What We Learned at the AAMC Annual Meeting:
Ask Questions, Embrace Challenges

Members of the academic medicine community gathered this past November in San Francisco to share ideas, opinions, challenges, and successes at the Association of American Medical Colleges (AAMC) Annual Meeting. Those of us who attended the Plenary Session on Sunday, November 7 were treated to a provocative address delivered by AAMC Chair Mark Laret, as well as an invigorating keynote speech given by Walter Isaacson, biographer of such luminaries as Benjamin Franklin, Albert Einstein, and Steve Jobs. From these talks emerged two distinct, but very much aligned, ideas that have great bearing on the field of academic medicine.

In his Chair’s Address, Mr. Laret, also the Chief Executive Officer of the University of California, San Francisco Medical Center, highlighted the ever-present need to consistently question our practices in academic medicine. Acknowledging that innovative and creative ways to carry out the mission of academic medicine are, indeed, in place, Mr. Laret concluded with the following challenging questions, calling us to push further:

• “Are we, as leaders, genuinely open to hearing and accepting what society is saying to us about doing more, doing it better, and doing it at far lower cost?”

As many, if not all, of you know, the Pritzker School of Medicine recently underwent a reaccreditation process, beginning with an institutional self study that commenced in early 2011 and culminating in a site visit from members of the Liaison Committee on Medical Education in October 2012. This period demanded a thorough and honest examination of our institution, its guiding principles, and how we achieve the objectives we strive to consistently reach. Such an examination requires constant questioning, discussion, reflection, and evaluation. The process is one that cannot and should not be confined to a time of auditing. Just as Mr. Laret notes, we must make such scrutiny and reflection a habit throughout all of academic medicine.

Confronting such challenging questions may be daunting. The answers may well lead to great change, and we are often resistant to venturing into the unknown. To this point, I would like to share a story so colorfully painted by Mr. Isaacson in his keynote address. As the only person to have penned an authorized biography of Steve Jobs, Mr. Isaacson came to know his subject well, and in his talk at the AAMC meeting, relayed a delightful story of Jobs’s penchant for “reality distortion”...
Meet One of the Newest Members of the Pritzker and University of Chicago Medicine Family: Assistant Dean for Diversity and Inclusion Brenda Battle

By Christopher Smyre, MS1

Brenda Battle, RN, BSN, MBA, like many of the faculty and administration here at the University, has multiple degrees and accomplishments, but more importantly, has a passion for excellence and social justice. Ms. Battle has worked in numerous positions in the health care system and has recently been appointed the Vice President for Care Delivery Innovation and Assistant Dean for Diversity and Inclusion at the University of Chicago Medicine. Prior to arriving at the University of Chicago, she served as a registered nurse in a pediatric hospital, oversaw managed care for patients with Medicaid in St. Louis, and worked as a corporate lobbyist to influence state legislation and achieve appropriate funding for Medicaid transportation.

Ms. Battle’s passion for cultural competency and inclusion began early in her nursing career. During a recent interview, she relayed an experience in her early years during routine rounding on a pediatric unit. She observed that African American children’s hair on the unit was unkempt. As a result, she taught her colleagues how to comb an African American girl’s hair and about the effective use of various hair products for African-American hair. In reflecting on those moments, she was unaware then that she was teaching cultural competency to her colleagues and laying the groundwork for a career in diversity and inclusion education.

Ms. Battle officially began serving in a position tasked with improving diversity and cultural competency during her tenure at the Center for Diversity and Cultural Competence at Barnes-Jewish Hospital in St. Louis, where she focused on addressing health disparities. Notably, she helped strengthen the relationship between the community and the community clinics by improving integration between primary care services provided by the community and the tertiary and quaternary care provided by Washington University. Ms. Battle is truly delighted to be at the University of Chicago and is enthusiastic about the future of hospitals within the University of Chicago network and the Pritzker School of Medicine. She is excited about the University of Chicago’s engagement and commitment in the community through the Urban Health Initiative and hopes that students are able to learn about the various contributions the University is making to improve the community. She eagerly anticipates the changes that will occur at the University of Chicago health care system over the next few years due to the Affordable Care Act. She states that this legislation will “provide insurance for a large population of patients in the community,” and force us, as health care providers, to look at new models for addressing population health not exclusively in the domain of public health. Ms. Battle hopes that the “silo approach” of providing health care to patients will be replaced with a more integrated approach throughout institutions, departments, and primary care physicians to patients within the local community clinics in concert with other medical specialties. In addition, she hopes physicians will take even more ownership of ensuring the recovery of their patients. Ms. Battle was pleasantly surprised to find that “so many people are open and comfortable talking about issues of social justice” at the University of Chicago. Ms. Battle is thrilled about Pritzker’s Health Care Disparities in America course taught by Dr. Monica Vela and hopes to attend some classes and observe how medical students are educated in cultural competency.

Ms. Battle hopes that that medical students and physicians will be able to identify with others outside their own privilege and incorporate their patients’ experiences and realities in navigating the health care system into their own worldview and perspective. As we, as an institution, continue to think about diversity in the broader context, it is Ms. Battle’s desire that we continue to make great strides in ensuring diversity in medicine in some of the traditional categories such as underrepresented minorities and women.

The Pritzker Pulse, Winter 2013
**MERITS Fellows Respond to Academic Medicine’s “Question of the Year”**

What are the most effective ways to ensure that those who work and learn in medical schools and teaching hospitals can develop to their full potential?

**Congratulations to our winners!**

**Matt Wise, MD**

**James Town, MD**

**Megan E. Miller, MD**

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**The MERITS Program**

MERITS is a University of Chicago-sponsored initiative to support and promote research, innovation, teaching, and scholarship in medical education with the goal of advancing patient care and the health of the public by improving the education of physicians. Under the direction of Dr. Holly J. Humphrey, MERITS builds upon the unique, interdisciplinary resources of the University of Chicago in order to promote our institution as a national leader in medical education innovation.

For more information, visit the Pritzker website: http://pritzker.uchicago.edu/about/MERITS

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**I chose to answer this question of the year with a data-less, non-peer-reviewed construct of change and self-optimization philosophy in which we continuously witness one another’s role-modeled positive and negative behaviors and process their meaning and utility into effective disciplines. While there is immense value in mentors who offer role-modeling and self-reflection with structure and depth, I want to first step back and suggest that we acknowledge ourselves as a community of individual role models who constantly influence one another via actions that may be perceived as positive, neutral, or negative, both in aesthetic and efficacy. I feel that it is important for us to collectively determine and passionately preach about which behaviors are clearly beneficial or clearly adverse. In addition, we ought to determine where extremes of behavior are a hindrance to an optimal middle ground, as with the domain between over-confidence and impotence, where there is more room for curiosity, adaptive change, and quality improvement. Second, we require more intentional self-reflection. What good is feedback and evaluation if there is no or limited opportunity for insight and self-determination? We must steal the quiet moments to process analytic thoughts amidst the burden and fatigue of daily tasks. My solution is a “Pod of Potential,” comprised of a junior resident, senior resident, fellow, and faculty member, which will create a career development plan for each member. The catch – and the way to include the breadth of opportunities for professional and personal development – is that each member is from a different subspecialty within medicine and surgery. The faculty member will have formal experience in research or education, or be a departmental or institutional leader. The career development plan requires each member to identify 3-month, 6-month, 1-year, 5-year, and 10-year goals, which will be revisited at quarterly meetings. Meetings will take place during protected time, over lunch. The career plan specifically addresses education/training, research, teaching, and “other” goals. The “other” goal is designed to foster an interest outside of the traditional medical realm to help each individual reach their full potential. For example, for the cardiology fellow, it may be running his first marathon, and for the junior pediatrics resident, it may be doing an international service elective.**

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**Our physician training system is predicated on practicing physicians who can practice safely; however, are we being shortchanged? The emphasis on medical education goals is centered on “competence.” The standard permeates all facets of trainee’s education, but isn’t this just degrees better than “incompetent”? Systems that idolize static, arbitrary goals induce curricula that reflect the metric. We cease striving to reach our maximum potential, but instead spend extreme effort on meeting the minimum standards. The cardinal element needed to ensure that industrious learners develop to their full potential is for training institutions to commit, universally, to believing in and supporting this lofty goal. Institutions must revitalize their philosophy and pledge not only to achieve competence but also to foster the conditions for excellence. The system should generate acceptable outcomes virtually infallibly while harnessing the innovation, humanism and vast potential that we see in our trainees. Accrediting bodies and institutional rankings should reward successfully channeling talent and resources as well as achieving “competence.” The spirit of promoting each learner’s potential should be as crucial to our training system as accreditation standards. The AAMC meeting showcased our capacity for creativity in addressing how to maximize the potential of our learners. The ingenuity and enthusiasm on display reflects the diversity of approaches to the problem; presenters drew from their own experiences and, supported in achieving these visions, generated scores of fantastic potential solutions. But broad institutional commitment to executing these ideas is required to realize these dreams and valid outcome measurements must be developed to report and compare them. We share the goal of promoting the best in our learners, so we should praise and replicate the successes while learning from the failures. We have the ideas, but without action, our visions fade and we are condemned to our standard of mediocrity.**

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**To me, this question asks how we can help our trainees and faculty become as professionally and personally successful as possible. In order to “develop to their full potential,” we need to first know what opportunities exist. We need time and space to consider these opportunities, to determine which are the best fit, and to pursue them. Finally, we need a mechanism of support and feedback. The pressures of patient care, core competencies, academic demands, and teaching – not to mention procedural skills – leave little time to explore opportunities beyond our daily tasks. My solution is a “Pod of Potential,” comprised of a junior resident, senior resident, fellow, and faculty member, which will create a career development plan for each member. The catch – and the way to include the breadth of opportunities for professional and personal development – is that each member is from a different subspecialty within medicine and surgery. The faculty member will have formal experience in research or education, or be a departmental or institutional leader. The career development plan requires each member to identify 3-month, 6-month, 1-year, 5-year, and 10-year goals, which will be revisited at quarterly meetings. Meetings will take place during protected time, over lunch. The career plan specifically addresses education/training, research, teaching, and “other” goals. The “other” goal is designed to foster an interest outside of the traditional medical realm to help each individual reach their full potential. For example, for the cardiology fellow, it may be running his first marathon, and for the junior pediatrics resident, it may be doing an international service elective. Including “Pod” members from different departments at various stages of their careers allows each to bring their unique experiences and goals to the group, thereby capitalizing on inter- and intra-personal resources that already exist.**
An Interview with Michael H. Silverman, MD’73, FACP

By Jacqueline Poston, MS4

Michael H. Silverman, MD’73, FACP is the President and Senior Clinical Development Consultant at BioStrategies Consulting Ltd near Boston, Massachusetts (www.biostrategies.com). Dr. Silverman and I recently had the opportunity to discuss his contributions and hopes for the Global Health Scholarship fund to which he has contributed, as well as his experience in industry and his involvement with the Medical and Biological Sciences Alumni Association.

JP: How do you hope your contribution to the Global Health Scholarship fund will support recipients and what do you hope the recipients gain through their experiences abroad?

MS: First, I work in the pharmaceutical industry, and the pharmaceutical industry is a global industry. I participate in projects that, in aggregate, encompass four continents and have learned the importance of being able to collaborate with others whose language, culture, regulatory system, assumption sets, and view of medical practice are different from my own. There will be an ever-growing need for medical professionals who understand the global nature of health care issues and can bridge the sometimes daunting gaps that exist between cultures and geographies to find solutions to our common problems.

Second, I like to think about leverage. One of the interesting aspects of pharmaceutical industry drug development is that a new drug can help millions of patients – so assisting in that effort, in whatever small way I can, has the potential for tremendous benefit. Public health efforts, particularly in the developing world, can also have great leverage, by implementing programs that reach and benefit hundreds or thousands of people. In a way, I view the scholarship support as leverage operating on two levels: My modest gift enables a small number of Pritzker students to do big things; their work, in turn, can magnify the scholarships.

JP: How do you hope your education and experience at Pritzker influenced your career thus far?

MS: Every hour of every professional day. My professional identity is “physician,” and Pritzker is where that identity was forged. Even though I do not practice patient care medicine, my medical knowledge and worldview is absolutely indispensable to my professional activities and accomplishments. I could not possibly do what I do – planning clinical trials for new therapeutic agents, evaluating the safety and efficacy of novel drugs, and advising companies on development strategies across all therapeutic areas of medicine – without the comprehensive education I received in medical school.

JP: Regarding your work with the Alumni Association: how can (and do) alumni support students through various volunteer opportunities? How can students take advantage of these opportunities?

MS: I currently serve as Chair of the “Chicago Partners” program for the Alumni Council of the Medical and Biological Sciences Alumni Association (see http://medbsd.uchicago.edu/alumni/node/55). Chicago Partners promotes two initiatives, coordinated through the Alumni Relations office. The first is Residency Interview Hosting (RIH), which arranges overnight lodging for fourth-year students who are traveling for interviews outside of Chicago in the homes of alumni who are local to the interview site. RIH provides numerous benefits to our students, including the ability to learn about a training program and the local medical and scientific community from a trusted and informed source as well as, not insignificantly, the provision of cost efficiencies for students on tight budgets. The second Chicago Partners program is A Day in the Life, which pairs students with alumni for a day of “shadowing” and “real-life” experience.

RIH is a successful program, but we are always trying to expand it – with both student interest and alumni participation. A Day in the Life has proven difficult to implement due to scheduling constraints, but has gotten great reviews from both students and alumni, so we are exploring ways to make it more practical. Students interested in either program are welcome to contact the Alumni Relations office or me personally.

JP: What inspired you to enter consulting?

MS: My story is… not really one of “inspiration” so much as of what I term “intellectual restlessness.” I was vaguely dissatisfied and unfulfilled in my medical practice experience (in the private practice of rheumatology), and left it to join the pharmaceutical industry 12 years after graduating medical school. I worked for almost eight years in “big pharma,” then for four years in the start-up biotech sector. I eventually realized that I had sufficient knowledge and experience to offer my services as an independent consultant to “small pharma” and biotech companies that need clinical strategic and operational assistance but do not have in-house medical expertise. I am about to celebrate my 14th anniversary as a clinical development consultant, and I enjoy my profession enormously.

I am fortunate to have found a career path that provides the intellectual stimulation of working on a wide variety of projects across multiple therapeutic areas, technologies, and stages of development; the challenge of having to constantly learn about new and novel areas of biology, medicine, and drug development; the privilege of collaborating with global teams of wonderful, bright, and incredibly accomplished people at a peer level and on the basis of mutual trust and respect; the personal rewards of knowing that my work and accomplishments are tangible, acknowledged, and – above all – add value; and – perhaps most importantly – the opportunity to utilize, refresh, and constructively apply my medical knowledge on a daily basis.

As an extension of this line of thought, and based on my own experience, I feel that medical students and trainees should be exposed to the notion of “non-traditional” medical careers, so that if they become dissatisfied with their initial professional path, they at least know that other options exist. There are any number of such careers, all of which utilize one’s medical education and add value to society, including the pharmaceutical industry; business (like consulting), venture capital and investment banking, public policy, regulation (an ex-UC resident who shadowed me for a few days many years ago is now a senior FDA review officer), HMO and hospital administration, insurance, and public health.

JP: What advice would you offer to current students at Pritzker?

MS: Embrace opportunity. Keep as many doors open as possible, for as long as possible. Pursue your passion. Buckminster Fuller once said words to the effect that “everybody is the world’s expert in something” – figure out what your “something” is.

Jacqueline Poston, MS4

Michael H. Silverman, MD’73, FACP

Dr. Silverman will always make himself available to discuss these topics with students, and may be contacted at 718-631-8596 or msilverman@biosstrategies.com.

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physician and facilitate making appointments for the patients. To follow up on pending tests, and ensure refills on needed medi-

gaps in care. After a face-to-face conversation to discuss the

amidst follow-up or suffer adverse medical consequences from

possibly had preventable emergency room visits and inpatient

which follow-up was not conducted in a timely fashion, and

these transitions, patients missed appointments, were unable

to refill medications, had labs, imaging, and screening tests for

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this system receive a new clinic doctor every two years. During

were handed-off from graduating senior residents to rising

Dr. Pincavage considers herself an educator, not only through

and some patients have really taken ownership of their role as

resident educators, acting as “patient champions” by giving

feedback to improve the clinic handoff.

to date, the implementation of this project has seen promising

outcomes. Residents have reported greater comfort with the

paperwork for new patients and a greater sense of ownership

of their patients prior to the first clinic visit. Furthermore,

more test follow-up has been shown to take place under the

new handoff protocol. Patients are more likely to have an

appointment with the correct resident, and a trend toward fewer

emergency room visits or hospitalizations in the three months

after the handoff has been noted.

Dr. Pincavage considers herself an educator, not only through

implementing changes for ambulatory resident clinic handoffs,

but also through encouraging medical students and residents to

pursue research. Two recent Pritzker graduates are co-authors

on this study: Dr. Megan Prochaska, Class of 2011 and

Dr. Marcus Dahlstrom, Class of 2012. Both Dr. Prochaska,

who has an interest in medical education research, and

Dr. Dahlstrom, who has an interest in quality improvement

research, began working on this project as fourth-year medical

students. As a POG-2

Internal Medicine

resident at the University of Chicago, Dr. Prochaska

continues to work on this

project today.

This project is characterized by continual reflection on the

impact of the changes made through feedback from the

residents as well as the patients themselves. Once some changes

were implemented, patients told Dr. Pincavage that even with

the phone calls, they did not quite feel as though their new

doctor was their personal physician yet. In response, a patient

information folder was designed with a picture of the new

resident, a phonetic pronunciation of the resident’s name, and

some personal information about the resident so that patients

could get to know their doctors prior to the first visit. Patients

have been more willing to take part in the process once

informed of their crucial role in training medical residents,

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HONORS AND AWARDS

Student Achievements

KRISTOFER CHENARD, MS3 served as first author of the review article “Bone Morphogenetic Proteins in Craniofacial Surgery: Current Techniques, Clinical Experiences, and the Future of Personalized Stem Cell Therapy,” which was published in the November 2012 edition of Journal of Biomedicine and Biotechnology. The article is related to Kristofer’s Summer Research Project on “Effects of combination PEMF stimulation and BMP gene therapy on osteoprogenitor cells.” Drs. Russell Reid and T.C. He are the senior authors of the article and Dr. Chad Teven. Class of 2012 is a co-author.

JIMIN KIM, MS2 served as a co-author on the publication “The Academic Health Center in Complex Humanitarian Emergencies: Lessons Learned From the 2010 Haiti Earthquake,” which appeared in the November 2012 issue of Academic Medicine. The project is related to Jimin’s interest in the medical community’s responses to complex humanitarian emergencies. Jimin worked with faculty mentors Drs. Christine Babcock, Sola Olopace, and Funmi Olopace on this paper.

JIRAN KUMAR, MS4 received an American Society for Radiation Oncology (ASTRO) 2012 Annual Meeting Scientific Abstract/Travel Award. Kiran received the award for his first-authored abstract entitled “Evaluation of Gold Fiducial Marker Migration After Implantation in Prostate Image-Guided Radiotherapy (IGRT).” The award is given to the top 15 abstracts submitted by early-career clinical scientists. Kiran presented a poster on this research at the ASTRO Annual Meeting, held in Boston this past October. Kiran took on this independent research project with his mentor, Dr. Stanley Llauw.

Kiran also presented a poster at the 2012 Lymphoma and Myeloma Conference, held in New York City this past October. The poster, entitled “Toxicities Related to Involved-Field Radiation Therapy Before or After Autologous Stem Cell Transplant for Recurrent or Refractory Diffuse Large B-cell Lymphoma,” is based on a clinical database of lymphoma patients that Kiran created. Dr. Yasmin Hasan served as Kiran’s mentor for this project.

COURTNEY LAWHN, MS3 served as first author of the paper “Utility of Head CT in the Evaluation of Acute Vertigo/Dizziness in the Emergency Department” – a paper that emanated from Courtney’s work in the Summer Research Program. The article was published in September in the journal Emergency Radiology. Courtney was mentored by Dr. Chris Strauss.

SAMUEL LEE, MS4 served as one of the authors on “Brain-specific Rescue of Clock Reveals System-driven Transcriptional Rhythms in Peripheral Tissue,” which was published in the July issue of PLoS Genetics. This paper is from work Sam conducted as a member of the Takahashi Lab at Northwestern University during his undergraduate years.

ERNIKA GUIMBY, MS3 served as first-author on the article “Psychiatric Disorders and Substance Use in Homeless Youth: A Preliminary Comparison of San Francisco and Chicago,” which appeared in the August 30, 2012 issue of Behavioral Sciences. The article relates to Ernika’s Summer Research Program research, which she conducted with her mentors, Dr. Niranjan Karnik and Dr. Scott Hunter.

ADAM VOHRA, MS2 has been elected to the role of Alternate Regional Delegate to the American Medical Association (AMA). In this role, Adam will represent the Illinois delegation in the House of Delegates, both at the AMA Annual Meeting in Chicago as well as the AMA Interim Meeting next year in Maryland.

A poem written by JOSHUA WILLIAMS, MS4 has been selected for publication in JAMA Pediatrics (formerly, the Archives of Pediatrics and Adolescent Medicine). Josh’s poem, entitled “H.I.E.,” was chosen as the winner of the 2011-12 Pritzker Poetry Contest. To read Josh’s poem, please visit the Pritzker website at http://pritzker.uchicago.edu/about/news/2012Pritzker_Poetry_Co.mpnt.shtml

Josh also participated in the 2012 American College of Physicians (ACP) Northern Illinois Associates Day Meeting, where he won the award for “First Place Medical Student Oral Clinical Vignette.” The vignette presented was based on a case during his PICU sub-I titled “Eat Your Heart Out: An Atypical Presentation of Endocarditis.” Dr. Vineet Arora served as the faculty mentor on the project.
Student Achievements (continued)

HELIO ZAPATA, MS3 was selected to receive a 2012 Aetna Foundation/NMF Healthcare Leadership Program Award. This award is given to second- and third-year medical students from underrepresented minority groups who have demonstrated a commitment to serving medically underserved communities.

Faculty Accolades

DR. AMBER PINCAVAGE, along with her team of faculty from the Section of General Internal Medicine, has been selected for the prestigious AAMC Readiness for Reform Healthcare Innovation Challenge Award. The honor was given to only two other teams in the country. She accepted this award during the AAMC Annual Meeting, held in San Francisco in November 2012 (see page 8 for more details).

In addition, Dr. Pincavage presented a poster at the Association of Program Directors in Internal Medicine (APDIM) Conference entitled “Results of an Enhanced Clinic Handoff on Resident Professional Responsibility and Patient Safety.” The poster was selected to receive the 2012 APDIM Fall Meeting Award of Excellence for Research Abstract.

Share your good news!

If you would like your recent achievement to be highlighted in the next issue of the Pritzker Pulse, please visit the Pritzker website at pritzker.uchicago.edu and click “Submit your Pulse update!”

If you would like to share weddings or births with your fellow Pritzker students, email Caroline Kraft (ckraft@bsd.uchicago.edu).

Calendar of Events

JANUARY
15 State of the School Address
17 Introduction to the Summer Research Program
22 MS2 Class Meeting: Orientation to Spring Quarter and Third Year
28 MS4 Class Meeting: Preparing Your Rank List

FEBRUARY
1 MS1 Winter Symposium and Talent Show
2 Pritzker Formal
15 Beat the Blues
23 Center for Care and Discovery scheduled to open
26 AOA Induction Banquet

MARCH
1 All School Talent Show
5 GHHS Induction Ceremony
15 Match Day!

APRIL
1 MS3 Spring Symposium
30 Lowell T. Coggeshall Memorial Lecture