



**Barbara Tobias,
M.D.**

1. Where did you go to medical school? Where was your residency?

I graduated from University of Cincinnati (UC) College of Medicine, Cincinnati, Ohio, in 1987, and I completed my family medicine residency at UC University Hospital in 1990.

2. Please describe your current (and past) practice setting/patient population - (i.e. rural, urban office setting; geriatrics, sports medicine, academic medicine, etc.)

I currently see patients with my four amazing partners in a suburban practice in the hometown I grew up in. It has been a privilege to take care of my neighbors and friends – some of whom I have known all my life! Prior to this I worked for over 10 years at Lincoln Heights Health Center, a federally qualified health care center (FQHC), north of Cincinnati. Most of our patients were Medicaid or self-pay. The center was founded by Mrs. Delores Lindsay and is one of the longest running FQHCs in the country. This enabled me to be a part of a wonderful healthcare team with the ability to see patients regardless of their ability to pay. Most of my time now, however, is spent teaching at UC College of Medicine. I am the family medicine pre-doctoral director, directing our required clerkship for third-year students and teaching throughout the four-year medical school curriculum.

3. Why did you choose family medicine? Was there a particular event/person that helped you decide to enter family medicine?

In a word or three, yes—Andrew Filak, M.D. He is currently dean of medical education at UC College of Medicine, but he was the residency director when I was a fourth-year student. As a fourth-year student I liked aspects of all of my rotations but was concerned about the breadth of knowledge needed in family medicine. I can still remember his advice, “You will be able to handle 95 percent of the clinical problems that come in your office and you will have the intellectual honesty to get help with the other 5 percent.” His words still ring true. Much of what I love about family medicine is collaborating with other members of the team including nurses, my partners, faculty colleagues and specialists about patient care; there is room for all of us in the care of the patient.

4. While working, what is the best part of your day? Why?

In patient care, it is the hug at the end of the visit. It does not always happen but being able to provide a game plan for a patient's concern is very gratifying. While outcomes vary, reaching common ground and moving forward together is the best part of the day.

5. What is the most difficult part of your day? Why? How do you deal with it?

The most difficult part of the day is when patients are waiting. The stress of running behind is a challenge I am still learning to manage. I apologize early and often! Patients do understand when emergencies happen. I assure the patient, "I am ALL yours now!" Often the patients are the ones to reassure me that they know I will give them the time they deserve if an emergency occurs.

6. What do you think is the most important personality trait that a family physician can possess? Why?

I believe the most important personality trait that a family physician can possess is humility. Understanding how limited medicine truly is in terms of actual curing of disease keeps our role as physicians in perspective. Empower, guide and inspire are much more accurate terms of our roles with patients than cure.

7. What do you think patients value the most in their physician? Why?

I think patients value respectful communication that addresses their needs. That is all any of us want from those around us. While styles vary—from collaborative to paternal—meeting the patient where they are is a true art. When done well, patients will TELL you! If not done well, patients will move on and tell others! More importantly, health outcomes will be compromised and the patient will suffer.

8. What have you learned from your patients?

I have learned to listen. We teach medical students how to ask questions. We learn from our patients how to truly listen—with all of our senses.

9. What can medical students do right now (other than study) to make themselves become more ready to become family physicians in the future?

Seek out as many diverse patient experiences as possible. Learn to listen with all your senses. What is your patient telling you with their expression, body language and family interactions? Appreciate the patient "in context." How does the patient's family, culture, ethnicity, socioeconomic status, gender, age or spirituality impact their understanding and experience of health and illness? Enjoy yourself! With each new patient-doctor relationship you are given a privileged ring side seat to humanity.

10. What other advice do you have for students who are interested in family medicine? And, for those who are not sure yet?

Continue to stay open minded and explore medicine's different avenues. As my colleague, Sarah Pritts, M.D., advises students, "Ask yourself which rotations made you jump out of bed excited to go back to work? Which ones made you want to hide under the covers?" Discover your strengths—what keeps you going? If it is relationships, feedback, communication and observational skills, and creative problem solving—you might be a family physician!