

The Residents Report

February 2006

Improving the Resident Experience at UCSF

John Chi, MD and Vivek Jain, MD, Co-Chairs of Residents Council

Residents Council



Last year, the focus of the Resident's Council was to address equity between Bay Area and national medical centers and UCSF with regard to housestaff compensation. Thanks to the understanding and generosity of the medical center, the efforts of the Council resulted in a new \$6,000 per year housing stipend allowance for all ACGME appointed housestaff at Moffitt/Long hospitals.

Already this year, the Council has worked hard to introduce long white coats for all housestaff and interns, long overdue at UCSF, in an effort to improve professionalism between residents and patients. In 2006, we are continuing our efforts to improve the quality of life for housestaff at UCSF by preparing proposals for medical license reimbursement, gym fee alternatives, parking alternatives, and expansion of the Resident Well Being Program and Office, among other efforts.

To help the Council understand the opinions and preferences of the over 700 active housestaff that work at UCSF, we have prepared the first-ever Houseofficer's Annual Survey. This survey was developed by residents for residents, to get a better sense of what really interferes with our quality of life and quality of work environment and how we can make changes for the better. It is a simple and short on-line survey, which should only take 8 minutes to complete. Responses will be secure on a medical center server monitored by the Office of Medical Education and COMPLETELY ANONYMOUS. We hope to achieve as high a response rate as possible, so we urge all of you to take the short time to contribute to this effort. A summary of response will be made available to all houseofficers and will be discussed at the monthly Resident's Council meeting, which is open to ALL HOUSEOFFICERS AT UCSF.

The Resident's Council, with the help of the Medical Center and School of Medicine, strives to improve the way we as houseofficers perform our duties and live our lives in a thriving environment that is UCSF. For further information

or questions, please see the GME/Resident Council website or contact your resident council representative or the Council Co-chairs.

To access the survey, link to:

<https://www.medschool.ucsf.edu/surveys/Surveys/TakeSurvey.aspx?surveyid=1100>

Your Residents Council.

Co-Chairs John Chi and Vivek Jain

Improving the Resident Experience at UCSF

Residents Council Co-Chairs



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UCSF Department of Neurological Surgery



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February 2006

Announcement From Dean Kessler

David A. Kessler, MD, Dean

Dear Colleagues,

We are delighted to announce the appointment of Robert B. Baron, MD, MS as Associate Dean for Graduate Medical Education effective February 1, 2006. He succeeds Susan Wall, MD, who served with distinction in this position since 1999.

Currently, Dr. Baron is Professor of Medicine, Residency Director for the Primary Care Internal Medicine Residency Program and the Associate Dean for Continuing Medical Education (CME). His achievements in these positions have been significant. Over the last 16 years, he has been the key person in developing and leading one of the elite and most innovative primary care tracks in the country, whose training models have been widely emulated. Under Dr. Baron's leadership, the School's CME program has shown numerous measurable improvements, including substantial expansion, greater cross-departmental integration and full accreditation from the ACCME with two exemplary citations.

During the selection process, Dr. Baron emphasized his vision of graduate medical education for the future is one that recognizes that the optimal training of residents and fellows must go beyond traditional service roles.

"We need to create new flexibility for residents to individualize their training and allow for career development that expands to meet a variety of interest areas, particularly in resident scholarship," he said. "We also need to continue our efforts to continually improve the quality of patient care by strengthening our educational efforts in difficult-to-teach competencies including patient communication, professionalism, and practice-based learning."

As he moves into his new position, Dr. Baron will continue to serve in his leadership role in CME. He will relinquish his responsibilities for the internal medicine residency program.

"Dr. Baron is an exceptional leader," says Dr. David Irby, Vice Dean for Education. "He has done extraordinary things in continuing medical education, and I expect equally exciting innovations in GME under his leadership."

Mark Laret, CEO of the UCSF Medical Center, says he is "looking forward to a great partnership with Dr. Bobby Baron in strengthening UCSF's already terrific graduate medical education programs."



Robert B. Baron, MD MS

The selection was made after a recommendation by a search committee, which was chaired by Associate Dean Maxine Papadakis, MD. I want to thank Dr. Papadakis and the members of the committee for their service, and I want to again recognize Dr. Wall for her leadership of GME since 1999.

Please join me in congratulating Dr. Baron on this new position.

Sincerely,

David A. Kessler

Announcement From Dean
Kessler



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News From The Library

Leslie Kleinberg, Kalmanovitz Library

AccessMedicine: Much More than Online Textbooks Features You Should Know About


AccessMedicine provides online full-text access to *Harrison's Online* and the latest editions of Lange titles for basic and clinical sciences. Areas of specialty include internal medicine, cardiology, genetics, pharmacy, diagnosis and management, basic medical sciences, and patient care. These resources can be browsed and searched individually, in combination, or as a whole. Go to AccessMedicine at <http://www.library.ucsf.edu/db/accessmedicine.html>.

But Wait...There's More!

There is much more to AccessMedicine than just textbooks. Here are some key features to help with your clinical information needs.

Do You Hear What I Hear?

AccessMedicine also provides audio files of heart and lung sounds, as well as grand rounds lectures to help you stay up to date with medical topics. Each of these audio features includes direct links to related literature, allowing you to read more about the subject. The following audio features are available to enhance your learning:

- **Current Medical Diagnosis & Treatment**
 - Includes audio links in the Cardiology, Pulmonology, and Vascular disease sections that allow you to hear normal and abnormal sounds of the heart and lungs
- **Harrison's Online – Grand Rounds**
 - Listen to and watch monthly presentations by leading physicians in a specialty
 - Print a transcript and slides of the presentation
 - Many presentations offer a quiz for Category 1 CME credit
- **AccessMedicine Podcasts**
 - From the AccessMedicine homepage, click on  to select audio files of lectures and updates from *Harrison's Online* and *Hurst's the Heart* that you can listen to online or download to your mp3 player.

A Picture Is Worth a Thousand Words

Photos are often necessary to help you diagnose certain types of cases. AccessMedicine features two image resources that can help you.

- **Harrison's Online – Emergency Medicine Photo Gallery**
 - A link to this resource is available on the right menu bar of *Harrison's Online*
 - Features over 100 cases selected from the *Atlas of Emergency Medicine*
 - Includes photos, differential diagnosis, clinical pearls, and links to related chapters in *Harrison's Online*
- **Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology**
 - A link to this title is on the AccessMedicine homepage in the Clinical Library column
 - Provides picture galleries of clinical dermatology cases with brief descriptions
 - Includes detailed text covering clinical information along with diagnosis and treatment

Self-Assessments to Prepare You for the Board Exams

AccessMedicine gives you two ways to evaluate your knowledge as you prepare for the Board exams or for your ongoing self-education.

- **Harrison's Online – Self-Assessment**
 - A link to this resource is available on the right menu bar of *Harrison's Online*
 - Provides over 800 multiple choice questions for Board Review preparation or a clinical refresher
 - Allows you to select the number of questions and subjects to generate a randomized quiz



Bear and Cubs sculpture proudly displayed in front of Kalmanovitz Library

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 SFGH

Doug Eckman, UCSF S/M Dean's Office, SFGH

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: Building 80, Ward 83, room 319.

Placements: Tuesday April 4 and Friday April 7, 12:00 PM to 1:30 PM.

Readings: Friday April 7 and Monday April 10, 12:00 PM to 1:30 PM

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

SFGH GMCEC to Meet Quarterly

The SFGH GMCEC has decided to meet quarterly. The meetings for 2006 are as follows.

Date	Time	Room
February 13	5:30 to 6:30 PM	5K8
May 11	12:00 to 1:00 PM	2A6
August 14	5:30 to 6:30 PM	5K8
November 9	12:00 to 1:00 PM	2A6

The SFGH GME Committee, chaired by Dr. Lee Learman, is a resource designed to benefit housestaff at SFGH by providing a venue through which they may address questions and concerns about graduate medical education issues to senior faculty and staff at the hospital. Chief Residents provide valuable representation for



A view of San Francisco General Hospital's main entrance

their colleagues and can supply them with important news and updates provided by faculty and staff from SFGH Administration and the UCSF Associate Dean's Office.

Faculty committee members, such as Dr. Lee Learman who usually chairs the meetings, give their time for the benefit of resident physicians. The Executive Administrator of SFGH and the Associate Dean update the committee on hospital initiatives and activities. Chief Residents and site directors are therefore urged to make every effort to take part in these proceedings. A meal is provided.

News from UC Medical Center

News from SFGH

News from VAMC

News From the VAMC

Patricia Cornett, MD, VAMC Education Office

We want to take this opportunity to provide an update of recent innovations in the CPRS computer system and also let you know what will be coming in the next few months. Two recent improvements in CPRS capability include VistaWeb and expanded Stentor access. VistaWeb, available in the tools menu of CPRS in an individual patient record, provides access to all notes, lab data, and reports for that patient at any VA in the country. Access is instantaneous and the organization is by category of information. Another advance is the ability to see the radiographic studies through Stentor done at the facilities within VISN 21, i.e. Reno, Palo Alto, Sacramento. Clearly, these advances allow immediate access to information and no doubt have improved the timeliness and quality of patient care.

On the immediate horizon is an upgrade in CPRS graphic software; one of the benefits will be that

now graphic information plotting multiple variables can not only be done but also imported into clinical notes. So for instance, now one can only graph a platelet count but not include when antibiotics were started on the graph demonstrating the relationship of the thrombocytopenia with the start of an antibiotic and nor can this graph be incorporated into a note. This upgrade will allow you to plot the time course of the platelet count and insert when the antibiotics were started; this information can then be inserted into a progress note.

We recognize that sometimes it is difficult to keep up with the CPRS changes; each service has an embedded computer help support for simple issues and there is a computer help line for more complex questions or off hour requests. Another relatively recent advance is the creation of a contract help service that is available 24/7. There are occasional glitches but overall the program is working better for staff computer needs. If access is not immediate or satisfactory, we would ask that you report this to your service computer advisor.



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Medical Center News

Documentation Assurance Program (DAP)

Ernie Ring, MD, UCSF Medical Center

Improving Quality Indicators by Removing the "Documentation Gap"

What is it?

The UCSF Medical Center is implementing the Documentation Assurance Program (DAP) in February 2006. The objective of DAP, a new program focused on how a patient's medical condition is written in the medical record, is to capture the most complete and accurate documentation for the services provided. This program is not aimed at changing how a patient's condition is clinically managed.

Why is it important?

Physician documentation (including resident and intern documentation) in the medical record is the basis for publicly reported quality indicators. For example, US News and World Report uses expected mortality as one of three criteria to rank hospitals and expected mortality is derived directly from documentation in the medical record. Additionally, physician profiling and peer comparisons, which are used by external payers, employers, and consumers, are based on data from medical record documentation. Therefore, if documentation is not written in "codable" language, neither the physician nor the medical center is credited for the services being provided.

An outside audit of 150 medical records found that in 30 percent of the cases an opportunity existed to improve documentation by either using codable language or including additional documentation. The result of using codable language is an accurate reflection of the severity of the illness being treated, which, as explained above, impacts quality indicators. Accurate documentation also impacts reimbursement.

How does DAP work?

Three Clinical Documentation Reviewers (CDRs) will concurrently monitor the medical record to ensure codable language is written for all conditions and treatments. If a CDR has a question the physician will be contacted in person when possible or through an electronic query sent via SoftMed. The physician will then either update the medical record or communicate that he/she disagrees with the query.

Physicians will be provided with "pocket cards" based on specialty to use as a reference when documenting in the medical record.

What do you need to do?

When queried by the CDR you will either:

- Update the medical record with appropriate documentation if you agree with the query, or
- Let CDR know you do not agree with the query.

When is it starting?

The DAP begins February 20, 2006. Prior to that, the CDRs, Coders, Case Managers, Nurse Practitioners, and Physicians' Assistants will attend training sessions January 24, 2006 – February 16. Additionally, Dr. Ring, Chief Medical Officer, is meeting with physician groups to explain what the program is and why it is important.

If you have any questions or would like more information, please contact Joan Spicer at 353.3077 or at joan.spicer@ucsfmedctr.org.

Transportation Services

Jon Gledhill, Director of Transportation Services

Transportation Services is planning a major revamping of its shuttle routing system to improve shuttle frequency and routing between campus sites including direct service between the Mt. Zion and Mission Bay campuses.

Shuttle services will be divided into a series of routing schemes that help minimize travel times between major campus sites and also interconnect less traveled locations with connector service that will allow transfer points with easy and frequent access between all campus sites.

Meetings with the Transportation Advisory Committee, which has broad campus representation, are scheduled for later this month. The members of the Committee help ensure that the revamped shuttle routing schemes will meet campus needs within current available resources.

The new shuttle routes are tentatively scheduled to begin in early March.

Documentation Assurance
Program (DAP)
Transportation Services



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News from the Library

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- Provides answers, detailed explanations, and links to related chapters in *Harrison's Online*
- **Lange Self-Assessment Tool**
 - A link to this resource is on the AccessMedicine homepage, at the bottom of the center column
 - Set up a free account to access the self-assessment tool
 - Allows you to take customizable or randomized USMLE practice tests
 - Provides answers, explanations, and grades your test

Take It to Go: Patient Handouts and Guidelines

AccessMedicine conveniently provides patient handouts, drug information, and practice guidelines. These tools are located in the top menu bar throughout the AccessMedicine website.

- **Patient Ed**
 - Information from *Postgraduate Medicine* covering over 100 clinical topics
 - Provides customizable patient handouts
- **Drugs**
 - Drug monographs from *Clinical Pharmacology* with color photos of drugs
 - Provides a handout in either English or Spanish for a majority of drug monographs via a [[Patient Education](#)] link on the monograph
- **Guidelines**
 - Clinical guidelines from *Practice Guidelines in Primary Care*
 - Provides physician guidelines for disease screening, prevention, and management

All of the textbook information can be downloaded to your PDA to take with you. In addition, all drugs referenced in treatments throughout the textbooks link to the corresponding drug monograph in *Clinical Pharmacology*.

If you require assistance using AccessMedicine, please contact Josephine Tan, josephine.tan@library.ucsf.edu or (415) 476-2534.

California Medical Licensing Update

Amy Day, Graduate Medical Education

California law mandates that all physicians practicing or training in the state, including residents and fellows, be licensed after two years of ACGME training for US and Canadian medical graduates or three years of ACGME training for foreign medical graduates. For most UCSF housestaff, this means that licensure must be obtained by June 21st or July 1st, depending on training program, of his/her third (US medical graduates) or fourth (foreign medical graduates) year of postgraduate training. Currently, the licensure process is taking at least six months and in some cases longer. All housestaff that must be licensed by June or July of 2006 should have already begun the process and if they haven't, must begin immediately or they may not be able to work at the beginning of the new academic year. It is against California law for license-eligible physicians to work without a license. If licensure has not been obtained by the required date, housestaff cannot participate in patient care and provider IDs will be shut off.

Effective January 1, 2006, licensure, renewal and delinquency/penalty fees increased, while the

initial application/fingerprint fee (\$505) remained unchanged. The licensing fee has increased to \$790, \$395 for those eligible for reduced fees (residents and fellows in ACGME approved programs). Delinquency fees, which are assessed to physicians who fail to renew their licenses within 30 days of expiration, were increased to \$79, while penalty fees, assessed to physicians who fail to renew within 90 days of expiration, increased to \$395. Renewal fees have increased to \$790 and unfortunately there are no fee reductions for renewals. All physicians must pay the amount in full.

Medical licenses expire on the last day of the physicians birth month regardless of when the license was obtained. The GME Office does monthly checks for those expiring at the end of the month and emails are sent to those who have not renewed. All housestaff should be aware of when their licenses expire and be sure to start the process a couple of months before expiration. The quickest way to renew a license is to do so using the California Medical Board's website (<http://www.medbd.ca.gov>) and pay by credit card. Renewals done by mail take significantly longer to process. A physician cannot work without a valid license, therefore, housestaff must cease all patient contact immediately if

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Library News cont'd
California Medical Licensing



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Chief Resident Spotlight:

Nobl Barazangi, MD, UCSF Department of Neurology

Nobl Barazangi, MD

I am one of the six co-chief residents in Neurology; my specific duties as co-chief include Education and Teaching and Social Activities. First and foremost, I have to share this 'spotlight' with my co-chief residents, Jenny Clarke, Nina Garga, Anthony Kim, Kathleen Poston, and Huidy Shu, who are amazingly diligent in serving and helping to improve the Adult Neurology Residency Program, dedicated colleagues, and most of all great friends.

My interest in medicine first started as an undergraduate student at Cornell University, where I completed a multi-disciplinary major focusing on neuroscience and writing. My goal was to find a career that integrated my interests in science and allowed me to work closely with people. This led me to the MD-PhD program at Columbia University, where I completed my PhD in neurophysiology and worked with Lorna Role and Richard Axel in understanding how mice process information encoded by pheromones. Neurology naturally lent itself to me as a specialty, as it offers many opportunities to participate in acute and long term care of patients, as well as translational and clinical research. After completing my neurology residency this summer, I plan to do a Neurocritical Care fellowship at UCSF, with the ultimate goal of staying in academia, caring for patients, and pursuing my research interests in learning how neuroradiological techniques can aide in the diagnosis and treatment of neurovascular disorders and perhaps neurotrauma.

I have discovered, as chief resident, a new mission and responsibility that we all share as chiefs and that I hope to pursue beyond this year. That is, to effect real change in medical education and in particular how residents are trained. Within our and other departments, the GMEC, and the Resident's Council, there has been a renewed interest in and commitment to finding new ways to balance residents' education needs and service requirements, to integrate education and teaching into our daily responsibilities as young physicians (for example, developing an integrated curriculum similar to the new curriculum created for medical students at UCSF), making medical training more efficient (especially for those headed towards academic careers), and in the fair treatment of residents across the country with respect to reimbursement and work conditions. Protecting our education will probably be the biggest challenge we will confront as residents as the face of medicine changes and hospitals' priorities shift. I hope to be able to contribute to this goal both locally as a representative to the GMEC, Campus Life Services/CCCAC, and Resident's Council, and perhaps nationally in the future.



*Chief Resident Spotlight: Nobl Barazangi, MD
UCSF Department of Neurology*

I have always received unconditional support from my parents, both of whom are academicians in the social and earth sciences (although my judgment to move to San Francisco was mildly questioned by my father, who is a seismologist). As successful immigrants from Syria who have actively given back to their country by furthering research programs in the respective fields, they have consistently encouraged me to pursue my career unhindered by convention or other challenges, and to pursue change. They have also instilled in me the love of travel and I have learned to shift easily between cultures. I eventually hope to follow in their footsteps by using my skills to further medical knowledge and research internationally – I am well known in my program for having to leave the country to an 'offline' location at least twice a year. As social chief both within the neurology program and in the rest of my life, I find much enjoyment in getting people together for social or cultural occasions; I have been a member of a recently formed organization for Young Arab-American Professionals and try to stay active with them as much as possible. I have also been an avid equestrian since childhood, which has been on hold (ironically) because of an L5-S1 herniated disc that was diagnosed by my fellow residents and Dr. Aminoff in the EMG lab! As an avowed New Yorker (rounds are NEVER fast enough for

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Chief Resident Spotlight



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GME Dates to Remember

GME Grand Rounds

Location: N-217

The GME Grand Rounds will be held from 12:00 - 1:00PM. Lunch is provided.

February 28, 2006

Topic: Race, Ethnicity and Health Disparities: Implications for Modern Medical Practice, Eliseo J. Perez-Stable, MD

March 28, 2006

Topic: Professionalism: A Critical Measure of Competence, Maxine Papadakis, MD

April 25, 2006

Topic: Close Your Eyes: A Physician-Patient Journey into the ICU, Daniel D. Shin, MD

May 23, 2006

Topic: Current Issues in Patient Communication, Mitchell D. Feldman, MD

June 27, 2006

Topic: TBA

GMEC (Graduate Medical Education Committee Schedule of Meetings)

GMEC Meetings for the 2005-2006 academic year are scheduled on Mondays from 4:00-5:30 PM on the following dates:

<u>Date</u>	<u>Location</u>
February 13, 2006	M-1486
March 13, 2006	M-1486
April 17, 2006	TBA
May 15, 2006	TBA
June 19, 2006	TBA

Chief Residents' Committee

Chief Residents' Committee for the 2005-2006 academic year are scheduled 6:00 - 8:00PM on the following dates:

<u>Date</u>	<u>Location</u>
February 28, 2006	M-1486
March 21, 2006	M-1486
April 11, 2006	TBA
May 30, 2006	TBA

Residents Council

Residents Council Meetings for the 2005-2006 academic year are scheduled on Mondays from 5:30 - 6:30PM on the following dates:

<u>Date</u>	<u>Location</u>
February 13, 2006	M-1486
March 13, 2006	M-1486
April 17, 2006	TBA
May 15, 2006	TBA
June 19, 2006	TBA

Chief Resident Spotlight

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me), I have found myself becoming very fond of both UCSF and San Francisco over the last four years, so much so that I chose to stay at least two more years - and in the end, it's the people I have worked with and gotten to know that have made all the difference (and, well, maybe the weather, too). If only a proper late-night falafel and shawarma joint would open up, San Francisco would be perfect...

California Medical Licensing Update

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their license expires and cannot participate in patient care until the license has been renewed. The GME Office will turn off provider IDs the last day a license is valid at 3:00pm. If an expiration date falls on a weekend or holiday, the GME Office will turn off provider IDs at 3:00pm on the previous business day.

If you have any questions regarding California medical licensing, please feel free to contact Amy Day, Senior Analyst for Appointments and Licensure, Office of Graduate Medical Education at (415) 514-0146 or daya@medsch.ucsf.edu.

Many Thanks!

Editorial Staff:

Robert B. Baron, MD MS
Andrea Sun
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The Dean's Office of GME would like to thank the following for their time and contributions:

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GME Dates to Remember
Chief Resident Spotlight
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California Medical Licensing
Update cont'd
Many Thanks!



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