

## My Research Mentors

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The specialty of family medicine has made great strides over the past 5 decades and now includes a significant number of outstanding practicing physicians and residency programs. As such, a cadre of wonderful clinical and educational mentors now exists for family medicine trainees. However, research success, while critical, has been more limited. This is due to many previously noted factors, including limited financial support and research time. But research is also hampered by the smaller group of family medicine researchers available as mentors. While the few family physicians planning a research career usually have research mentors, those planning primarily clinical and educational careers rarely do. Yet, for those planning medical school and residency faculty careers, having one or more research mentors can be critical to whether they will successfully participate in research. For them, clinician-educator family medicine faculty can play a transformative research mentorship role, as can faculty in other departments.

Research mentors changed my career. Many of my most important research mentors were not themselves primarily researchers. They were excellent clinician-educators who stimulated me to ask questions, provided a broader perspective than I had as a new faculty member, and connected me to others with specific research skills, including faculty in other departments. They also guided me to undertake research whose scope matched my time and resources.

My initial career plans were to care for patients and teach; I never considered doing research. However, after joining the faculty of the new Department of Family Medicine at Jefferson Medical College (now Sidney Kimmel Medical College), my chair, Dr Paul Brucker, became my most important research mentor. Dr Brucker (who later became president of Jefferson) was a highly respected clinician who cared for a large number of faculty in other departments, a wonderful teacher, and a national leader in medicine. Research represented only a small part of his distinguished career. He was engaging, with a warm smile. He often invited me into his office to chat at the end of the day, talking about patients, health care, and life. He took a personal interest in me; and like his patients, I felt that he wanted to help me get better. While I was still adjusting to being an attending and applying my training to care for my patients, he made me think more broadly. Whenever a resident presented a patient, I was impressed that Dr Brucker not only encouraged discussion regarding current treatment recommendations, but also asked *why*, and *whether* more optimal ways to manage the patient might be considered. Similarly, regarding research, he would always ask, “Why?”

One day we were discussing the limited state of family medicine research. He said that he was surprised by the large number of academic neurology journals, given the relatively small number of faculty neurologists. He wondered how that compared with family medicine. Stimulated by this question, I spent that evening in the library (as this was before computers) and counted the number of academic faculty in each specialty and the number of journals in each discipline listed in Index Medicus. Dr Brucker’s questioning—and broader perspective—stimulated me to answer a researchable question. The results showed that neurology had 1,795 faculty nationally and 145 journals, while family medicine had 1,999 faculty but only four journals. This small study was published in a medical education journal in January 1987. Two months later, amidst long-standing support, *Family Medicine* was added to Index Medicus. In January 1988, the *Journal of the American Board of Family Medicine* published its first issue and was indexed 7 months later.

Another example of Dr Brucker's mentorship relates to what turned out to be my major research area—the rural family medicine workforce. After joining the faculty, he asked me to direct Jefferson's new Physician Shortage Area Program (PSAP), a program for rural-raised students planning careers in rural family medicine. I initially focused my efforts on the mechanics of running the PSAP; but after a few years, Dr Brucker asked me whether the program was successful. Jefferson was one of the first medical schools in the country to track its graduates' careers over time, which allowed for evaluating these outcomes.

The Jefferson Longitudinal Study was developed by Dr Joseph Gonnella. Dr Gonnella, an infectious disease specialist and internationally respected medical educator who later became dean of Jefferson, was another important research mentor for me. Enthusiastic and with a warm personality, he opened my eyes to educational outcomes research. After the first four classes graduated, I looked at the proportion of PSAP graduates entering family medicine, which was 62%, five times their peers! I drafted a short paper for publication and thought that either a family medicine or medical education journal would be an appropriate venue. Dr Gonnella encouraged me to think big. He understood the wider implications of the study on the shortage of rural family physicians nationally, which was broader than my program, department, medical school, or specialty. He suggested that I submit it to *JAMA*. I was shocked! I was a young new faculty member; how could I publish in *JAMA*? Sensing my reticence, he said, "What's the worst that can happen? How many people have a rejection letter from *JAMA*?" So, I submitted the paper to *JAMA*, where it was published. Over the years, we published 15 papers about our rural family medicine workforce studies.

My research mentors shaped my career, and as a result, in 2000 I was honored to be elected into the National Academy of Medicine and in 2008 was awarded the Society of Teachers of Family Medicine Curtis Hames Research Award for career dedication to family medicine research. My researchable questions came from people who asked me why and showed me a broader perspective. For others, that stimulus might come from students, residents, faculty in other departments, and especially from clinician-educator colleagues. Family medicine has a critical role in health care, education, and policy, and needs a larger cadre of research mentors and faculty participating in research to advance these important goals.