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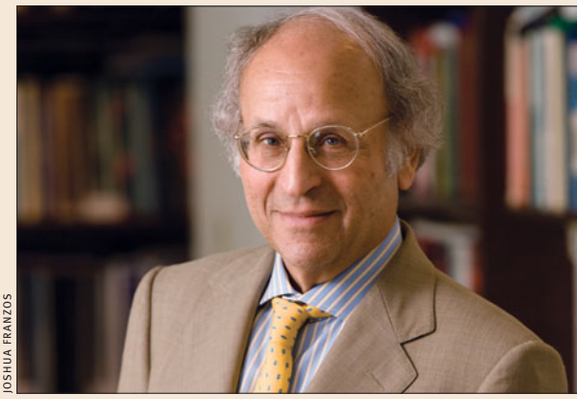
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JOSHUA FRANZOS

Once you get Rachel Reid (Class of 2013) talking about rowing, she will wax poetic. She'll talk about synergy—it doesn't matter whether you are pulling hard if you aren't in sync with the others on your team. She'll talk about the importance of awareness—how the water and winds are shifting, too. She learned a lot about how to be in the world from the many hours she spent on the Harvard women's lightweight crew. Rachel became this top team's assistant captain. She seems to be a natural leader in other ways. The winter of her senior high school year, she started to think back to middle school—a time when many girls become uncomfortable with physical education class and as a result, get turned off by athletics. Those girls are really missing out on something fun and important, she thought. So with a friend, Rachel (then on her school's cross-country team) started Girls Run Amok, a fitness and nutrition program for preteens.

As a teenager, Rachel already displayed the kind of leadership and creativity our profession needs. These are traits we look for in applicants to our medical school. Of course they will have impressive MCATs and GPAs. But what do they do that shows their ability to think critically and imaginatively? Do they direct plays? Write poetry? Build organizations? We need physicians who can help us tackle the complex problems of our age. Since the advent of Medicare, medicine has become the interest—often exclusively—of politicians, administrators, lawyers, and accountants. They all have critical roles to play, but it's time for physicians to be directing where our profession is going; physicians' training and experience endow them with a sensitivity to the subtlety and nuances of patient care that are often inseparable from treatment and its expense.

Rachel got started before she even finished her MD. She took two years off during med school to pursue a master's degree in clinical and translational science as a Doris Duke Fellow. And last year, at the Center for Medicare and Medicaid Innovation, she helped set up a pilot program testing a new payment and delivery model for primary care doctors. At Pitt, she "got to dive in" to research on health policy issues with our own Ateev Mehrotra, asking questions like, "How do retail clinics influence preventive and acute care?"

Once we have bright lights like Rachel here, we want them to learn more than how to diagnose a disease. We want them to learn something about themselves. We will soon launch a program in which each med student, starting on the first day of school, will be paired with a patient coping with a chronic or long-term illness. Throughout their four years at Pitt med, the students will learn from these patients and their families (and see how illness unfolds in the context of an environment). That's something that's often missing in medical education now—students don't have lasting and evolving relationships with patients. They have snapshot moments from a neurology clinic or an ER rotation. A program like this will help future physicians foster symmetry, rather than asymmetry, in patient relationships. In so doing, they'll become self-assured, mature individuals, as well as comfortable members of interdisciplinary clinical teams—as with Rachel, the rower.

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