

## EDITORIAL

## Celebrating Dr Victoria Gorski's Career and Continuing Her Legacy

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[Crystalmarquez@gmail.com](mailto:Crystalmarquez@gmail.com)**HOW TO CITE:** Marquez C, Rodríguez JE. Celebrating Dr Victoria Gorski's Career and Continuing Her Legacy. *Fam Med.* 2026;58(4):255–256. doi: [10.22454/FamMed.2026.676594](https://doi.org/10.22454/FamMed.2026.676594)**FIRST PUBLISHED:** April 3, 2026

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Recently, we celebrated Dr Victoria Gorski's 45-year career in academic medicine. She has mentored both of us, although Dr Rodriguez's history with her is much longer than Dr Marquez's. Dr Gorski is a founding faculty member of the STFM Behavioral Science/Family Systems Educator Fellowship,<sup>1</sup> was residency program director in social family medicine at Montefiore/Einstein School of Medicine, served as chair of the STFM Governance Committee, and is a renowned scholar and educator. Dr Eliana Korin told the gathering Dr Gorski was

“ahead of [her] time in promoting integrated medical behavior care as well as in the cotraining of family physicians with behavioral science practitioners.”

At the celebration, her daughter, Zoe Fonseca, aptly reminded us that Dr Gorski

“has always known how to open another part of herself to make space for the love that someone needs in that moment.”

Dr Gorski demonstrated that teaching the next generation of family physicians and educators is a labor of love. Her love has inspired many physicians to care for the underserved and pursue academic work that will last a lifetime.

Capturing learners' attention and keeping them engaged is challenging work, and Dr Gorski exemplifies how to do it well. In a time of increasing clinical demands, competing priorities, and rapidly changing medical knowledge, educators must not only teach essential content but also connect with learners in meaningful and memorable ways. Dr Janet

Townsend, another STFM academic leader and personal mentor to us, said that Dr Gorski could “see who people can become, and then she invests in them.” At *Family Medicine*, we are committed to you and to providing the best science to train and invest in the next generation.

In addition to teaching essential clinical skills such as determining treatment plans, managing illness, or pediatric vaccine counseling, we must also educate learners to become competent clinicians who excel at building patient rapport. We do this by modeling it ourselves. Dr Mary Duggan, who was also trained by Dr Gorski, said of her,

“She always listened to us in a way that made us feel truly seen. She modeled something far more than healing: the ability to sit with emotion, to really hear someone's story, and to make space for what is human.”

This involves critical skills like empathy, clear communication, and active listening, which are essential to the patient-physician relationship. Beyond individual patient care, this education must also include professionalism, ethical practice, and community engagement, fostering physicians who can demonstrate trustworthiness, navigate complex social determinants of health, and advocate effectively for both their patients and the broader community. By integrating these skills with clinical knowledge, we prepare learners to practice medicine holistically and effectively.

In this month's issue of *Family Medicine*, several articles highlight innovative approaches to teaching concepts that family physicians regularly

practice. For example, Shelesky et al share a novel method for instructing learners in communicating “high-stakes, bad news, and complex feedback.”<sup>2</sup> Additionally, Dixon et al’s study<sup>3</sup> discusses medical students’ self-reported knowledge, comfort, confidence, and awareness related to obesity care and weight bias. Furthermore, it suggests that integrating interactive, multifaceted content can enhance physician preparation for patient-centered obesity management.

In addition to these thoughtful, innovative educational designs, we see different ways physicians learn to be doctors. Dr Deepa Iyengar’s narrative<sup>4</sup> recalls her relationship with a patient from intern year to decades beyond and what they learned from their patient-physician relationship, including “compassion, cultural humility, openness, and empathy.” The importance of the patient-physician relationship is also highlighted in Dr Prunuske’s “House Plans” narrative,<sup>5</sup> where Dr Prunuske reflects on how he “learned his presence can be as powerful as any prescription.” The Family Medicine Focus infographic, “Strategies for Success: Avoiding Pitfalls in Curriculum Revision,”<sup>6</sup> offers tips for revising curriculum that will be helpful for readers tasked with implementing curriculum.

Lastly, Dr Greenberg and colleagues’ letter to the editor<sup>7</sup> in this issue calls attention to the epidemic of quiet quitting, and ways to mitigate this response. As always, we encourage our readers to engage with the journal and contribute letters that can advance the work of our colleagues in a similar fashion.

Together, these contributions demonstrate how thoughtful educational design and leveraging the

patient-physician relationship can create engaging learning experiences. By exploring innovative strategies for teaching clinical medicine and the “how” of being a physician, these authors remind us that even familiar subjects can be taught in ways that inspire curiosity, reinforce clinical reasoning, and prepare future family physicians more effectively. Like Dr Gorski, we all can treat our learners with the same love, respect, and honor we treat our patients.

## REFERENCES

1. Gorski V, Taylor DA, Fletcher J, Burge SK. STFM Behavioral science/family systems educator fellowship: Evaluation of the first 4 years. *Fam Med.* 2015;47(7):541–545.
2. Shelesky G, Castelli G, Skef S, Baker SD, D’Amico F. ARCH-Spikes: faculty development to deliver high-stake, complex feedback. *Fam Med.* 2026;58(4).
3. Dixon KB, Cohen CW, Austin H, et al. The impactful weight of treating beyond the scale: a comprehensive course to improve obesity care among medical students. *Fam Med.* 2026;58(4).
4. Iyengar D. My family doctor: a legacy through one patient’s life. *Fam Med.* 2026;58(4).
5. Prunuske J. House plans. *Fam Med.* 2026;58(4).
6. Anderson LN, Kleinheksel AJ. Strategies for success: avoiding pitfalls in curriculum revision. *Fam Med.* doi:10.22454/FamMed.2026.611856
7. Greenberg A, Marquez C. Where lines get blurred: quiet quitting, burnout, and beyond. *Fam Med.* 2026;58(4).