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#### **Education and Professional Experience:**

EDUCATION: 1988-1992, MD (AOA), The University of Chicago Pritzker School of Medicine.

#### POSTGRADUATE TRAINING

1993-1996 Primary Care Internal Medicine Program, The University of Rochester, Rochester, New York.

1995-1996 Medical Chief Resident, (Same)

Fellowship in Geriatric Medicine, Johns Hopkins School of Medicine, Baltimore, Maryland. 1997-1999, Masters of Health Science (M.H.S.) in Clinical Epidemiology, Johns Hopkins

#### PROFESSIONAL EXPERIENCE:

1999 (7/99-12/99) Assistant Instructor of Medicine Johns-Hopkins Bayview Medical Center  
Baltimore, Maryland

2000-2004 Instructor of Medicine

Section of Geriatrics Department of Medicine, University of Chicago.

2004-Present Assistant Professor of Medicine Section of Geriatrics,  
Department of Medicine, University of Chicago. 2002-present Director, Resident & Student Education in Geriatric  
Medicine, University of Chicago Hospitals & the Pritzker School of Medicine

#### **Scholarly Interest :**

My primary scholarly interest is the teaching and evaluation of communication skills and doctor- patient relationship building skills. I now devote my time and energies to my own mastery of teaching skills, to curriculum development and to developing OSCE's, and now OSTE's. I applied for a small internal course-development grant, and I created a 6-station OSCE (objective structured clinical examination) module in geriatrics for Clinical Skills 2: Physical Diagnosis. I am a core member of my section's Donald W Reynolds Foundation funded project CHAMP (Curriculum for the Hospitalized Aging Medical Patient). This faculty development project focuses on in-patient teaching of geriatrics, and CHAMP is tied to a number of rich outcomes assessments including clinical measures and direct observation and coding of teaching behaviors. It is the content and resources of this project which I am using as a springboard for the OSTE project described above.

#### **Personal Background:**

My calling to medicine and to geriatrics were one in the same. I began a pre-med curriculum in college to become a geriatrician. As is likely the case for many who choose geriatrics early, my motivation was deeply rooted in my family experience. My father was 57 and my mother 42 when I was born. My maternal grandmother, who lived to be 92, lived with us and was a third parent to me. One might say I was born a geriatrician. I saw their struggles with declining physical and cognitive function, the toll my mother's care-giving role took on her, and the failings of a complex and fragmented health care system. I committed myself to a career in which I would be the physician for families like mine. My decision to become an academic geriatrician and my scholarly interests however, have evolved over time. I spent the first 3 years of my time as a faculty member fulfilling a full-time clinical pay-back to the State of Illinois.