

Name:

Robert P. Chen, MD CMD MBA

Assistant Professor, Department of Family Medicine, RWJ Medical School
Co-Director, CentraState Geriatric Fellowship Program

Undergraduate:

Penn State University, Pre-Medicine, Bachelor of Science

Graduate:

Jefferson Medical College

Residency:

UMDNJ-Robert Wood Johnson, Family Medicine

Fellowship:

New York University, Geriatric Medicine

Board Certification:

National Board of Medical Examiners
American Board of Family Medicine

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Honors, Awards, Community Service:

NJ State Delegate, Committee of Interns and Residents 1998
Chief Resident, UMDNJ-RWJMS Family Medicine Residency 1998
STFM Resident Teacher Award 1999
Editorial Board, *ACMANJ Patient Education Manual*
Editorial Board, *Swanson's Family Practice Review*
Reviewer: *Family Medicine Management*
Volunteer Medical Director, Kip Community Center, Rutherford, NJ
Treasurer, American Chinese Medical Association of New Jersey

Comments:

Earliest exposure to geriatrics

My earliest exposure to geriatrics started when I grew up living with my grandparents. My grandfather was my father figure, and he was the closest family member to me. When I was 8 years-old, my grandfather started to show signs of dementia. He began to show changes in his personality and decline in his function. It was devastating for me to watch my grandfather deteriorate, but the experience allowed me to kindle a passion to care for the elderly.

Medical school, residency and fellowship

In medical school, I was exposed to the complex needs of vulnerable elderly while making home visits to high-risk elderly patients status post hospitalizations. As part of my family medicine residency training, I cared for longitudinal nursing home patients that opened my eyes to end of

life issues. Then, as a geriatric fellow, I led family meetings communicating with patients and caregivers about medical prognosis, overall condition and plan of care that focuses on quality of care. All these experiences combined to consolidate my interest to focus in the field of geriatrics.

After fellowship and St. Mary's

Since fellowship, I have been involved in developing a hospital-based geriatric assessment program at a suburban for-profit hospital. Later at St. Mary's Hospital, I served as medical director of a large urban multi-specialty ambulatory practice that also served as the main ambulatory teaching site for its family medicine residency. I was given administrative responsibilities without adequate preparation and resources. So over a two years span while working full time, I completed an Executive M.B.A. at New York University to enhance my ability to function as a medical director. At the same time, being the sole geriatrician in the core faculty, I developed the curriculum in geriatrics to include long-term care and home visits on high-risk elderly patients discharged from the hospital.

Current position

I came to CentraState in June 2006 to start a new geriatric fellowship program and find a forum to combine my interests in clinical medicine, healthcare administration, and academics. I take care of patients in outpatient, inpatient, and long-term care setting. Besides my administrative duties as co-director of the fellowship program, I provide medical direction for a nursing facility as well as a hospice program. I teach family medicine and geriatric medicine to medical students, residents, and fellows. In addition, the strong medical school affiliation will provide opportunities for me in research and teaching.

Personal philosophy

I am committed to being a lifetime learner. As a Family Medicine resident, my passion for taking care of geriatric patients led me to pursue a Geriatric Medicine fellowship program. As an inexperienced medical director of a large ambulatory practice, my drive to make a difference led me to pursue a Masters in Business Administration. However, there is an old saying in medicine, "See one, do one, teach one." I like to go beyond learning and doing. I am motivated to obtain the skills that will enable me to teach medical direction to physicians in training.

Physicians are becoming more disgruntled and unsatisfied under our current health care system. There are constant changes and risks. At the same time, vulnerable and underserved elderly patients are having increased difficulties navigating the ever-changing state of the health care system. As young physicians armed with excellent medical skills enter the practice of geriatric medicine, most of them neither have the management tools to succeed in practice nor the mentors to guide them. However, in most organizations, physicians are assumed to be leaders and are held accountable as leaders. Yet at the same time, the voices of the physicians are waning. This is because so much of today's healthcare system is driven by the insurance industry, the pharmaceutical industry, the legal system, and the government. I believe that physicians need to have a stronger voice as an advocate for themselves and their patients, especially the vulnerable and underserved elderly population. In order for physicians to thrive in practice, physicians need to embrace change and be capable of providing medical direction to the

organization and then the larger healthcare system. Skills such as change management and organizational management would be essential leadership tools that physicians should possess.

I believe I already have a strong technical exposure in medical direction from both my clinical experiences as medical director and my educational experience as an Executive M.B.A. at Stern School of Business at New York University. I will need the real world experiences and a forum to further hone my management and leadership skills. Further, I like to bring national attention to the need to educate physicians in medical direction as part of the core competencies in post-graduate medical education.

My long-term professional goal would be to advocate teaching medical direction in all Geriatric Medicine fellowship programs as well as all Family Medicine residency programs. These physicians, at the completion of their training, will be well positioned to not only navigate the ever-changing field of health care but also provide the physician leadership that is sorely needed.