

# The Residents Report

Autumn 2006

## Upcoming Events

### Residents Council

November 20, 2006

### Grand Rounds

November 21, 2006

*How to Be a Good Mentee (and Find a Good Mentor)*

Mitchell D. Feldman, MD

### Chief Residents Dinner

November 21, 2006

### Chief Resident Workshop

January 23, 2007

### Chief Resident Orientation

May 16, 2007

## Building a Team

Robert B. Baron, MD MS, Associate Dean of Graduate and Continuing Medical Education

As all local professional sports fans know, the key to success is a general manager with a great eye for talent (or in the case on all of our non-Athletics franchises, the lack of same.) The same is true in academics. Recruitment of outstanding leadership is one of our key metrics of success.

This year, with the complexity of the tasks on the horizon for GME, our key first step has been to build a great team of faculty leaders in GME. They, of course, join our existing group of 68 ACGME residency and fellowship program directors, key teaching faculty in all programs, and committed leadership in each of our departments.

Please meet again the four key faculty who will join our team in GME. (And, learn more about Lorenzo Woo, our Director of Operations in the Office of GME inside...)

**Claire M. Brett, MD** is Professor of Clinical Anesthesia. Since coming to UCSF in 1976, Claire has trained in Pediatrics, Neonatology, and Anesthesiology and is boarded in all three specialties plus critical care. She remains highly clinically active in pediatric anesthesiology and is an active teacher in the anesthesia training programs. Her research focus is the pharmacogenetics of membrane transporters. As a longstanding service-oriented faculty member, she has served on the medical school admissions committee, the faculty council, the faculty welfare committee, and CAP (to name just a few). Claire joined the GME Committee in 1999, and working with Susan Wall MD, was a key participant in UCSF's last two most successful ACGME Institutional Site Visits.



**Claire M. Brett, MD**

Claire will continue her work on the GMCC as Vice Chair of the Committee and as a member of the GMCC Executive Committee. Clair has also formally assumed the position as Director of Internal Reviews. She will bring her 8 years of experience, her incredible attention to detail, and her willingness to

*cont'd on pg 2*

## Residents Lead Patient Care Funds

Delphine Tuot, MD, Chairperson, Patient Care Fund Committee; Arpana Vidyarthi, MD, GME Liaison to the Patient Care Fund; Amy Day, Senior Analyst for Resident and Fellow Affairs, GME; Doug Eckman, Operations Manger, Dean's Office, SFGH

Both UCSF Medical Center and San Francisco General Hospital offer resident physicians and clinical fellows the opportunity to improve patient care through their respective Patient Care Funds. Trainees have a unique perspective on patient care provided at both UCSF and SFGH and are thus in a great position to recognize patient needs that are currently unmet and make important, innovative contributions!

\$50,000 has been set aside for resident proposals that tangibly benefit patients at UCSF Medical Center. In previous years, the UCSF Medical Center Patient Care Fund supported computers for children in the ED, a blanket warmer for patients in Interventional Radiology, a literary magazine with works from UCSF pediatric patients, and educational seminars for dermatology patients suffering from sun-induced disorders. Proposals are collected online and reviewed by the Residents' Council. Final granting decisions are made by representatives from the Residents' Council, GME Office, and UCSF Medical Center. Keep an eye out for more details from your friendly Resident Council Representative and refer to the following link: [http://www.medschool.ucsf.edu/gme/residents/committees/patient\\_care.aspx](http://www.medschool.ucsf.edu/gme/residents/committees/patient_care.aspx)

The SFGH Patient Care Fund was negotiated between the Committee of Interns and Residents (CIR) and the City and County of San Francisco and provides up to \$102,000 for approved resident projects geared towards improving patient care. The SFGH Patient Care Fund has provided support for the purchase of books/toys for the pediatric clinics, breast pumps and supplies for breast feeding patients, procedure lamps for family medicine clinics, education posters, and a web-based patient education system. For more information or to apply for the SFGH Patient Care Fund, please contact CIR at (415) 861-5235.

*Get those creative juices flowing, as no project is too small! Scrutinize your work environment and determine how patient experiences can be enhanced.*



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Autumn 2006

# Building a Team, (cont'd)

work hard on behalf of others to the process of reviews and site visit preparation. She has already been a tremendous asset to the GME office and to numerous departments in preparing for ACGME visits.

**Lee Learman MD PhD** is Professor of Obstetrics, Gynecology and Reproductive Sciences and Program Director of the OB/GYN Residency Program. He has been active in GME since joining the UCSF faculty in



1994. He has played a central role on the GME Committee and multiple related sub-committees and task forces and has played a key leadership role in implementation at UCSF and around the country of the ACGME Outcome Project. Lee is an active, elected member of the Council on Resident Education in OB/

GYN (CREOG), the governing body for educational policy in the specialty, and is nationally recognized for his work in GME. Lee has substantial experience in curricular development, curricular management and educational scholarship in both UME and GME and is a member of the UCSF Academy of Medical Educators.

Lee will provide leadership for curricular excellence and innovation in GME at UCSF. He will lead our efforts to develop new systems for curricular planning and management, improve the integration of curriculum across programs and between UME and GME, develop enhanced methods of teaching and assessment of learners, and help develop new "areas of concentration" across departments. Lee will chair a new Curriculum Sub-Committee of the GMEC working closely with Program Directors and trainees and with other curricular leaders in the medical school.

**Mary McGrath MD MPH**

is Professor of Surgery in the Division of Plastic and Reconstructive Surgery. Prior to coming to UCSF in 2003, Mary served as Program Director for the Plastic Surgery Residency Programs at George Washington University and Loyola University for 18 years. She is a member of the ACGME RRC for Plastic Surgery, an examiner for the American Board of Plastic Surgery, and a former Director of the Board. Mary has been a career-long mentor and advocate for residents. She has developed an Ombudsman Program to address issues of resident harassment, developed systems to curb "beeper abuse," and is a trained mediator with expertise in dispute resolution.



Mary also has substantial experience and expertise in professionalism and medical ethics. She is lead author of the *Ethics Curriculum for Surgical Residents* of the American College of Surgeons and teaches biomedical ethics at UCSF and around the nation.

Mary will provide leadership for professional and personal development of residents and fellows at UCSF. She will lead our efforts to enhance systems that address psychological and physical well-being, work-life balance, a respectful educational environment, an understanding of legal and financial issues, an ombudsperson program, career mentoring, support and advocacy, and creation of a diverse group of trainees. She will meet regularly with residents and fellows and will chair a new Resident and Fellow Affairs Sub-Committee of the GMEC. Mary will also work closely with leaders of the medical school well-being program, multiple campus resources related to resident and fellow quality of life, and others working on creation and maintenance of a diverse and respectful working environment.

**Arpana R. Vidyarthi, MD**, is Assistant Professor of Medicine. She was a fellow in hospital medicine at UCSF and joined the

faculty as a hospitalist in 2003. Dr. Vidyarthi is nationally recognized for her work studying the impact of duty hour reduction and for developing and evaluating systems to improve the process of signouts. She is currently the Director of Quality for the inpatient medicine service at



Moffitt-Long hospital, and as such, has led the Internal Medicine Quality and Safety Curriculum, championed educational innovations to improve patient safety through the Triad for Patient Safety Project, and assisted in instituting the new Synopsis signout system. Dr. Vidyarthi is also Associate Director of Curricular Development for the Integrated Nurse Leadership Program, a bay-area wide program assisting hospitals in instituting quality improvements.

In her role with GME, Dr. Vidyarthi will help build and promote a culture for residents and fellows that values safety through a number of programs. Working closely with Medical Center leadership, she will lead GME efforts to develop a leadership, safety, and quality curriculum for all residents. She will continue and enhance our new Chief Resident Development program, which includes seminars for existing and upcoming chief residents, advancing their leadership skills to further their ability to engage new safety and quality initiatives. She will also act as the faculty liaison for the Patient Care Fund, re-invigorating this program to provide residents a mechanism to set a quality agenda and fund programs to improve the patient experience.

Building a Team



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## GME Spotlight - Lorenzo Woo

**Lorenzo Woo** is the Director of Operations for the Office of Graduate Medical Education (OGME). As Director, he is responsible for overseeing OGME staff operations in the areas of administration, accreditation, resident and fellow affairs, finance, and education technology.

Lorenzo's career in GME began 16 years ago, in October of 1991, when he graduated from Michigan State University (MSU) and accepted a position as a Program Coordinator for the MSU Pediatric Residency Program in East Lansing, Michigan. In February of 1995, Lorenzo moved to Kalamazoo, Michigan where he became the Program

Manager for the General Surgery and Orthopaedic Surgery residency programs and Bariatric Surgery clinical program at MSU/Kalamazoo Center for Medical Studies. Lorenzo served in this position for ten years before moving to San Francisco in August of 2004 with his partner Joe, now a physician at Kaiser Permanente in South San Francisco.



Lorenzo moved to San Francisco to become the Program Administrator for the UCSF Medicine Residency Program. After six months, he was promoted to Division Administrator for Education in the Department of Medicine. Finally, in November of 2005, Lorenzo replaced Kimberly Newman as Director of Operations for the Office of Graduate Medical Education in the School of Medicine Dean's Office.

Lorenzo truly enjoys his work in GME. "From the moment I received my diploma at MSU, I began serving as an administrative resource to residents. It's amazing to think that I've recruited for 16 resident classes of different specialties and attended 16 graduations. Working at the program level, I had more direct involvement with the residents - I knew all the residents, their spouses or significant others, their children. At the GME level, it's a bit challenging - though not impossible - to get to know over 1,200 trainees across 68 ACGME-accredited and 50 non-accredited programs. Although I do miss my everyday interactions with trainees, I know that the work I do in GME has a much greater impact on the residents and fellows overall. I'm in a place where I can truly make a difference for the trainees. And I work with an incredible group of people in the OGME. The faculty and staff are an absolute pleasure to work with."

As much as Lorenzo enjoys his work in GME, he does find time to pursue and enjoy some of his other interests. You might spot Lorenzo teaching a group fitness class at Millberry Union Fitness and Recreation Center. Lorenzo is an ACE-certified group fitness instructor and has been teaching a variety of classes for over 7 years now. When he's not in the studio, he's weightlifting, running or cycling. Another interest of Lorenzo's is music. Lorenzo comes from a musical

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## Residents Council

We are pleased to announce this year's Residents' Council Co-Chairs: Derk Purcell, MD, R4 in Diagnostic Radiology, and Shan Pai, MD (not pictured), R4 in Dermatology.

The Residents' Council meets monthly (usually every 3<sup>rd</sup> Monday at 5:30PM) and all residents and fellows are invited to attend.

The next meeting will be held on Monday, November 20<sup>th</sup> at the Medical Sciences Building on Parnassus in Room S118. Below is the Council's agenda for 2006-07.



Derk Purcell

### UCSF Resident Council 2006-07 Agenda:

Derk Purcell, Radiology Resident

#### 1) Housestaff Survey II

As a follow-up to last year's highly successful housestaff survey, specific goals:

- ◆ To clarify the financial status of UCSF residents and fellows
- ◆ To gain the resident/fellow perspective on how the hospital and the house staff can work together to improve patient care

#### 2) Patient Care Fund

Reinvigorating the Patient Care Fund by publicizing it among the housestaff and identifying/funding housestaff-led projects that will improve patient care at UCSF.

#### 3) Ombudsperson/Wellness Project

Based upon survey data from last year, the resident council aims to establish a central portal for resources related to resident/fellow wellbeing (e.g., confidential legal council, interpersonal conflict resolution, mental health counseling).

#### 4) Medical Licensing Reimbursement

Seeing this successful project from 2005-06 to completion.

### Snapshot



Dr. Baron and colleagues discussing Grand Rounds

GME Spotlight  
Residents Council



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# Medical Center News

## News From SFGH

Doug Eckman, Dean's Office School of Medicine

Associate Dean A. Sue Carlisle has appointed Dr. Beth Harleman Chair of the SFGH GMEC. She succeeds Dr. Lee Learman who has held the post since September 1, 2002. The Dean's Office and Hospital Administration at SFGH thank Dr. Learman for his time and outstanding leadership over the years and thank Dr. Harleman for agreeing to chair this important committee.

The next SFGH GMEC meeting is December 1 2006, 12:00 to 1:00 PM in room 7E2. Lunch will be served.



The SFGH GME Committee 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 administrative staff at the hospital. Chief Residents provide valuable representation for 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.

The Executive Administrator of SFGH and the Associate Dean update the committee on hospital initiatives and activities. Chief Residents and site directors are urged to make every effort take part in these proceedings.

## News From the VA

Patricia Cornett, MD, Clinical Professor Hematology/Oncology

Residents should be aware of several new changes at the VA. Beginning this summer, the first time you rotate at the VA, you will be asked to provide a set of fingerprints to our Personnel office. This is due to a recent federal interpretation that residents working at the VA must have background checks. Unfortunately,



the VA must do their own set of fingerprints and not rely on those done for California licensure. Secondly, residents must be aware of certain issues regarding ethical conduct while working in a federal facility. Specifically, residents and fellows must not accept gifts including meals from pharmaceutical representatives while working at the VA.

Pharmaceutical representatives are not allowed to be present in patient care areas without a specific appointment with a VA staff physician and also may not attend conferences where patient care information is being discussed. Other changes that you might notice include the ongoing evolution of the CPRS computer system including new graphic functions and access to patient care information from outside VA facilities. As usual, CPRS classes are held on a regular basis and can help to keep you updated on changes. Residents should also consider applying for home access; your service computer support person can help you with that paperwork.

News from UC Medical Center

News from SFGH

News from the VA

## News From UCSF Med Center

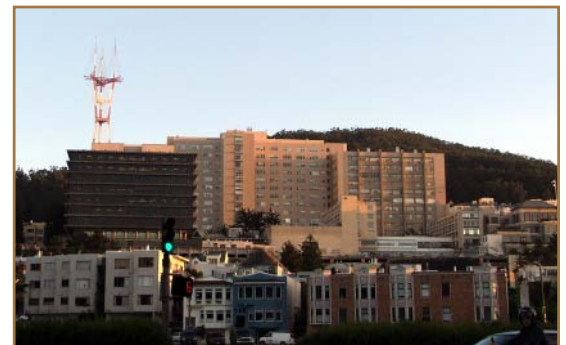
Adrienne Green, MD, Associate Chief Medical Officer

### Lessons Learned from the JCAHO Survey

Over 60 compliance issues were identified in the June 2006 JCAHO survey. Highlights fall into the 2 broad categories of procedural and medication issues.

#### 1. Procedures

- a. Consent forms found with no witness signature and inconsistent notes regarding risks, benefits and alternatives.
- b. Non-compliance with the Universal Protocol for preventing wrong site, wrong procedure, wrong person surgery.
  - i. Pre-verification not always evident
  - ii. Poor marking of operative site (e.g. pen washed off with betadine)
  - iii. "Time out" performed inconsistently and without surgical attending present



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# California Medical Licensing Tips

Amy Day, Senior Analyst for Resident and Fellow Affairs, Office of Graduate Medical Education

- Begin the licensing process at least 6 to 9 months prior to the date you actually need your license.
- Submit the initial licensing application (L1A – L1E) and the processing fee (\$505) as soon as you can. This will speed up the processing of your application and documents.
- Complete all documentation clearly, legibly, and accurately.
- Once you have completed your application, send it in immediately. The Board occasionally updates their forms and will not accept old versions of the paperwork.
- Do not use your home address on the application or other licensing forms. The address you use will be posted on the Medical Board website and can be accessed by patients. Use your UCSF work address.
- Do not send all documents to the Medical Board at the same time...submit them as they are ready.
- Have your fingerprints done very early in the process. Any problems with the processing of your fingerprints may delay the issue of your license by several months.
- If you will not be using the UCSF GME Licensing Fair to get your fingerprints done, be sure to stop by the GME Office (MU 250 East ) to pick up the appropriate form prior to obtaining your prints. There is a list of Live Scan locations available on the Medical Board's website: <http://ag.ca.gov/fingerprints/publications/contact.htm>.
- Your license is valid for two birthdays and expires on the last day of your birth month. The length of the initial license varies from 13 to 24 months depending upon when the license is granted. Obtaining your license during your birth month gives you a full 24 months before renewal.
  - Do Not Wait Until Your Birth Month To Send In Your Paperwork. If you want your license issued during your birth month, send in everything, including the final licensing fee. Attach a note to the final check requesting that the Board wait until the appropriate month to issue your license.
- To obtain your USMLE transcripts you may either request them by mail or the web. The cost is the same, but if you request by mail you can ask for a copy to be sent to you as well. If you use the web, copies can only be sent to official licensing entities. However, the paper version must be notarized. <http://www.fsmb.org/transcripts.html>
- Do not request your USMLE transcripts until you have taken and passed Step 3. If you request them before you have passed the exam, the Federation of State Medical Boards will send only what they have on record (Step 1 and Step 2).

Please contact Amy Day, Senior Analyst for Resident and Fellow Affairs, Office of Graduate Medical Education, if you have any questions or concerns: [daya@medsch.ucsf.edu](mailto:daya@medsch.ucsf.edu) or (415) 514-0146.

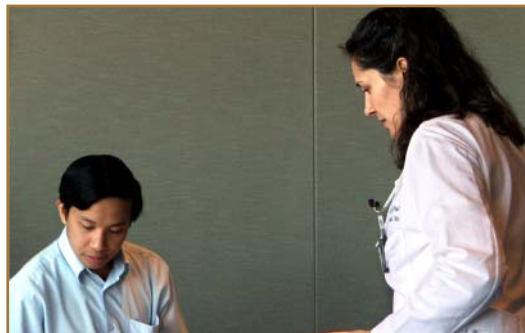


Lorenzo Woo and Amy Day of the Graduate Medical Education Office managing the October 18 License Fair

## Licensing Fairs at Millberry Union



Dr. Baron discusses licensing issues with Medical Board representative, Kevin Schunke.



The Graduate Medical Education office conducted Licensing Fairs this fall. The fairs were a resource for people to have documentation reviewed and notarized, obtain fingerprinting, and have portraits taken all in one location.



Licensing Tips  
Licensing Fairs



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# Discharge Planning and Patient Flow: Summary of Discharge Options

Adrienne Green, MD, Associate Chief Medical Officer

Effective and efficient patient-centered discharges are an important part of hospital care requiring teamwork and knowledge of discharge options. The following chart is designed to assist in discharge planning.

	Primary Services	Requirements	Restrictions	Needs
<b>Home with Attendant Care</b>	Personal hygiene and care (e.g. feeding, bathing)		Patient/family usually pay privately	
<b>Home with Home Health Care</b>	<ul style="list-style-type: none"> <li>Nursing for wound care, IV therapy, med teaching, respiratory care, disease management</li> <li>Rehab- PT/OT/Speech</li> </ul>	Patient must: <ul style="list-style-type: none"> <li>be homebound</li> <li>have a "skilled need"</li> </ul>		<ul style="list-style-type: none"> <li>Home care orders by 1:00 on day prior to discharge (2<sup>nd</sup> &amp; 3<sup>rd</sup> page of PDP)</li> <li>Documentation of PCP to follow patient.</li> </ul>
<b>Home with Hospice**</b>	<ul style="list-style-type: none"> <li>Nursing with focus on palliation of symptoms and comfort at the end-of-life</li> <li>Supportive environment for patient and family</li> </ul>	<ul style="list-style-type: none"> <li>Prognosis &lt;6 months</li> <li>DNR/DNI</li> <li>No planned return to hospital</li> </ul>	Need reliable family/caregiver to assist with care at home	Home care orders by 1:00 on day prior to discharge (2 <sup>nd</sup> and 3 <sup>rd</sup> page of PDP)
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>Nursing for wound care, IV therapy, continued medical management....</li> <li>Rehab- PT/OT/Speech</li> </ul>	Patient must: <ul style="list-style-type: none"> <li>have a "skilled need"</li> </ul>	<ul style="list-style-type: none"> <li>Required 3 day stay for Medicare patients</li> <li>No substance abuse in past 12 months</li> <li>No sitter, restraints</li> </ul>	<ul style="list-style-type: none"> <li>Dictated discharge summary at time of transfer</li> <li>Complete PDP and Rx 24 hrs before discharge</li> </ul>
<b>Acute Rehabilitation Facility</b>	<ul style="list-style-type: none"> <li>Rehab</li> <li>Nursing</li> </ul>	Patient must be able to tolerate 3 hours of rehab per day	Patient must have a clear discharge plan	Paperwork as for SNF
<b>Sub-Acute Facility</b>	<ul style="list-style-type: none"> <li>Trach or ventilatory care</li> </ul>	Trach or vent, complex nursing needs		Paperwork as for SNF
<b>Transfer Back to Referring Hospital</b>	Acute hospital care	Patient must have acute care needs but no longer require tertiary services provided at UCSF		<ul style="list-style-type: none"> <li>UCSF MD- accepting MD discussion</li> <li>Paperwork as for SNF</li> </ul>

\*Skilled needs fall into 2 categories-- Nursing and Rehabilitation Services. Examples include:

Skilled Nursing for: IV antibiotics, Tube feeds, TPN, Wound Care

Rehabilitation Services for: Physical, Occupational or Speech Therapy

Care such as bathing or feeding is considered *attendant or custodial care* and does NOT qualify as a "skilled need."

\*\*Hospice may also be provided in a residential or skilled nursing facility

*For a successful discharge, communicate early and often with patient and family, your social worker, case manager and bedside nurse.*

Discharge Planning and Patient Flow

## Lessons Learned from the JCAHO Survey, cont'd

Adrienne Green, MD, Associate Chief Medical Officer

### 2. Medications

- Orders not written clearly with illegible MD signature and ID number
- PRN medication orders without clear indications for administration
- Medication Reconciliation plan not implemented (planning in progress)

### 3. Other findings

- Poor attention to hand washing, especially in the ICU (stay tuned for details of the upcoming Hand Hygiene campaign in future newsletters).
- History and Physical examinations not present in charts/UCare in a timely manner.

The next accreditation survey will be unannounced and may occur anytime after January 1, 2007. To view a complete list of JCAHO National Patient Safety Goals, see <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals>. If you are interested in assisting with quality or safety initiatives at UCSF, please contact Adrienne Green, MD, Associate Chief Medical Officer at [green@medicine.ucsf.edu](mailto:green@medicine.ucsf.edu).



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# GME Autumn 2006 Grand Rounds Presentations



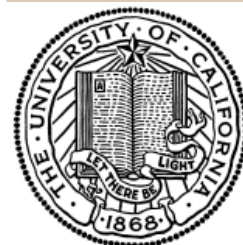
Jeff Kohlwes, MD presented a Grand Rounds discussion [How to Apply Practical Medical Ethics at the Bedside](#), September 19, 2006. To view his slideshow go to the Grand Rounds link on the GME website.



Michael Steinman, MD presented [Impact of the Pharmaceutical Industry on Graduate Medical Education and Medical Practice](#) October 16, 2006. View his slides on the GME website.



Grand Rounds



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## Many Thanks

### Editorial Staff:

Robert B. Baron, MD MS  
Lorenzo Woo  
Steven Kyle Weller

The Dean's Office of GME would like to thank the following for their time and contributions:

### Contributors:

Adrienne Green, MD  
Amy Day  
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Claire Brett, MD  
Delphine Tuot, MD  
Derk Purcell, MD  
Doug Eckman  
Jeff Kohlwes, MD  
Michael Steinman, MD  
Patricia Cornett, MD

Many Thanks!  
Teaching Workshop  
GME Spotlight cont'd  
GME Puzzler Challenge



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## Resident Teaching Workshop

Lorenzo Woo, Director of Operation, Graduate Medical Education

This fall, the Academy of Medical Educators and the Office of Graduate Medical Education sponsored the "Resident Teaching Workshop", a 4-hour workshop on teaching for residents and fellows. The workshop was offered on September 20th and repeated on October 19th and November 3rd.



Kathy Julian leads a talk on Creating a Positive Learning Climate

The workshop was led by Drs. Bree Johnston, Maria Wamsley, and Kathy Julian and included several other faculty from other departments, including Drs. Andrew Murr, Andre Campbell, Jeff Tabas, Jewel Shim, Chris Kane, and Paul Turek.



Maria Wamsley discusses Providing Effective Feedback

The curriculum for the workshop was designed to teach both cognitive and procedural teaching skills. Topics included:

- Creating a Positive Learning Environment
- Providing Effective Feedback
- Teaching Microskills (one minute preceptor)
- Teaching Procedures
- Small Group Teaching
- Effective Teaching for Consultants

The content was appropriate for residents and fellows who teach in any specialty and at all levels (students, residents, fellows etc). Approximately 60 trainees participated in the workshop.



## GME Spotlight: Lorenzo Woo (cont'd)

family. "Everyone in my family sings, and we all play a variety of instruments. For me, it's piano, clarinet, and bass guitar. I played in a few bands growing up. My brother, Harleem Lee, was on an NBC primetime television series a couple of year ago called "Fame" a reality TV show much like "American Idol" - hosted by Debbie Allen and Joey Fatone (from N'Sync). Contestants had to be able to sing, dance, and light up a stage - referred to on the show as a "triple threat." The season started with 25 contestants, and after each episode, viewers had to call in to vote for their favorite contestant. My brother ended up being the winner on that show. He was awarded a record contract and some promotional deals. It's probably one of the most memorable experiences for me and my family."

When asked about the future direction of the OGME, Lorenzo had this to say, "Well, I'm very excited to be a part of the new GME administration led by Associate Dean Bobby Baron. Dr. Baron is a visionary who knows how to turn great ideas into action. One of our primary functions is to ensure that the institution and its programs maintain full accreditation with the Accreditation Council for Graduate Medical Education (ACGME) and remain in compliance with all accreditation and regulatory requirements. Beyond that, our goal is to put the "E" back in GME," as Dr. Baron puts it, and become more of an educational resource center for our programs and their trainees. The well-being of our residents and fellows and their educational training and experiences are very important to us. We our expanding our office to meet the growing needs of our programs and their trainees. We have faculty and staff that serve specific functions in the areas of areas of GME administration, Resident and Fellow Affairs, Accreditation, Education Technology, and GME Finance. Ultimately, I would like to see our office develop into one by which other GME offices in the country seek to model from."

## GME Cypher

Robert B. Baron, MD MS

**Instructions:** Following is an encoded quote from a famous person. Solve the cipher by substituting letters. Send your answers to Amy Day, Sr. Analyst for Resident/Fellow Affairs: [daya@medsch.ucsf.edu](mailto:daya@medsch.ucsf.edu); correct answers will be entered in a drawing to win a **\$50 Gift Certificate!**

GVHG-UIOFVSA FDOCLVLH VY  
VWKMYVXFD VL SGD OXYDLZD MT  
GVHG-UIOFVSA KOSVDLS ZOCD;  
FVBDJVYD, GVHG-UIOFVSA KOSVDLS  
ZOCD VY VWKMYVXFD JVSGMIS  
GVHG-UIOFVSA FDOCLVLH.  
OSSDLSVML SM XMSG VY LDDEDE  
EOQVE Z. FDOZG, WE