



March-April 2021 Residency Times

Faculty Spotlight: Joe Vercellone, MD (Internal Medicine), Ascension Providence Rochester Hospital

Q: Where are you from, and where did you grow up?

JV: I was born here in Michigan in Warren, a northern suburb of Detroit. I was a surprise for my parents -- born when my mother was 44 and my father 48. I am the youngest of 3 children but by 10+ years. I went to the Center Line Public Schools (Center Line is a separate city smack in the middle of Warren). In high school, I thought of becoming a mathematician but, on a whim, I applied to NYU's film school and was accepted. I ended up getting a BFA in Film & TV before returning to Michigan to make it big in the movies (I didn't think that through, I guess!)

You've mentioned that you were an IT professional prior to entering medical school. Why did you decide to switch professions, and what was the transition like?

After returning to Michigan, I struggled to break into the commercial and industrial film industry in Metro Detroit. I landed a temporary position at General Motors in Public Affairs doing data entry and ultimately migrated into the early years of desktop publishing (electronic design and development of marketing material). This led to a career first in publishing, then in web development during the birth of the Internet. As time progressed, I became a consultant for custom-programmed collaborative business solutions using Microsoft technology.

Although the work was stable and the money good, I questioned myself as to how I got to that point in my life and if I was truly fulfilled in what I was doing for a profession. I felt that the career picked me, instead of the other way around, and wanted to find a career in which I truly felt that I was helping others as well as challenging myself. Given that my degree was in the arts, I had to take all of my prerequisite science courses at night before taking the MCAT and applying to medical school. I was blessed to have a wife who was able and willing to support me and our family during the effort! I found that going back to school was a bearable challenge, especially since as an adult with an established family and 3 school-age kids I could focus on my work and studies without the distractions of also trying to start and nurture a social life.

Where did you complete medical school and residency? Why did you select internal medicine?

I applied to a new medical school, the Oakland University William Beaumont School of Medicine in Rochester. I liked their holistic, empathy-driven approach to teaching medicine, and I hoped to progress to a residency at Beaumont Royal Oak, which was near my home and family. I fell in love with Internal Medicine because it mapped onto my desire to build long-term relationships with my patients, help patients live physically and emotionally healthy lives, and be a support to them in their times of need in both inpatient and outpatient settings.

Do you have a teaching philosophy or a specific approach to clinical teaching?

As a new academic attending, I am once again in a learning role as I discover how to be an effective educator. I believe in creating a safe and nurturing space for medical students and residents to learn and grow as physicians. I believe that learning is best when experiential under the guidance of an attending physician who gives the resident room to explore situations and apply their knowledge while providing a guiding hand and safety net to ensure successful outcomes and learning experiences. I try to use humor and empathy to connect with my patients and residents, finding that these can often ease worry, fear, and distrust. I try to model behaviors that I believe will benefit my residents in the future, especially in regards to communication, collaboration, and family-centered care.

How has the pandemic impacted your clinical work and teaching?

I think it is important to remember that we are physicians and not miracle workers. There will be many situations in life, and in the residents' future careers, that they will be unable to change for the better. But we do still serve a critical role as healers for our patients even when our ability as a physical healer is insufficient. Patients and families rely on us to be a guide through difficult times -- sometimes by addressing the emotional pain of the patient and their family or simply being present during spiritual crises as a shoulder to cry on.