is an assistant professor of medicine at the University of California at San Francisco, where she also did her rheumatology fellowship. She devotes the majority of her time to clinical research in the area of health communication, health disparities, and the rheumatic diseases. Barton also works as a clinical rheumatologist serving vulnerable populations at San Francisco General Hospital.

“A number of factors during my residency years at Rochester made me a better physician, but one stands out from my interview, a year before beginning residency—the clear and steady focus of the program on patient-centered care. On my interview day, several fellow applicants trailed along for bedside teaching rounds. The small group included the attending, resident, intern, medical student and several applicants. We stood at the bedside of an elderly woman, propped up and listening quietly as the intern, ever aware of the patient’s presence—carefully described her chief complaint, history of present illness and medical history. His deference to the patient, kindness and use of humor throughout the interview made a lasting impression. It became crystal clear in that moment that our reason for being there, above and beyond learning the proper techniques of history taking, physical exam and differential diagnosis and workup, was to focus our energies and attention on the patient—to hear her story and respect her autonomy and dignity at all times. In medical school, the fear of appearing stupid on rounds seemed to dominate, whereas here, with the patient at the center, rounds became more about not how much you knew, but how could we all do our best to care for and respect our patient. The humanity and centrality of the patient-physician relationship to teaching and practicing medicine is what I experienced and learned to practice while at Rochester—and what I believe makes me a better physician every day. The level of professionalism that I was exposed to at Rochester, both in terms of interacting with patients as well as

with colleagues, was incredibly high. The emphasis on patient-physician communication and the patient narrative are two things I carry with me from Rochester and have put into my clinical work, as well as making them the focus of my research. Completing three years of residency at Rochester and then having that additional year as chief resident gave me confidence in my clinical skills, but equally important cultivated my management and interpersonal skills. I found the breadth and depth of experiences among the faculty and fellow residents at Rochester led to a rich, balanced and humane place in which to undergo the oftentimes intense demands of being a resident.”



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● **JOHN J. STROUSE, M.D., PH.D.**

John J. Strouse, M.D., Ph.D., completed his combined residency in internal medicine and pediatrics at the University of Rochester Medical Center in 2000.

Strouse is an assistant professor of pediatrics and medicine at Johns Hopkins University School of Medicine, where he splits his time between clinical care for children with hematological disorders and adults with hemophilia and sickle cell disease and clinical research focused on the diagnosis, prevention, and treatment of the complications of sickle cell disease in children and adults.

“My combined residency in internal medicine and pediatrics at Rochester gave me a strong foundation in primary care. Rochester has a long history of med/peds training and the program has a real esprit de corps. I had great role models and training, with particular attention to the biopsychosocial aspects of medicine and how to critically evaluate the existing evidence for diagnostic tests and treatments. I still use the same tools today for the critical appraisal of evidence that I learned at Rochester. Rochester also instills respect for the role of the primary physician and teaches that communication with the primary care physician is required. That has helped me to be a better consultant. Co-management with the primary care physician, pediatrician, internist, med/peds or family practitioner is very important for effective care, especially for patients who cannot easily return to our clinic because of distance. I recommend Rochester because of the quality of the training and the people and because six feet of snow a year is fun once you learn how to cross country ski and mountain bike in the snow.”

BALTIMORE, MD



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## HERSHEY, PA



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Photo by: Ken Smith

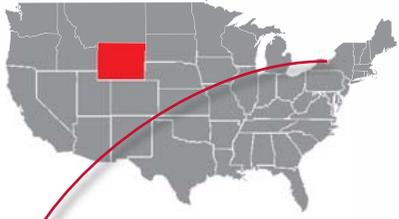
● **DAVID GILL, M.D.**

David Gill, M.D., completed his residency in neurology at the University of Rochester Medical Center in 2005 and his fellowship in cognitive and behavioral neurology at Rochester in 2007. Gill is an assistant professor of neurology at Penn State Milton S. Hershey Medical Center where he oversees the neurology residency and is the clinical director of the Memory and Cognitive Disorders Program.

“The neurology residency program at Rochester demanded excellence and required that all graduates become excellent neurologists, not just adequate neurologists. I certainly appreciate how much I learned about neurology during my residency and I am proud to be seen by my colleagues as someone who received excellent training. However, the lessons that I learned at Rochester extend beyond just clinical knowledge. Dr. Ralph Jozefowicz, who directed the residency program, also valued integrity and kindness and stressed to us how important these qualities are in a physician. This created an atmosphere that encouraged all of us to see how important these values were as a neurologist and a person. In all of my day-to-day work life, I continue to try to exemplify these values when I see patients, teach residents or perform research. Rochester’s neurology residency was unique in several ways. The neurology department is a large, very successful department and every faculty member put the residency as a priority. Because of this, all residents felt that the department valued their education. In some residencies, the residents are seen just as someone to do work for the department. I recommend Rochester’s neurology residency to all of our medical students considering neurology. When I look at what defines a good neurology residency, I think about a program that values education, ensures its graduates are excellent neurologists, has a family-friendly atmosphere and provides the training to allow its graduates to be successful at whatever career path they choose to follow. Rochester’s neurology residency does all of this.”



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● **MICHAEL TRACY, M.D.**

Michael Tracy, M.D., completed his combined residency in internal medicine and pediatrics at the University of Rochester Medical Center in 1998, and then served an additional year as chief resident in internal medicine.

An advocate for rural primary care, Tracy, a graduate of the University of Colorado School of Medicine, practices internal medicine and pediatrics at Powell Valley Healthcare in Powell, Wyoming.

“It was clear to me in medical school that I wanted to pursue a combined medicine and pediatrics program and Rochester clearly was the cream of the crop in that field. I knew I wanted to pursue primary care. I wanted to take care of kids and adults of all age groups. Rochester delivered what I was looking for. At Rochester, I learned to look more at the whole picture rather than the little piece that is in front of you. In rural areas, in particular, it is so helpful to know what patients do—what they do for fun, what they do for a living and how they live day to day. The philosophy I learned at Rochester was to follow things through from start to finish, learning along the way and filling in gaps of knowledge as you go. I also experienced how to learn from and rely on colleagues. This is especially important if you plan to practice in a rural area. I learned to develop relationships. I received a very complete education at Rochester. As a resident there, you are not just someone expected to get work done—you are part of a team. Rochester is a place where people do make special connections.”

# POWELL, WY

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AN OBSTETRICIAN  
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WHERE SHE SAYS  
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ROCHESTER, NY



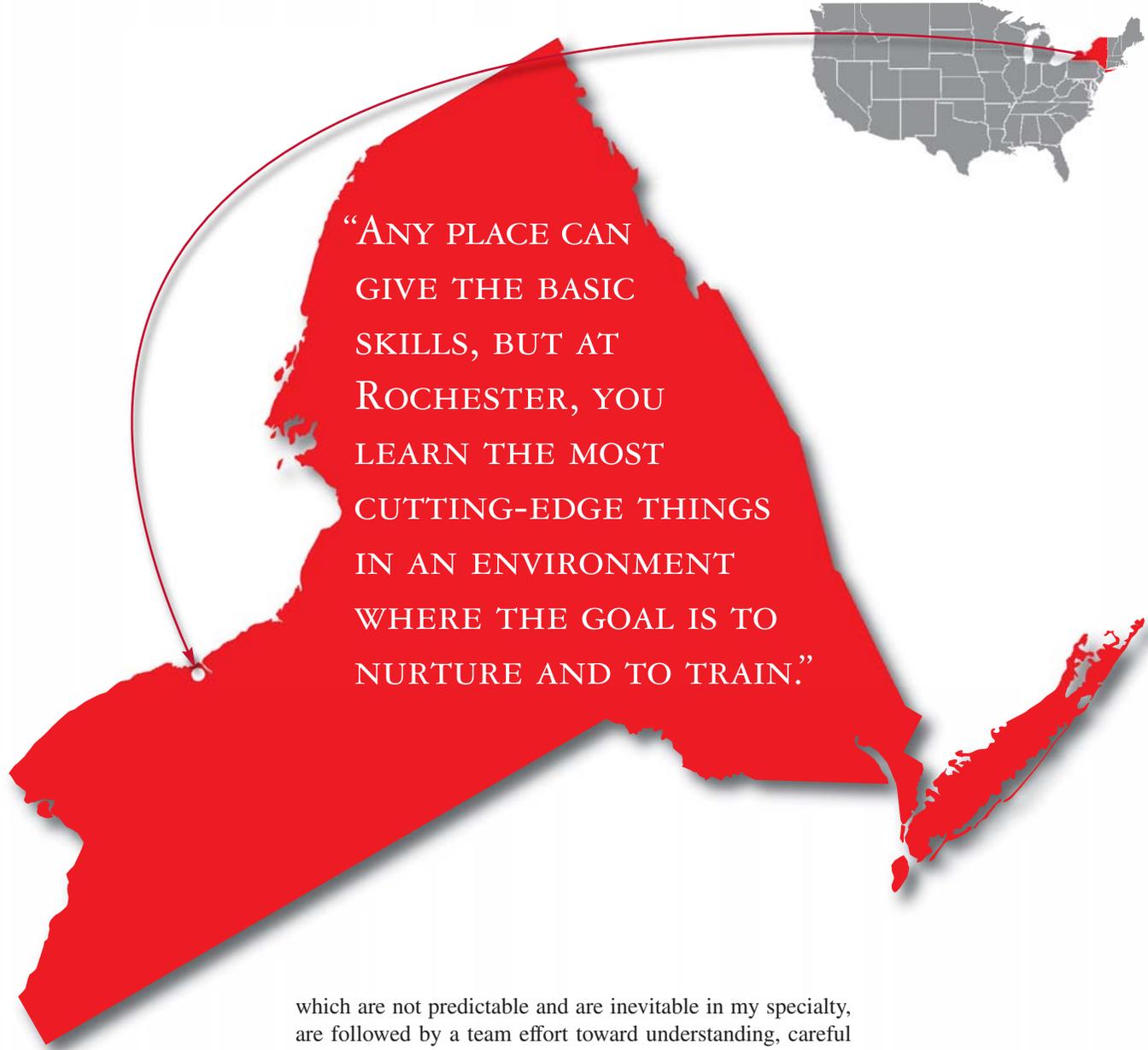
Photo by: Ken Huth

● **LORALEI L. THORNBURG, M.D.**

Loralei L. Thornburg, M.D., completed her residency in obstetrics and gynecology at the University of Rochester Medical Center in 2005.

Thornburg also completed a fellowship in maternal fetal medicine at the Medical Center in 2008. A graduate of Wayne State University School of Medicine, she is an assistant professor of obstetrics and gynecology with research interests in maternal obesity, ultrasound and premature rupture of membranes.

“One of the most valuable aspects of my residency years at Rochester was that I got to learn from many different people with different styles and points of view. There were the super academic physicians, the ones whom people typically refer to as “ivory tower,” teaching you the most up-to-date science, and there were the generalist physicians who had been practicing clinical medicine longer than I had been alive, who always had one more trick up their sleeve and one more technique or practical clinical skill to show and could get you out of anything. I loved that everyone felt like a team; I never felt the mentality was the “doctors vs. nurses.” I learned practical bedside skills and humanity from nurses and active labor management and pelvic assessment from midwives. There never was a feeling of hierarchy, just everyone wanting to teach and take great care of the patients, both physically and emotionally. I never felt I would be one-sided—instead I could be the kind of physician who would be able to have all the aspects of the clinical medicine coin, from the science to the practical to the humanity. Any place can give the basic skills, but at Rochester, you learn the most cutting-edge things in an environment where the goal is to nurture and to train. I never felt like I was out on a limb without someone else to back me up, even now. This is the place to practice medicine where you can feel that everyone has the best interest of both you and the patient at heart, even if you disagree on the exact plan or next step. Bad outcomes,



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which are not predictable and are inevitable in my specialty, are followed by a team effort toward understanding, careful analysis, and attempts to improve, not by anger, blame and finger pointing. It is OK to be human, to be wrong, and to doubt. We all fall, but this is the place where someone will help you get back up. The humanistic side of medicine is so apparent, even though the technologic side of medicine is second to none.”

AN EMORY  
UNIVERSITY  
PROFESSOR  
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ROCHESTER WITH  
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AND RESPECT

ATLANTA, GA



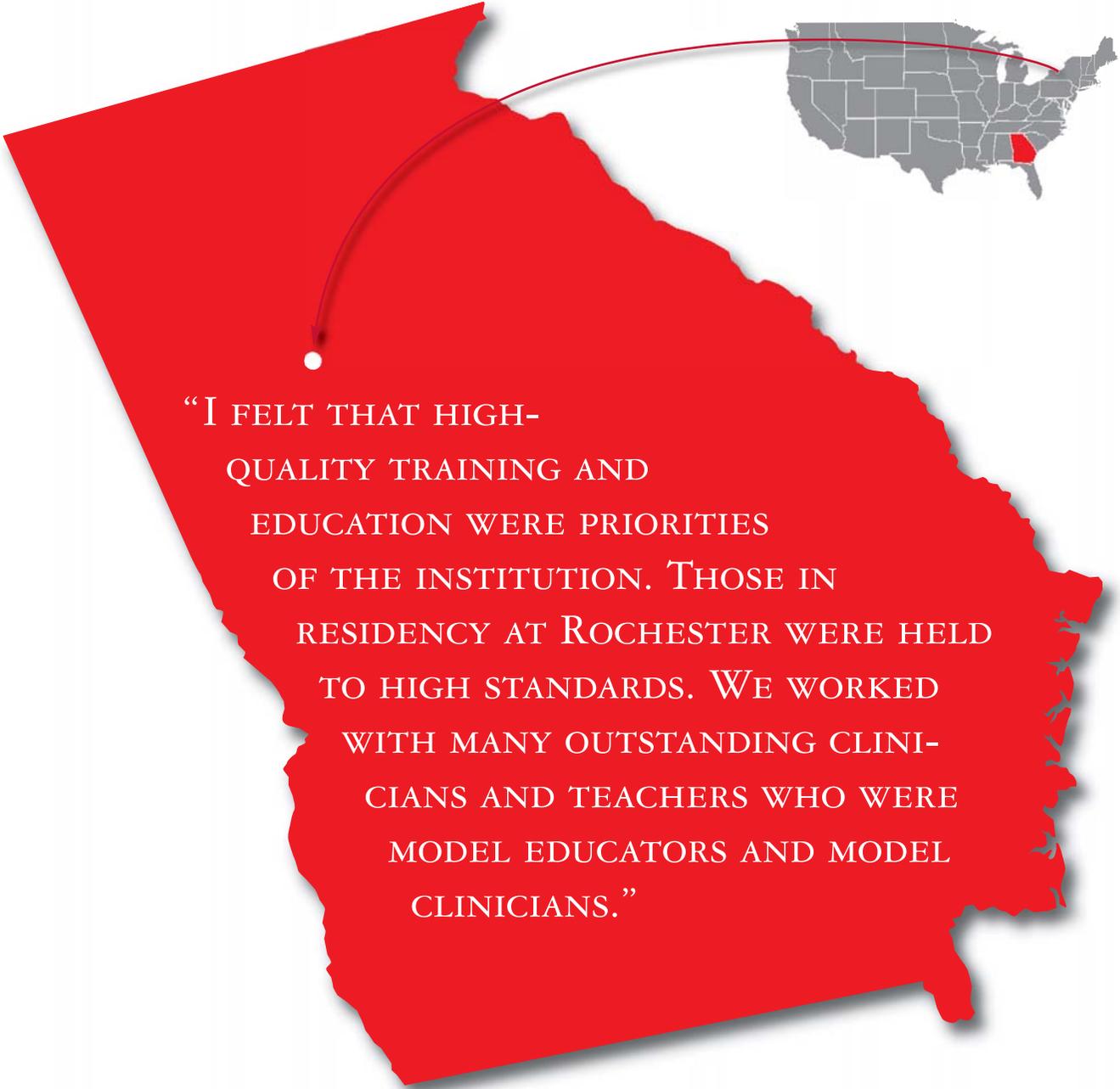
Photo by: Jack Kearse

● **RUTH M. PARKER, M.D.**

Ruth M. Parker, M.D., was an internal medicine/pediatrics resident at the University of Rochester Medical Center from 1981 to 1985 and served as chief resident in internal medicine from 1985 to 1986.

Parker is a professor of medicine at Emory University School of Medicine and associate director of the faculty development program in the Division of General Medicine. For the last 15 years, Parker has focused extensively on health care issues of underserved populations, particularly health literacy. She has received national recognition for her work, including the Silver Achievement Award for Women in Medicine in 2001 and the Richard and Hinda Rosenthal Award from the American College of Physicians in 2004.

“I look back on my training at Rochester with gratitude, appreciation and a lot of respect. I received great training. I felt that high-quality training and education were priorities of the institution. Those in residency at Rochester were held to high standards. We worked with many outstanding clinicians and teachers who were model educators and model clinicians. As a resident, my realization of the importance of caring grew. That kind of value—what we do as doctors is all about our patients—was enforced by my teachers. I did not realize when I started my training that my values aligned with Rochester’s, but when I finished, it was very apparent to me. I have always been very proud of the training I received. I came out of my residency at Rochester with humility and confidence, which is the perfect combination. Rochester gave me the foundation of my understanding of clinical medicine and what the good practice of medicine looks like. If you don’t have a good foundation, it’s difficult to build anything.”



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