



## Gregg Warshaw, M.D.

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

I grew up in Michigan and attended the University of Michigan Medical School, Ann Arbor, Mich., from 1972-76. I completed my family medicine residency training, from 1976-79 and geriatric medicine fellowship (1980-81) at Duke University in Durham, N.C. I completed a research fellowship at the University of North Carolina at Chapel Hill (1979-80).

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

My career has been in academic medicine – four years in the Department of Family and Community Medicine at Duke University. Since 1985 I have worked in the Department of Family Medicine at the University of Cincinnati, Cincinnati. I practiced the full spectrum of family medicine at Duke, including OB, but since moving to Cincinnati my practice has shifted to the care of older adults in the ambulatory and LTC settings.

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

I chose family medicine because I wanted to merge my interests in the physical sciences and the social sciences. I was also interested in family medicine's role as a reform movement within medicine. I knew I wanted to train in family medicine when I entered medical school and I have never looked back.

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

I have a great job that involves teaching, research, program development and patient care. The best part of my day is working with my patients and medical students, residents and geriatric medicine fellows.

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

The most difficult part is some of the bureaucratic aspects of working in a medical school. I have learned to work with a variety of faculty within the family medicine department and in other departments.

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

Individual family physicians bring a variety of positive personality traits to their practices. I value the professional aspect of medicine. I believe that practicing medicine is a privilege and that medicine is a service. I try and treat all my patients with respect and to provide them with excellent care. Since I am working with older adults, I spend a lot of time communicating with families about their relatives; this is a very important part of my work.

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

Patients primarily value competence in their physician. They would like to get better. Patients also would like to be treated as capable adults and treated as an equal partner in their care.

**8. What have you learned from your patients?**

I have learned the value of the support of friends and family as people age. I have also learned that for very old people, longevity is less important than continued functional independence.

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

Recognize that practicing family medicine is challenging, but probably the most rewarding of the medical specialties. Try and learn about disease in the context of the individual patient, their families and community. Spend time as a student talking with your patients; you will learn a lot about illness and recovery that you will not find in textbooks.

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

If a student finds that he/she enjoys most of his/her clinical rotations – family medicine may be the right specialty choice. It can be very valuable to fully understand family medicine, to spend time in several family medicine offices working with experienced family physicians.