This interview started with a sentiment many in the field probably understand all too well. “It wasn’t necessarily my plan to go into family medicine,” Bennett S. Shenker said. “It was not a field that was strongly encouraged, and most faculty members were dismissive of it.”

Despite this familiar tale and a different set of intentions, Dr. Shenker ended up pursuing a career in Family Medicine anyway. He connected with the field during his clerkship and the rest was history.

Dr. Shenker has spent the majority of his medical career right here in New Jersey. He attended medical school at the University of Medicine and Dentistry of New Jersey and then completed his Residency at Hunterdon Medicine Center. From there, he went on to complete a primary care clinical research fellowship at Thomas Jefferson University. “It was a unique program,” he explained. “It involved additional classroom training in research methods. But it was very valuable and I apply that knowledge to my career to this day.”

Last year he made a transition to serving as the Chief and Chair of Family and Community Medicine at Cooper University Medical Center, as well as Associate Professor of Clinical Family Medicine at Cooper Medical School of Rowan University.

“It was a very exciting time of transition,” he said of his career shift to being an Academic Department Chair. “It isn’t something everyone gets to do in their career. And looking back I feel like I’ve been building up to this with all the education, research, and committee work I’ve done over the years.”

A major part of why Dr. Shenker chose to pursue Family Medicine is that it is such a broad field. “I like that you aren’t limited to one thing in Family Medicine. You can treat everyone from newborns up to the elderly and I get to deal with a lot of different people with a lot of different needs.”

He believes that the false perception that Family Medicine is a very limited specialty – focusing only on minor and acute injuries – is one of the biggest issues the field faces today that does not and remains a barrier to receiving the attention it deserves. “It can make people think we are more limited than we are. There is an expectation that any chronic problem should be sent out to a subspecialist, even though in many cases we are well qualified to handle these issues.”
Looking at the future, Dr. Shenker believes that the reluctance on the part of the health systems to appreciate Family Medicine programs and fund them appropriately and the tendency to discourage students from going into that field will continue to be a problem. The Covid-19 pandemic has made it even more of an issue. “Family Medicine is critical to the healthcare system,” he noted, “and it is important, now more than ever, to be sure that all people have access to quality care.”

He also notes that physician burnout, especially in a global pandemic, will be an issue facing the specialty.

“We don’t always advocate for ourselves and we need to be more vocal about what we do and what we need. If we do that we could be compensated appropriately for what we do, and reduce burnout, which would draw more medical students to the field.”

He notes that this need for Family Medicine to have an advocate is one of the reasons he has been an NJAFP member for so long. He joined in 2002 and has remained a dedicated member of the organization for the past 18 years.

“I felt a strong connection to the NJAFP during my residency, and that has not changed over the years,” he said of his long-term membership. “I think the association provides a voice for Family Medicine and Family Physicians in the state of New Jersey. Anyone who works in New Jersey knows it is not particularly easy. The NJAF helps us in navigating that more difficult environment. They provide us with valuable resources and a collective voice.

“Family physicians get very busy with our careers and our patients, and NJAF makes sure to advocate for us while we do our work.”

Ultimately, the work and serving patients are what Dr. Shenker focuses on. Upon reflecting on his career so far, he notes that working with the underserved is what he remembers most.

“Helping people with socioeconomic barriers to receive care and people with multiple chronic diseases, who might have trouble affording medicine, is so important,” he said. “With those patients, you had to be very comprehensive and committed. I felt very invested in them, even though it took a lot of time, it has been very rewarding.”

Dr. Shenker says he views himself as a builder, which makes sense when you look at his career. He has never stopped learning and adding new skills to his repertoire. This unique way of looking at his career is not likely to go anywhere anytime soon. “I am excited to help bring new ideas and new people, patients, and physicians together so that we can keep expanding. I hope to keep doing that in the future.”