

The Residents Report

February 2005

The Residents Council Wins Increased Housing Allowance

On July 1, 2005, UCSF residents and ACGME fellows who are currently paid by the Medical Center through UCSF payroll will receive a taxable \$500 per month housing supplement to their UC base salary. The housing supplement, funded by the UCSF Medical Center and the VA, represents the culmination of efforts by the interdepartmental Residents Council.

It is hoped that the housing supplement will apply to all of the approximately 1100 residents and ACGME fellows at UCSF. Negotiations are currently underway with others who pay resident and ACGME fellow salaries, including department chairs and affiliate sites (Kaiser, California Pacific Medical Center, Children's Hospital Oakland, etc.). Residents and fellows who receive their salary from San Francisco General Hospital and Clinics will receive the supplement only if the resident Union (CIR) negotiations with the City and County of San Francisco are successful in adding the Housing Allowance. Associate Dean at SFGH, Dr. Sue Carlisle, emphasizes the importance of resident involvement in the contract negotiations. Dr. Diana Nicoll, Associate Dean at SF VAMC, already has taken steps to secure central VA support for participation in the housing stipend and it is anticipated.

"The housing supplement represents a degree of financial relief for house officers struggling to pay San Francisco rental prices, repayments of often six-digit student debt, and other professional expenses" states Steven Hetts, M.D., resident in radiology and co-chair of the Resident Council. "Resident and fellow salaries at UCSF lag behind competitor institutions like MGH and Stanford by as much as \$10,000 per year. This has had a major impact on UCSF house staff recruitment and financial health. I applaud our CEO Mark Laret in addressing this need; the housing supplement is a step in the right direction."

After researching UCSF salary and benefits in comparison to other elite medical centers, the Resident Council generated a summary report, which was presented to the executive leadership of the Medical Center. Available on the GME website, the Report on Resident Compensation carefully examined the financial environment UCSF house officers face today, looking at salary, housing costs, loan paybacks, professional expenses, and other financial burdens. Jonathan Carter, M.D., resident in general surgery and also co-chair of the council, states, "Really, we felt the financial stress of training in San Francisco was beginning to impact the ability to learn our profession. Stories of already fatigued residents moonlighting illegally, living great distances from the hospital to save on rent, or regretting the decision to train here in the first place were becoming commonplace. Given that resident salaries continue to be 2-3 times less than salaries of other professionals who perform the same job, like nurse practitioners, we felt it was an appropriate time to act."

The interdisciplinary Resident Council evolved from the prior Medical Training Staff Committee. It is supported by the Senior Associate Dean's Office (Dr. Susan Wall) and is comprised of peer-selected residents. Drawing membership from all of the training programs at UCSF, the Resident Council seeks to find common areas of concern to disparate residency programs and address them at the University and Medical Center level. The co-chairs, Drs. Carter and Hetts, look forward to addressing other areas of resident concern.

"Now we'd like to focus on bringing SFGH into the housing supplement plan, especially since certain UCSF programs train almost exclusively at SFGH and are at risk not to benefit from the current supplement" Carter adds. The current resident

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Residents Council



Through the continued efforts by the Graduate Medical Education Committee in enhancing the educational experience at UCSF, the Residents Council was borne.

With their first meeting in 1999, the Residents' Council (formerly the Medical Training Staff Committee) was to represent the more than 1,300 UCSF Residents and Clinical Fellows (ACGME or non-ACGME) in academic

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February 2005

The ACGME's Six General Competencies

Calvin Eng, Graduate Medical Education

Procedure logs, patient surveys, 360 degree evaluations. These are just a few of the evaluation techniques employed by medical training programs throughout the nation. Superficially, this sounds very much like being put under a microscope. Holistically, is it necessary?

In July 2002, the ACGME rolled out Phase One of the Outcomes Project with implementation of the 6 General Competencies. They are included - along with the Duty Hours limitations - in the Common Program Requirements effective July, 2003.

Funded by the Robert Wood Johnson Foundation, the Outcome Project identified these competencies to aid programs in preparing new physicians for an ever-changing healthcare system.

These competencies ensure programs have a thorough set of metrics in place for gauging actual accomplishments.

The goal of the outcome project at UCSF is to standardize the values that are already important to us. It also allows us to use real data in order to show the quality of the physicians we graduate.

From patient care to medical knowledge to professionalism, these educational competencies form a guide for housestaff on their road to expertise in patient healing and medical discovery.

This guide is not only a necessity in guarding the integrity of the training experience, but is also fundamental in ensuring the most basic of medical etiquette and care is exercised: compassion. ■

The Six General Competencies "What do they mean?"

1. ***Patient Care*** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. ***Medical Knowledge*** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. ***Practice-Based Learning and Improvement*** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. ***Interpersonal and Communication Skills*** that result in effective information exchange and teaming with patients, their families, and other health professionals
5. ***Professionalism***, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. ***Systems-Based Practice***, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value"

ACGME Gen. Competencies



ACGME Institutional Site Visit 2005



The ACGME will be visiting the University of California San Francisco this Spring. Learn more about the process and what you can do to ensure a smooth visit at:

<http://medsch.ucsf.edu/gme> or <http://www.acgme.org> ■

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News From The Library

Leslie Kleinberg, Kalmanovitz Library

1. Instructional Grants: Call for Proposals
2. New Online Textbook Resource: AccessMedicine
3. MD Consult Articles Now Available in PDF Format
4. Cochrane Library: New Search Interface
5. For More Information

1. Instructional Grants: Call for Proposals

The UCSF Instructional Grants Program is offering grants of up to \$10,000 for instructional improvement projects. Proposals are due Monday, February 28, 2005.

Grants may be used to fund improvement of existing programs, development of new programs, introduction of experimental approaches to instructional content, and teaching evaluation activities. Proposals involving the application of instructional technology to teaching and learning are encouraged.

UCSF residents, as well as faculty, students, and staff, are invited to submit grant proposals. Non-faculty applicants need to include a letter from a faculty sponsor with their application.

More information, including program guidelines and application procedures, is available at <http://cit.ucsf.edu/grants/guidelines.php>

For questions, contact Brian Warling, citgrants@library.ucsf.edu, or (415) 502-6678.

2. New Online Textbook Resource: AccessMedicine

AccessMedicine provides full text of the latest editions of Lange titles, offering coverage of internal medicine, cardiology, genetics, pharmacy, diagnosis and management, basic medical sciences, patient care, and more.

Textbooks available in AccessMedicine include

- Harrison's Principles of Internal Medicine
- Hurst's The Heart

- Lange's clinical sciences series, including Current Medical Diagnosis and Treatment
- Lange's basic medical sciences series, including Basic and Clinical Pharmacology
- Scriver's MMBID (Metabolic and Molecular Bases of Inherited Disease)

The resources in AccessMedicine are easily browsed and searched individually, in combination, or as a whole.

Note: Nine titles previously accessible via the STAT!Ref database, including Basic and Clinical Pharmacology and Lange's clinical sciences series, are available in AccessMedicine. Access to these titles has been discontinued in STAT!Ref.

AccessMedicine can be used by UCSF students, faculty, and personnel. For more information and to use AccessMedicine, go to : <http://www.library.ucsf.edu/db/accessmedicine.html>

3. MD Consult Articles Now Available in PDF Format

Responding to user demand, MD Consult now provides PDFs for most articles from Elsevier journals and the Clinics series dating back to 2002. PDFs for other journals will be added in 2005. The PDF format preserves graphics, charts, fonts, and article layout. In databases such as PubMed, you can link directly to full-text MD Consult articles using the UC-eLinks feature.

Adobe Reader(R) software is required to view PDFs. The latest version may be downloaded for free from

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"... up to \$10,000 for instructional improvement"



For Galen Accounts, please visit the library webpage at

<http://www.library.ucsf.edu/info/accounts.html>

Library News



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Medical Center News

News from the UCSF Medical Center

Mark Laret, CEO UCSF Medical Center

Dear UCSF Residents,

Earlier this month we announced two changes to resident compensation. First, a modest stipend increase to raise the compensation of all PGY1, PGY2 and PGY3 housestaff to the 50th percentile of the Association of American Medical Colleges resident stipend levels. This increase applies to all UC medical centers and to all housestaff on UCSF payroll, effective January 1, 2005.

The second and more important change is a plan to institute a housing supplement for all UCSF housestaff in approved ACGME programs. Co-chairs of the UCSF Resident Council, Dr. Jon Carter (Surgery) and Dr. Steven Hetts (Radiology) have made a compelling argument on behalf of UCSF housestaff that the 50th percentile of the AAMC stipend levels is inadequate to cover the high cost of living in San Francisco. Over the last few months we've worked closely with the Dean's office, residents, clinical department chairs, Office of the President, our colleagues at the SFVAMC, SFGH and within the UCSF Medical Center to develop a housing supplement program.

Beginning July 1, 2005, residents and ACGME fellows who are currently paid from UC Med Center Funds would receive a taxable \$500/month housing supplement. In general the stipend would be paid by the same source as the salary. Where there are multiple funding sources, the supplement would be proportionally split among the funding sources.

As you know, housestaff are paid directly by SFGH when rotating at that site. SFGH cannot agree to provide the supplement at this time, since SFGH housestaff are represented by the Committee for Interns and Residents (CIR). The extension of any housing supplement to SFGH residents would be the subject of bargaining when those discussions begin this year.

This change reflects the tremendous results possible when we work collaboratively toward solutions. I look forward to more opportunities to work with you on issues of patient satisfaction, patient safety and other mutual goals. Thank you, each, for the extraordinary work that you and your colleagues do every day to care for our patients. Together we can achieve our vision for UCSF Medical Center: to be the best provider of health care services, the best place to work and the best environment for teaching and research.

Sincerely,

Mark Laret
CEO

News from SFGH

Sue Carlisle, MD, SFGH Dean's Office

PPD's available for Residents

By now most, if not all, residents have received their annual TB test, most likely at either Parnassus or Mt. Zion. For those residents currently at SFGH who have not yet been tested, TB testing will be available through the UCSF Communicable Disease Program (CDP).

Where: Ward 83, room 319

Placements: Tuesday April 19 and Friday April 22, 11:00 AM to 1:00 PM

Readings: Friday April 22 and Monday April 25, 11:00 AM to 1:00 PM

This is the only opportunity for residents to be tested at SFGH and there is a charge to the department for the testing.

Please coordinate with your Program Administrator to ensure all necessary preparations are made before your arrival.

SFGH GMEC Reconvenes

The SFGH GMEC reconvened on January 20, 2005. Departments represented included Medicine, Pediatrics, FCM, Ob/Gyn and Orthopedic Surgery. The participants affirmed the value of having regular meetings of the SFGH GMEC and shared ideas concerning committee goals, participation and scheduling. Minutes of the meeting are being distributed to all Chief Residents at SFGH and the SFGH residency site directors. ■



A courtyard view of San Francisco General Hospital's Building 30

News from UC Medical Center

News from SFGH



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Medical Center News

News from the VAMC

Patricia Cornett, MD, VAMC Education Office

The VA San Francisco recently received the results of the annual survey of VA trainees that is conducted by the VA National Office of Academic Affiliations. In general, the San Francisco VA trainees participating in the survey rated their experience very highly including the quality of the education and the quality of care. Of note, there were issues raised about after hours support services particularly in the laboratory and radiology departments as well as overall nursing support. These results are being discussed with these individual services with each service being tasked to improve the services rendered. Already there has been approval for an additional lab technologist for off duty hours. There also will be new nursing leadership beginning February 7 and residency issues will be at the top of the list for discussion.

The ICU multidisciplinary team has been in place for 6 months with generally good reviews on the educational value of the rotation as well as improved patient care of the ICU patients. The team consists of 3 medicine residents, 1 anesthesia resident and 1 surgical resident and is staffed by 2 ICU attendings and a pulmonary fellow. The creation of the ICU team has decompressed patient care duties for medicine ward teams and surgical residents although medicine ward teams are busier due to the decreased number of teams. Additional dayfloat has been added to the VA medicine teams to help fix duty hour violations. Plans are proceeding to add an additional Medicine ward team for the next year.

The VA San Francisco will also be helping with the salary increase given to residents by UCSF, paying a pro-rated percentage of the increase. ■



An aerial view of San Francisco Veterans Affairs Medical Center

Dates To Remember

TB Testing Available at SFGH

Where:

SFGH Ward 83, room 319

Placement Dates:

Tuesday, April 19, 2005

Friday, April 22, 2005

Time:

11:00 AM to 1:00 PM

Reading Dates:

Friday, April 22, 2005

Monday, April 25, 2005

Time:

11:00 AM to 1:00 PM

Service provided through:

Communicable Disease Prevention Program

Mission Center Building, Box 1206
1855 Folsom Street, Suite 601
University of California, San Francisco
San Francisco, CA 94143-1206

Ph: 415.514.3861

Fax: 415.514.2133

Email: cdp@cdp.ucsf.edu

News from VAMC

Dates to Remember



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Pager Project Progress Report

February 2005

David Sproul, UCSF Medical Center IT

Progress is continuing on the new wireless pager project. Among the highlights are:

- Construction of the antennas at Laurel Heights and ACC is complete. Moffitt/Long and Mount Zion antenna construction is targeted to begin in early March. Subject to OSHPD review & approval, all antenna installation work should be completed by mid-March. We remain confident that once the construction is complete, testing will confirm that the service dead zones have finally been eliminated.
- Current pager inventory validation began in January and should be completed this month. Once completed, managers will have the opportunity to add, delete, or upgrade the pagers they will need going forward. The target pager rollout period is mid-March and will continue through April. The conversion of Residents pagers will be handled as a separate group and will start around the third week of March and should be completed by the first week of April. Medical Center IT will be coordinating the exchange similar to the way 1-way text pagers were distributed. The Medical Center will be providing 2-way text pagers.

In conjunction with the new pager roll-out, a parallel project called *PagerBox* is in process. *PagerBox* is a web-based tool to aid Residents in monitoring and tracking staffing time, as well as simple point and click capability for sending text messages to physician and nursing pagers. The current time line is to have this ready for use in conjunction with the conversion to the new 2-way pagers. Meetings are currently underway to finalize the roll out schedule and other potential areas of use within the Medical Center. For additional information, please contact Michael McGuire, Manager, Medical Center IT Operator Services at 353-4040 or michael.mcguire@ucsfmedctr.org.

Finally, our new wireless pager provider, Arch Wireless, has merged with another leading pager provider. The new entity is known as *USA Mobility*. You may see references to either of these names.

Questions about the pager project can be directed to: Larry Conner, Project Manager, Medical Center IT at 353-4535 or larry.conner@ucsfmedctr.org. Additional information is located at <http://it.ucsfmedicalcenter.org/pager/>. ■

Housing Allowance

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contract with the City and County of San Francisco ends July 2005. "For the new contract, we hope to bring the housing supplement to the negotiating table and work closely with both the City and the Union. Ideally, we look toward unifying the salary rolls so that these types of increases need not be negotiated separately." Other future projects of the Resident Council include evaluation of the house staff medical insurance benefits and premiums, ensuring adequate IT resources are in place for the upcoming CareCast hospital information system rollout, and allocation of the Patient Care Fund (\$50,000/year). Carter states "We hope to continue to provide a vehicle for improvement of the resident-provided patient care at UCSF by building a strong partnership with both the School of Medicine and executive leadership of each of our Medical Centers." ■

Residents Council Co-Chairs



Jonathan Carter, MD
UCSF Department of
Surgery

Steven Hetts, MD
UCSF Department of
Radiology



Pager Project
Housing Allowance cont'd



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Chief Resident Spotlight:

Avanti Ambekar, MD, UCSF Department of Radiology

Avanti Ambekar, M.D.

Training:

College: Northwestern University, BA, Philosophy, 1997

Medical School: Northwestern University Medical School, 2001

Internship: Transitional, Saint Vincents Hospital and Medical Center, Manhattan, NY, 2001-02

Why Radiology?

I couldn't make up my mind about which field of medicine to specialize in as I enjoyed all the subjects. I also enjoy the point of care in which the radiologist gets involved, typically at initial diagnosis. Finally, I enjoy working with my clinician colleagues who can be stimulating and are always teaching me something new.

Age: 27

I'm from: Cleveland, OH

Hobbies: Golf, soccer, squash, hiking. Reading literature. Listening to jazz. Trying new SF restaurants.

I like being an advocate for my co-residents, and being a chief resident allows me to get a lot of our problems appropriately addressed. ■



*Chief Resident Spotlight: Avanti Ambekar, MD
UCSF Department of Radiology*

News from the Library

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<http://www.adobe.com/products/acrobat/readstep2.html>

To use MD Consult, go to <http://www.library.ucsf.edu/db/mdconsult.html>

4. Cochrane Library: New Search Interface

Significant changes have been made to the search interface for the Cochrane Library due to a change in ownership. The Cochrane Library is the premier evidence-based medicine resource, providing access to published systematic reviews and clinical studies.

The new interface brings several improvements. Users will appreciate the ability to search the entire Cochrane Library or individual databases, including

- The Cochrane Database of Systematic Reviews
- The Database of Abstracts of Reviews of Effects (DARE)
- The Cochrane Central Register of Controlled Trials

Databases and search results are easily browsed, and reviews and protocols from the Cochrane

Database of Systematic Reviews are now available in PDF format.

Access the Cochrane Library at <http://www.library.ucsf.edu/db/cochrane.html>

If you require assistance searching the Cochrane Library, please contact Keir Reavie at keir.reavie@library.ucsf.edu or (415) 476-4519.

5. For More Information

Have a question about the Library? You can contact us via the GALEN website. To email us, go to <http://www.library.ucsf.edu/contact/> or choose the "Contact Us" button at the top of any GALEN page. You will then see a link to the email contact form.

To receive monthly newsletters with general information about new resources and services, subscribe to LIBRARY NEWS. Visit <http://www.library.ucsf.edu/info/about/news/listserv.html> <http://www.adobe.com/products/acrobat/readstep2.html>

To use MD Consult, go to <http://www.library.ucsf.edu/db/mdconsult.html> ■

Chief Resident Spotlight
News from the Library cont'd



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Residents Council

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and administrative forums. Numerous successes have resulted from the efforts of this peer selected group of residents including the change from paper meal tickets to the meal debit card and its use by campus vendors. Also, through the development and implementation of the Patient Care Fund (a \$50,000 per year allocation), the Residents Council is at the forefront of the movement towards improving the quality and care for patients at the UCSF Medical Center. Most impressively, see the related articles regarding the upcoming Housing Allowance.

Charged in 2004 with a renewed emphasis on seeking new opportunities in improving quality of life and education issues impacting trainee work environment(s), the Residents' Council undertook the challenge of developing and advocating alternative guidelines that will ultimately increase the educational value at UCSF.

Jon Carter, MD and Steve Hetts, MD are co-chairs of the Residents Council which is composed of peer selected representatives from each residency. The Residents Council meets at 5:30pm immediately after the Graduate Medical Education Committee meeting - usually on the 3rd Monday of each month.

Under the guidance of Susan D. Wall, MD, Senior Associate Dean for Graduate Medical Education, the Residents Council encourages and welcomes new members to take part and contribute in shaping the policies governing physician and patient life and to be active in improving the quality and value for their patients and peers.

Learn more of the Residents' Committee and their programs at:

<http://www.medschool.ucsf.edu/gme/residents/committees/council.aspx> ■

Residents' Council cont'd

Many Thanks!

The Dean's Office of Graduate Medical Education would like to thank the following for their time and effort with this issue:

Editorial Staff:

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If you have an article you would like to submit for our next issue, please contact the Graduate Medical Education Office at 415.476.4562 and express your interest in an article submission.



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Residents at the Department of Medicine examine equipment funded through the Patient Care Fund.