

2025



2025 FMEC Family Physicians Who are Changing Our World Award Winner

Novneet N. Sahu, MD, MPA, FAAEM, FAAFP, FACEP

Departments of Emergency Medicine and Family Medicine
Rutgers New Jersey Medical School

Interim Chair

Department of Family Medicine
Rutgers New Jersey Medical School



Nomination Letter Submitted by:

Rachel Rosenberg, MD, Chantal Brazeau, MD and Noa'a Shimoni, MD

Dear Family Medicine Education Consortium Selection Committee:

We enthusiastically nominate Dr. Novneet Sahu for the Physicians Who Are Changing Our World Award. Dr. Sahu is a physician-leader whose career is defined by dedication to vulnerable populations, international and military service, and innovation in developing programs and services that creatively address the medical and well-being needs of patients often neglected by the medical system. His work creates an incredible impact in Newark, New Jersey, a city whose residents are disproportionately affected by social determinants of health. Dr. Sahu seamlessly goes from working to change systems and structures at local, national, and international levels one week and to sitting patiently with an unhoused patient to help with their substance use disorder the following week.

Dr. Sahu trained in Family Medicine and Emergency Medicine and actively practices in both fields. When he sees a patient in the Emergency Department who needs primary care, he facilitates a transition for that patient into our Family Medicine practice. He has a special aptitude for connecting with patients who are struggling with addiction, and in our practice he not only prescribes medication-assisted treatment for patients, but also addresses often long-neglected chronic and preventive needs. Countless patients previously labeled “frequent flyers” by the ED have established primary care with our Family Medicine practice, initiated treatment for their addiction, and returned after lapses in care thanks to this personal touch and creation of a safe space from Dr. Sahu.

Dr. Sahu’s commitment to patient care extends beyond the Family Medicine practice and Emergency Department. He is passionate about developing programs and partnerships that meet patients where they are - addressing both their medical needs and the social determinants of health that impact on their well-being. Along with Newark’s mayor, he developed, and is the medical director for, Newark’s Homeless Outreach Medical Unit. This street medicine program brings health care to the city’s unhoused population via a mobile van. Dr. Sahu has ensured that the care provided by the Mobile Unit respects patient dignity and autonomy, and addresses both medical and psychosocial needs. This street medicine program is unique; it links mobile health care services patients with a housing initiative and social services. Along with city officials, Dr. Sahu is building a model of street medicine for other municipalities to emulate. In a recent interview, he acknowledged the challenges of stable housing and supportive services, “Helping someone get off the street can be a very long process – years in some cases,... consistent engagement does lead to a healthier, and housed, population”.

Dr. Sahu is working with government officials and community organizations to expand the reach of street medicine initiatives. [Read More](#)

2025 Mid-Career Faculty Achievement Award Winner

James Mercuri, LCSW

Director of Behavioral Science

UPMC St. Margaret Family Medicine Residency

Nomination Letter Submitted by:

Jonathan Han, MD, Program Director

UPMC St. Margaret Family Medicine Residency



Dear FMEC Nominating Committee,

I am honored to nominate James (Jim) Mercuri, LCSW, for the FMEC Mid-Career Faculty Recognition Award in 2025. I am the Program Director of UPMC St. Margaret Family Medicine (FM) Residency Program in Pittsburgh, Pennsylvania. We are also one of six combined Family Medicine-Psychiatry Residency Programs in the country, and we have a powerful integrated behavioral health (IBH) program that has been providing holistic care with a team of 9 social work clinicians, and pharmacists, for more than a decade.

In nominating Jim for this award, I cannot think of a more deserving colleague, colleague, and partner. We have worked together for more than 14 years at UPM St. Margaret Family Medicine Residency Program, taking care of patients and teaching FM residents and also social work students from the University of Pittsburgh School of Social Work.

Jim is a licensed clinical social worker (LCSW) and consummate professional, who has vast experience in providing behavioral health counseling and support as a clinician, therapist, and teacher of family medicine resident physicians, as well as a mentor for social work students at the University of Pittsburgh School of Social Work. Jim serves as our Director of Behavioral Health for our UPMC St. Margaret Family Medicine Residency Program in PGH, and in this leadership capacity he does it all – clinician, teacher, innovator, grant writer, community activist and leader by example.

Jim lives by the highest values of service and integrity every day – and the attached PowerPoint presentation, “Integrating Behavioral Health in Community Primary Care,” one of dozens that Jim and I have presented to various academic institutions and philanthropic Foundations for educational purposes, outlines the powerful Integrated Behavioral Health (IBH) program that Jim has led for the past 14 years.

Jim has vast clinical experience caring for patients, especially those suffering from complicated behavioral health and physical health comorbidities and poverty, and is known as a careful, empathic listener. Ever working to improve his skills to meet the needs of our patients, Jim recently underwent continuing education training to provide EMDR (Eye Movement Desensitization and Reprocessing) therapy for patients who have suffered trauma and are debilitated by post-traumatic stress disorder.

Jim has designed and implemented numerous clinical and educational interventions that have had tremendous impact on our learners and patients and contributed to the significance of integrated behavioral health in primary care. [Read More](#)

2025 Emerging Leader Award Winner

Zachary Kosak, MD

Department of Family Medicine and Community Health
Perelman School of Medicine at the University of Pennsylvania



Nomination Letter Submitted by:

Richard C. Wender
Robert G. Dunlop Professor and Chair Department of Family Medicine
and Community Health
Executive Director, Penn Center for Public Health Perelman School of Medicine
University of Pennsylvania

Dear Emerging Leaders Award Selection Committee:

I am writing to enthusiastically nominate Zachary Kosak, MD, for the Family Medicine Education Consortium's Emerging Leaders Award for 2025. As Chair of the Department of Family Medicine and Community Health at the Perelman School of Medicine at the University of Pennsylvania, I have had the opportunity to watch Dr. Kosak's dedication to primary care and community medicine, his passion for undergraduate and graduate medical education and his remarkable contributions to our Department and our specialty in just 3 years on our faculty. One of his most impressive accomplishments has been his ability to provide the highest level of service for both our residency program and our student program. Simultaneously, he has demonstrated extraordinary initiative in organizing and leading vital and high impact programs in West Philadelphia through our Community Medicine Division. Dr. Kosak currently serves as an Assistant Program Director for our Family Medicine Residency Program and as the director of our Family Medicine sub-internship. He has designed and leads efforts to improve care for underserved populations in Philadelphia, especially for people experiencing homelessness. He has blended all of these activities by implementing curricular elements that meaningfully engage both students and residents into the community programming.

Dr. Kosak graduated from Drexel University College of Medicine in 2019 where he received the Daniel M. Tabas Award in Primary Care Medicine. He completed his residency in Family Medicine at the UPMC Shadyside Family Medicine Residency Program in Pittsburgh, PA, where he quickly demonstrated his dedication to and excellence in medical education. He served as a Family Medicine clerkship lecturer and a small group facilitator for the Introduction to Medical Interviewing course at the University of Pittsburgh School of Medicine. He also served as a medical student OSCE evaluator and small group facilitator for Family Medicine-based learning activities for medical students during the height of the COVID pandemic. Within his residency program, he helped develop a resident led-morning report program and delivered multiple hours of content during his program's weekly resident didactic sessions. Additionally, he developed resident wellness programming that continued beyond his time as a resident at UPMC Shadyside. His work on telemedicine and wellness activities from residency has been presented at prior FMEC conferences and published in Family Medicine. He also served as a member of the UPMC system-wide Graduate Medical Education Committee's Accreditation, Review and Quality Subcommittee, reviewing proposed program changes within GME and providing resident perspective to GME accreditation issues and concerns. [Read More](#)

2025 This We Believe Award Winner

Crystal M. Marquez, MD, FAAFP
Montefiore/Albert Einstein



“To Tell or Not to Tell: The Art of Human Connection in Family Medicine”

As physicians, we’re taught to maintain professional boundaries—listen more than we speak, and reveal little about ourselves. But what happens when connecting with a patient means crossing that invisible line, not inappropriately, but humanely? When does sharing deepen the therapeutic relationship rather than distract from it?

“To tell or not to tell” is a question I revisit often—not because I want to insert my story, but because sometimes the person in front of me isn’t just looking for answers, they’re looking for understanding. And facts, while important, only go so far.

I’ve cared for a woman in her early 40s for several years. She’s had three heartbreaking miscarriages, each more devastating than the last. Each time, she took time off work, went to therapy, and tried to move forward. Still, she kept showing up—kept trusting her body, and me.

So, when she came in recently, 16 weeks pregnant, I could hardly contain my joy. We cried together. Not because everything was guaranteed to be okay, but because we both understood what it meant to reach this point. She was still scared. Despite a reassuring NIPT, she wanted to discuss amniocentesis. Her OBs were involved, but she needed someone who had walked through the losses with her. She didn’t want statistics—she wanted to be seen.

In that moment, I didn’t give a medical lecture. I gave her space. I shared, gently, what I had seen in others, what I might feel in her shoes. That’s what she came for: not just expertise, but a human conversation. That’s what family medicine is—human conversations in medical spaces.

Another moment that stays with me came during a Medicare Annual Wellness Visit with a 70-year-old woman I’d never met. I asked the routine question: “How are you doing?” Instead of standard replies, she said, “Not well.” Her best friend’s husband had just died. We talked about grief, regret, and what it means to lose someone you love.

Then she told me about her son, who struggled with addiction. As she spoke, I felt the grief rising—for her, and for myself. I had lost my own mother recently, a woman who also battled addiction. I started to cry. And for a moment, I wondered: Can I do this? Am I crossing a line?

But she didn’t judge me. She kept talking. I shared about my mom. She shared more about her son. She even joked, “Should I charge you for therapy too?” It was our first visit, but we connected like family. [Read More](#)

2025 Creative Writing Award Winner
First Place Poem

Mary Kristine Ellis, MD, FAAFP, ABOM
Mount Sinai South Nassau



“Underneath the Mask”

Underneath that mask

As she asks how you are doing when she walks into that cold exam room,
She hides the pain
And the memories
Of her own losses and worries.

Underneath that mask

Hides the frown of a wrinkled, middle-aged female doctor,
Pretending she has not gone through years of painstaking
Infertility workups and treatments.

Underneath that mask

Hides the cracking voice of exhaustion.
But underneath that mask,
She musters a smile and asks excitedly how your baby is doing,
How your pregnancy is progressing,
And how your family is.

Underneath that mask

Is the face of a female family physician.
Who cares deeply for you and your family,
Despite losing her ability to make one of her own.

Underneath that mask.

2025 Creative Writing Award Winner
Second Place Poem

Najya A. Williams, MD
UPMC St. Margaret Family Medicine Residency

“The Encounter”



Patient

Provider

<p>I came here</p> <p>yet a morsel of myself, hoping to be made whole by hands of honey and lavender.</p> <p>I am met with anger and judgment, of how I've learned to survive in conditions designed to Kill me.</p> <p>If only I could resurrect in the comfort of my own home, sew and stitch whole.</p> <p>But if I must exist here, under sterile gauze and gaze. offer me something I've yet to fashion for myself:</p>	<p>to heal, to offer unabashedly, human and deity</p> <p>This is not work to hold lightly. day in and day out, I face the horrors: this system, its moral inflictions,</p> <p>I am not proud of what remains inside of me.</p> <p>turn back the hands of time, make an oath to do more than avoid harm, patchwork souls alongside bodies.</p> <p>Hope, in the known and unknown, It is all we have left to inject.</p>
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2025 Creative Writing Award Winner
First Place Prose Tie

Samantha Williams, MD

Zucker School of Medicine at Hofstra/Northwell at
Phelps Hospital Program



“Unlocking the Mirror to One’s Soul”

The day after Christmas, during my third year of medical school, my mother and I sat in silence, the house still heavy with the remnants of holiday cheer. My two siblings had just left for their homes, five hours away, and she was visibly sad. Our family was scattered once more, each of us at different stages in our lives and careers.

Then the phone rang. My mother stepped into another room to take the call. Minutes later, she returned and sat beside me, staring blankly.

"I have breast cancer," she said. Her words hung in the air—unreal, yet irreversible.

Months earlier, she'd gone for a routine mammogram that revealed a mass. She underwent further testing, and over Christmas, we knew she was waiting for results. Still, none of us expected them to be abnormal.

To us, our mother seemed invulnerable. She had endured so much and always emerged unscathed, as if no hardship could truly touch her. The speed of the results caught me off guard—I'd assumed we'd have more time. I hadn't imagined facing this moment alone with her.

My mind flooded with memories of my mother—a woman of unwavering faith who, in hard times, always chose prayer over tears. Her strength had long been my strength, but now, she seemed vulnerable. It shook me to my core.

Our family had long been haunted by loss. Nearly twenty years earlier, my father had died of gastric cancer. Though my parents were divorced, my mother never let her personal pain take away from the moments my siblings and I had left with him. Many times, she took time off from work to drive us more than twelve hours, across state lines, to where he was hospitalized. She carried us through that grief; never once did we feel we were going through it alone.

Now, sitting beside her, I feared that we were about to relive that nightmare.

"Why me?" she asked tearfully, staring straight ahead. How do you answer that? Some say suffering has meaning—that pain serves a purpose. But how do you find meaning when suffering has been your constant companion?

My mother's life was defined by sacrifice. At age ten, she immigrated from India with her family, arriving in the U.S. with little or nothing. As the eldest child, an unspoken duty fell on her shoulders—to help provide for the family, even at the cost of her own dreams. She had wanted to become a physician, but financial constraints forced her to pursue a shorter path. She became a dietitian and chose a career in public health, allowing her to serve patients and advocate for systemic change. [Read More](#)

2025 Creative Writing Award Winner
First Place Prose Tie

Srijesa Khasnabish, DO

University of Massachusetts Medical Center
Fitchburg Family Practice



“To Diagnose or Not to Diagnose: Reflections from A Home Visit in Urban India”

“Thank you for not trying to diagnose me.”

This is a remarkably odd statement from a patient to a physician, right? These are the words of patient S.B. from my global health rotation last year in India. As a 43 year old female with excruciating joint pain that has left her bed-ridden, she has seen more doctors in her lifetime than most women her age. Let me share a bit more context regarding what led me to her doorstep.

While the majority of my rotation was at an outpatient practice in urban Bangalore, I had asked my preceptor if I could take the weekend off to visit family in Kolkata. Dr. Ramakrishna said, “Of course. Would you by any chance be able to check on one of my patients who lives in Kolkata?” Given that it was only the first week of the rotation, I was flattered that he trusted my clinical abilities and quickly replied “Sure.” Immediately we were connected via WhatsApp to coordinate a home visit. Another unexpected joy was that S.B. also spoke Bengali, my parents’ native language. It was one of my goals to improve my medical Bengali and this would be the perfect opportunity.

Now, back to her doorstep. I stopped by her house after going to a Hindu temple in the morning and before heading to the airport. Since I had recently gotten married, I was wearing sacred red powder called “sindoor” in the part of my hair. Despite being Indian-American, I filled the role of a Bengali doctor conducting a home visit; I was a chameleon. In many parts of India, home visits are a very regular part of a general practitioner’s practice and provide the opportunity to check on multiple generations of one family conveniently in one visit. After ringing the doorbell, I was greeted by S.B.’s parents. They had roshogolla (sweets in a syrup), mishti doi (sweet fermented yogurt), and chai (tea) already waiting for me. I had also brought them sweets from the temple, as this was the cultural norm.

The more I explored S.B. symptoms, the more they led to CREST syndrome (a syndrome that presents with the following features: calcinosis, Raynaud's phenomenon, esophageal dysfunction, sclerodactyly, and telangiectasias). I had never seen this in my experience thus far as a first year resident, but I remember memorizing the acronym for medical school exams. As she recounted her diagnostic journey, I quickly sensed her desire to be heard without judgment. Her eyes told me she was eagerly searching for relief from her symptoms rather than knowing exactly which condition was causing them.

After conducting a physical exam, we shifted gears to discuss her medications. She previously had seen rheumatologists across India and even Europe. The typical cocktail of medications had failed her, ranging from methotrexate to cyclosporine. After almost a decade of experimenting with ineffective medications, she shifted her focus to Ayurvedic treatments. When I began to look at the long list of Ayurvedic medications that she was taking, I quickly became lost. I had not heard of any of them and would need to consult a local Ayurvedic physician for more context to assess if this was typical or was a case of polypharmacy. Furthermore, S.B. had stopped taking her allopathic medications because 1) their benefits were unclear and 2) there were too many medications (both allopathic and Ayurvedic) for her to keep track of. [Read More](#)

2025 Creative Writing Award Winner
Prose – Honorable Mention

Yuki Takeuchi, MD

Geriatrics Fellow and Former Family Medicine Resident
University of Rochester Medical Center



“Family Medicine Across the Oceans”

Have fun with Grandma in Japan and wait for me. Daddy will come back to get you."

I spoke those words to my newly four-year-old daughter with a smile at the airport security gate in Japan. As soon as I crossed through the gate, the colors of the world seemed to fade, and tears poured down my face.

At the beginning of my second year of residency, I unexpectedly became a single parent in a foreign country. With no family nearby, balancing the demands of residency with parenting while navigating the hurdles of last-minute childcare, finances, and legal processes—on top of inner turmoil—was nearly intolerable. But one thing remained clear—I want nothing more than to be there for my daughter. Her restless nights revealed just how deeply the stress was affecting her.

Despite the overwhelming struggles, the immense support from my friends, colleagues, program, and the local community, my resolve as a parent carried me through six relentless months of challenges. Those months were a blur of exhaustion, love, and resilience, yet they also brought moments of joy. One day, however, the limits of juggling on-call duties and childcare became painfully clear. I had wrestled with many challenging thoughts, but I will always remember the two major ones in one night.

Should I give up my residency and return to Japan for her sake, or entrust her to her grandmother in Japan until I complete my residency? My passion, the very force that had driven me across the Pacific to learn family medicine, hadn't waned in the slightest. But for my daughter, who had already experienced separation from her mother, the idea of living apart from her father, too, seemed unbearably cruel. I'll quit and return to Japan, I told myself. That's what's best for her.

That night, as I watched her peaceful, sleeping face, I found myself envisioning my daughter all grown up. If I put myself in her shoes, how would I feel? If she heard me say, "I gave up on my dream to come back to Japan for you," would she truly be happy? What kind of life would I want her to live? As a father, shouldn't I be the one to demonstrate that through the way I live my own life?

The toy syringe and stethoscope lying beside her bed brought to mind the image of my daughter cheerfully pretending to care for her stuffed animals, saying, "I will be a doctor like Daddy!" I knew how strong she was—spending long days at daycare in a foreign country, smiling even though she didn't speak English well. On her little desk, pieces of paper with colorful, alphabet-like scribbles lay scattered.

After ensuring my daughter had fallen into a deep sleep, I let out a quiet sigh of relief before carefully leaving the room to finish my tasks, making sure not to wake her. As I typed the final lines of my progress notes, I paused, my thoughts drifting to the patients and families I had encountered over the years: a single parent working tirelessly for her children while entrusting them to the care of their grandparents, families torn apart by political circumstances yet bound by unshakable love, and loved ones who bridged great distances to support a terminally ill family member. [Read More](#)

2025 Creative Writing Award Winner
First Place Prose Poem

Brianna Moyer, MD

Penn Medicine Lancaster General Health
Family Medicine Residency Program



“Morning Rounds”

“How did you sleep?” I asked
walking into the room, looking up
A harmless question,
a quick connection while I cleaned
the stethoscope to listen to his infected lungs.

“Two hours,” he said
“Since I was eight years old, that’s how it’s been.”

Since he saw the baby dropped from the window,
caught by a waiting grandfather,
who saved a life,
only to have his own life snuffed
minutes later when the spiteful father
took his revenge.

“I remember the blood” he said
Looking down at his hands as if he could still see it
invisible drops, scars
woven into the lines of his palms
as if his fortune lied there
the answer for why he suffered those sleepless nights.

I paused in my routine, pushed back
the running list in my head of all the patients
waiting for me, my decisions, my time
I held the space, wherein lied
his homelessness, his struggle, his pain
held it until he looked at me, met my gaze,
gave a small smile, and then told me
“the food here is terrible”

2025 Creative Writing Award Winner
Second Place Prose Poem

Jessica Faraci, MD
Maine Health



“Your PCP”

Cancer. Depression. Anxiety. Back pain. Death of a spouse. Homeless.
And that is just my morning.
Lunch is a joke, a few bites of apple on the way to the bathroom
Then at it again – patience with my patients concerns
I don’t mind the work. I picked this career for a reason.
Exhausting but exhilarating working towards wellbeing
But the day isn’t over yet
The last patient checks out, and I go to my desk
Logging in, the apprehension – it didn’t look bad when I last peeked at noon
Fifty.
My heart sinks.
Fifty messages I need to answer.
“Is this cancer?” “What do my labs mean?” “My anxiety is worse.” “My cough didn’t get better.”
Not to mention the cc’d charts, results from this week, coordination of care messages, referral
orders to put in...
Despair. The patients are gone, the clinic is closed, no one is left in the office.
And yet I still am here, taking care of my patients.
Asynchronous care, ballooned into hours of unpaid time every week.
Some triaged to my staff, some need to come in for a visit.
But most need my guidance, my care – your PCP.
I spend some time after clinic, and more time after the kids go to bed.
On a bad day I wake at 5 am to clear out the rest before the day starts
Sometimes we can’t get it all done
And that’s when the moral injury sets in ”
Being unable to care for patients we are supposed to care for
The lab results from last week that I lost in the shuffle
The concerning lung nodule I missed on the CT scan – cancer diagnosis delayed by a month
until my colleague found it
Made to feel like a failure in a system designed to let us fail
How can we care for our patients if we can’t care for ourselves?
I cut down to part time and soldier on
Some of my colleagues follow suit, but others quit, moving to urgent care or industry
And we wonder why there is a primary care shortage?
Hard to find time to exercise. To eat right. To be with family.
Back pain. Depression. Anxiety. High cholesterol
But this time it’s me.
Your PCP

2025 Creative Writing Award Winner
Prose Poem Honorable Mention

Sarah M. Minney, MD

University of Rochester Family Medicine



“Real Medicine”

She's here for a physical
We're supposed to be discussing cancer screenings, immunizations, the risk of osteoporosis
Her blood pressure is high and I make a note to myself to recheck it
We start with making sure I know who her health care proxy is
She asks if she can list all 3 of her daughters equally, because otherwise they won't agree
“My son, he would have just said do what Mommy wants.
He's been gone a long time but I'm still suffering
They wouldn't let me touch him
I just wanted to kiss him or hug him
I'm still not over that.
The last time he hugged me was 6pm on May 28
He was gone by midnight.
He always said “I love you Ma”
He loved to see me smile.
We both got big smiles when we saw each other.
People don't like me to cry—
They think I'm going to cut up.
I just need to be sad.”
My heart both swells with love thinking of my own son
and how precious motherhood is,
and grows heavy with the thought of this beautiful and strong woman
losing her only son.
Her blood pressure is high because she is grieving.
There is no medicine for that,
Just love.
And a doctor who will listen
And give space for the sadness.
I ask her if I can give her a hug.
She squeezes me tight, and then sits back and smiles.
She says she hasn't been hugged in years.
We don't get to my list,
But today I think I provided real medicine.