

The Residents Report

Fall 2007

UCSF Office of Graduate Medical Education



Educational Innovations in GME

Lee Learman, MD., PhD., Director of Curricular Affairs, Office Graduate Medical Education

"So, how are we doing?" This is a question all residency programs are required to ask themselves annually at a special program review meeting involving residents and faculty representatives. The idea is to perform a self-study including feedback from residents and faculty, as well as competency assessment data summarized for each year of training and post-residency outcomes. A thorough consideration of perceived strengths and challenges is paired with an analysis of observed outcomes, and an action plan for improvement is set forth for the following academic year.

When the ACGME made the annual program review meeting a common requirement for all residency programs, it did not realize how challenging it would be for most programs to fully realize the vision of continuous quality improvement (CQI) of their curriculum. What metrics should programs use to judge the success of their educational program? How should programs benchmark their performance against other residencies in their discipline or in comparison with other UCSF training programs? And how can a valid self-study be performed if learning outcomes aren't being measured systematically? To assist programs in their educational "CQI" and compliance with ACGME requirements, the Office of Graduate Medical Education is implementing a series of initiatives: identifying a core curriculum for GME, proposing a core set of best practices in resident and program assessment, and facilitating programs' awareness of each others' activities.



One of the first priorities identified by the GME Curriculum Committee is the concept of a core curriculum that can be used across programs. While each residency program will have its own specialty-specific learning objectives for medical knowledge and patient care, most programs will share curricular needs for teaching systems-based practice, practice-based learning & improvement, communication skills and professionalism. The Committee is in the process of reviewing web-based training materials that have been developed by national experts and will soon determine which of these shows the most promise for implementation at UCSF. For competencies where appropriate curriculum cannot be found the Committee will help bring programs together to develop shared teaching strategies and materials. The GME Curriculum Committee includes program directors, other interested faculty, residents and fellows. If you are interested in participating please contact the Office of Graduate Medical Education for more information.

The GME Evaluation Task Force has been charged to recommend a set of tools that represent best practices in assessment of the ACGME competencies and assessment of faculty teaching and to propose metrics and methods programs can use to benchmark their performance to aid their annual self-study process. The Task Force will meet twice monthly during the 2007/08 academic year. Recommendations will be reviewed by the Graduate Medical Education Committee in the spring and early adopters will be sought. Programs that use a common set of measures will be poised to contribute to the scholarship of assessment by helping answer questions about feasibility, reliability, validity, and usefulness for resident feedback. The Innovations grants from the Academy of Medical Educators and Medical Education Research grants from the Office of Medical Education are two potential sources for funding small projects in assessment.

The Annual Program Director Survey has been conducted by the Office of GME for many years. For the first time, a web-based survey is being conducted. This will make it much easier to summarize what curricular innovations and assessment tools programs are currently using. Raising each program's awareness of what the others are doing will inspire programs to pursue their own innovations or to consider adopting innovations that are already underway.

Continuous improvement of our educational programs will help keep UCSF's residency and fellowship programs strong national leaders. The ACGME's requirement of an annual program review meeting provides a golden opportunity for programs to perform a self-study and reflect on the outcomes that matter most. The most traditional set of outcomes we use include specialty board exam pass rates and post-residency trajectories (fellowship, academics, community practice, etc.). Equally important are answers to these questions: Are our residents and fellows making adequate progress in acquiring the essential knowledge, attitudes and skills? What valid measures are we using to assess these outcomes? What can do to improve the teaching and learning of these outcomes? Through the initiatives described above, the Office of Graduate Medical Education hopes to facilitate getting the answers.

Upcoming Events

GME Grand Rounds
Oct 16 & Nov 20

License Fairs
Oct 10 & Nov 15

Diversity Events
Oct 17 & Oct 30

UCSF School of Medicine
Graduate Medical Education
500 Parnassus Ave. MU 250E
San Francisco, CA 94143-0474
tel 415.476.4562
fax 415.502.4166
<http://medschool.ucsf.edu/gme>

ANNOUNCING THE 2007-2008 CLINICAL HOUSESTAFF PERFORMANCE INCENTIVE PROGRAM

Adrienne Green, MD, UCSF Medical Center

UCSF Medical Center is pleased to continue its Clinical Housestaff Incentive Program. This program will provide direct financial "bonuses" to clinical housestaff based on achieving quality and operational goals which are linked to achieving excellence in patient care.

The program will be open to all clinical housestaff who are performing clinical care at UCSF Medical Center sites for at least 12 weeks between July 2007 and June 2008.

The goals have been determined by UCSF Medical Center and School of Medicine leadership based on clinical quality and operational priorities. They are focused on specific areas where physicians have the most impact, while at the same time being aligned with UCSF Medical Center organizational goals.

Goal # 1: Patient Satisfaction:

Achieve an average combined percentile ranking on the *Likelihood of Recommending* question on the patient satisfaction survey at the 70 percentile or greater by June 30, 2008.

Goal # 2: Patient Safety and Compliance:

Achieve full compliance with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation, California Department of Health Services (DHS Title XXII as surveyed by the CMS Validation Survey team by June 1, 2008.

Goal # 3: Pain Management:

Achieve an average combined percentile ranking on the *How Well Your Pain Was Controlled* question on the inpatient patient satisfaction survey at the 75th percentile or greater by June 30, 2008.

UCSF Medical Center will report compliance with the incentive goals on a quarterly basis.

News from SFGH

Doug Eckman, SFGH Dean's Office



The SFGH GMEC meets quarterly. The next meeting is scheduled for Friday, November 16th., 12:00 to 1:00 PM in 2A6.

Among the items discussed during the August 13 meeting were:

- Status of the rollout of **WebPACS** (*picture archiving and communications systems*)
- Update on the **hospital rebuild** activities
- Update on the **radiology equipment** replacement efforts
- Increasing the use of **text paging** in the clinical setting
- Midnight meals and/or improved **night time food options**
- Issues related the **resident's lounge**.

The SFGH GME Committee: chaired by Dr. Beth Harleman, 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 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. It is important that Chief Residents and site directors make every effort take part in these proceedings. A meal is provided.

JCAHO Mock Survey - October 22-26, 2007.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will be conducting a mock survey of SFGH the week of October 22-26, 2007. Clinical personnel, including residents, are subject to queries by surveyors about matters pertaining to patient care and the patient care environment. Key things to remember about the survey, which are all part of delivering safe patient care:

- Wash your hands before and after every patient contact. The surveyors plan to accompany teams on rounds to assess this practice among others.
- Use 2 forms of identification for each patient encounter (i.e., name and birthdate).
- Sign, date and time all your orders.
- Avoid abbreviations.
- Use medication reconciliation for all patients.



Personalized Medicine: What is it and where is it going?

Robert Nussbaum, M.D.
Chief, Division of Medical Genetics
Department of Medicine and Neurology



“Personalized Medicine” is a popular catch phrase that is becoming almost commonplace in the medical and lay press. Although originally coined two decades ago to refer to patient-focused medical care, it has in the past few years come to mean something more narrow: “...using information

about a person’s genetic makeup to tailor strategies for the detection, treatment, or prevention of disease.” (Francis Collins, NHGRI Director, July 17, 2005 Boston Globe). A form of Personalized Medicine in this narrow sense has been in use for many years, i.e. using family history to make inferences about a patient’s genetic predispositions for disease based on clinical information about his relatives. Family history contributes to clinical decision making; for example, colorectal cancer in a first degree relative lowers the age at which it is recommended that colonoscopy for colorectal cancer screening be initiated from age 50 to age 40. Family history is, however, insensitive and non-specific. It is also time consuming and poorly reimbursed, making it difficult for primary care providers to take an adequate family history. Nonetheless, a three-generation family history with pedigree should be a component of every new patient’s initial intake by his primary care provider as well as by subspecialists who need to know this information to make informed decisions.

However, if we are to go beyond family history, suppose instead of making inferences about the patient’s disease susceptibilities from family history, could not the genetic variants responsible be detected directly in the patient himself? Many genetic variants are being discovered that predispose to disease – should we be testing for them as part of or care of the patient? The answer to this question depends on determining certain fundamental characteristics of the genetic test: the clinical validity, i.e. how well does the genetic test predict the development of disease (the positive and negative predictive values), and the clinical utility, i.e. what use is it to the patient’s well-being and health care for him and his physicians to have the test results. In some cases, such as carrier detection for a highly penetrant autosomal dominant disorder such as Breast and Ovarian Cancer type I or II, the results of the test can be life-saving or can eliminate much unnecessary anxiety and expensive monitoring. In other cases, such as type 2 diabetes mellitus, in which genetic variants that are common in the population have been found to raise the relative risk or odds from 1 to 1.5 or 2, the positive predictive value is low, around 10%, while the negative predictive values are 95%. Furthermore, clinical validity aside, is there clear clinical utility for

UPCOMING GME Grand Rounds

October 16, 2007 - HSW 302 -12 noon - 1 pm
Bias In Clinical Trials: How to Spot It and What To Do About It. - Lisa Bern, PhD., Prof. of Clinical Pharmacology

November 20, 2007 - HSW 302 -12 noon - 2 pm
Public Leadership Report on Diversity

December, 2007 - No GME Grand Rounds

knowing this genotype information? Much further work needs to be done to determine if and how combinations of alleles, each of which raises the relative risk modestly, interact to raise the risk orders of magnitude and thereby have the substantial positive predictive value needed to pinpoint those in the population who could truly benefit from interventions.

One area where Personalized Medicine is likely to be adopted by mainstream medicine in the near term is in the realm of pharmacogenetics and pharmacogenomics. Genomic expression profiles are being developed in many cancers that have predictive values for aggressiveness of the tumor that exceeds that of current histological and immunological typing. These expression data, therefore, can form the basis for clinical trials designed to target the most aggressive and toxic chemotherapy to those at the highest risk for relapse following initial therapy while sparing those with a much better prognosis from this therapy. Another example is the pharmacogenetic variation that affects a patient’s sensitivity to warfarin therapy. This anticoagulant drug, one of the most commonly used drugs in adult medicine, has a narrow therapeutic index and carries with it a 1-2% risk per patient-year of serious or life-threatening hemorrhage. Genetic variants in the CYP2C9 gene, the cytochrome P450 most responsible for warfarin metabolism, and in the VKORC1 gene, the target of warfarin therapy, have been shown in retrospective studies to greatly influence the dose of warfarin needed to induce therapeutic anticoagulation or maintain anticoagulation, as determined by INR measurement of the prothrombin time. The few percent of individuals who are true slow metabolizers and have the lowest VKORC1 levels, require doses of warfarin 5-fold to 6-fold lower than the typical daily dose of ~10 mg. The data, although retrospective and not part of a prospective, randomized clinical trial, were compelling enough to lead the FDA to amend the package insert of warfarin to contain a discussion of genetic variants that affect metabolism and urge (but not require) physicians to take genotypic information into account when prescribing doses of warfarin. Many more such polymorphic variants affected drug metabolism and effects are known or are being discovered. All physicians will be fracted with learning how to use the information to affect patient care.

Watch a video of this lecture:
http://medschool.ucsf.edu/gme/grand_rounds/gr082107.aspx



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NEWS FROM THE LIBRARY

Alleviate the Angst of Citing Papers

Josephine Tan, MLIS - UCSF Library, Education and Information Consultant, Clinical Sciences

Recall the angst of formatting the citations and bibliography for your research papers in college? The hours spent agonizing over whether or not a period should go behind the year of publication or behind the journal title. Does every first letter of the words in the journal title need to be capitalized or only the first letter of the first word? Just hearing these questions, you are having flashbacks of long nights and short deadlines. The Library has a few suggestions that can help keep these distant memories safely tucked away.

Citation management software is a fancy term for programs that do the tedious work for you of formatting the references you need for completing a manuscript or a report for publication. EndNote is probably the most recognized citation management software. The Library has recently purchased a site license for **RefWorks**, another widely used citation management tool. As a UCSF employee, you can set up RefWorks accounts absolutely **free**. EndNote is individually purchased software that is downloaded to a user's computer. RefWorks is completely web-based, so you can access it from any computer connected to the Internet.

Why use citation management software? It allows you to do such things as mass export citations from PubMed into, let's say, RefWorks. This allows you to keep interesting citations filed away until you need them. If you are connected to the UCSF network, you can also link to the full-text of these articles if they are available. When it comes time to submit your manuscript, you will pat yourself on the back for having used a citation manager.

The beauty of a citation manager is when you are composing your paper in a Word document. You can seamlessly insert citations into the text. By simply clicking on an icon in Word, your citation manager opens up your "library" of saved citations and automatically generates the correct citation format. Tell the software that you are formatting your manuscript for *JAMA*, and your citations will automatically appear in the proper format. Say you decide your paper was better suited for *The Lancet*, just let the software know, and magically, every citation will be reformatted for you. When you are ready to type up the dreaded bibliography, with a touch of a button, you can let the software generate an automatic bibliography that is customized to the journal's requirements. Meanwhile, you can sit back and sip a glass of wine, and once again, praise yourself for your genius in using a citation manager.

Okay, so you're telling me that you don't plan

on publishing anytime soon or just won't ever need anything as fancy as citation management software. Not to worry, the Library has some cool tools to fit your occasional need to generate a neat little citation to insert into your presentation or email to a friend. Let's say you're viewing an abstract via a library database, such as PubMed@UCSF. You click on the orange **UC-eLinks** button to get to the full-text article. In the pop-up UC-eLinks window, there is a line that reads "Add Citation to a Bibliography". Click on the Copy & Paste Citation link to generate a perfectly formatted citation in the blink of an eye. You can select among five major citation format styles. You simply copy and paste this citation to your word document, your email, your presentation, or wherever you want.

What about if you want to properly cite a government report, a website, a pamphlet, an email correspondence, or a plain and simple journal article? There is a quick and free tool on the Internet called **NoodleBib Express**. This tool walks you through a few steps to format your resource in MLA or APA format. Don't be fooled by the "exit and log in" prompt. Click on either the large MLA or APA icon, depending on whichever you need. Within a miracle minute, you will have yourself a lovely citation to copy and paste.

In summary, here are the Library's citation management recommendations:

- **RefWorks** is free to any UCSF employee. If you already use EndNote, you can transfer your citations between RefWorks and EndNote. Find out more about RefWorks at <http://www.library.ucsf.edu/research/citman>
- **UC-eLinks** provides a Copy & Paste Citation link that generates a citation in an instant
- **NoodleBib Express** also generates a copy & paste citation in MLA or APA format and is especially useful for non-traditional resources, such as websites, blogs, or speeches <http://noodletools.com/noodlebib/express.php>

If you aren't convinced that you should generate a clean citation for your PowerPoint slide besides the usual *NEJM, 1993, Eisenberg et al.*, take a second to check out any of the tools above. You might just find yourself saying, "Where have you been all my life?" to these amazing time saving tools.

The Library offers RefWorks and EndNote classes. See the class schedule at <http://www.library.ucsf.edu/edtech/class>. For more information, contact Josephine Tan, tan@library.ucsf.edu, 476-2534.



Kevin H. Souza, Director, Office of Educational Technology
Associate Director for Administration, Office of Medical Education

Building Capacity for Educational Technology

The use of effective and appropriate technology has been an essential element in the success of undergraduate medical education at UCSF since 2000. Technology to enhance teaching and learning, as well as to support its core functions has become an essential part of medical education and expected by our learners, teachers and accrediting agencies.

The School of Medicine's Office of Education Technology (OET) has focused its attention on undergraduate medical education since its creation in 2002, providing learning technology, program and instructor evaluation and data management services that have supported and encouraged quality improvement, innovation and creation of more satisfying learning environments.

The Office of Graduate Medical Education and OET have recently begun collaborations that will lead to these same outcomes for GME through a series of initiatives that seek to foster collaboration, leverage existing resources and draw on the extraordinary faculty, staff and residents that make our programs great.

A key success factor in this collaboration was the creation of an educational technology position in the Office of Graduate Medical Education and the subsequent recruitment of Gitanjali Kapur, who brings over 4 years of experience supporting technologies in the Department of Surgery Education.

In a matter of months, our collaboration has led to the implementation of a new GME website, creation of a podcasting service for GME Grand Rounds, migration of the Annual Program Update to an online data management tool, selection of a new GME management system, and exploration of web-based core curriculum modules for residency education. OET is proud to a part of these innovations and improvements in learning, business and work-life needs of residents and the faculty and staff who support them.

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Visit the new GME Website



Welcome to the new Graduate Medical Education website.

The new portal environment has enhanced content modules and navigation, in a cooler palette of colors. Look out for links to curriculum innovations, and learning modules for trainees and staff.

We hope Residents, Fellows, Staff and Faculty will find the new website useful and intuitive to use.

www.medsch.ucsf.edu/gme



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Resident & Fellow Affairs Committee

The Office of Graduate Medical Education is pleased to announce the formation of the Resident and Fellow Affairs Committee, chaired by Mary McGrath, MD, Director of Resident and Fellow Affairs, Office of Graduate Medical Education. The Committee has been formed to provide support and resources for the professional and personal development of the residents and clinical fellows at UCSF, including: initiatives that support the ACGME core competencies; strategies for addressing the psychological and physical well-being of residents and fellows; programming for advancing professional development and career counseling; development of mentor and colleague relationships; and targeting and resolving housestaff employment issues as UCSF.



Top Row (L to R): Mary McGrath (*Surgery*), Robert Goldberg (*Occupational Medicine*), David Elkin (*Psychiatry*), Sandrijn van Schaik (*Pediatrics*), Ramin Jamshidi (*Surgery*), Lygia Stewart (*Surgery*), Nicholas Barbaro (*Neurosurgery*). Middle Row (L to R): Linda Liu (*Anesthesia*), Leila Alpers (*Medicine*), Rachel Goldstone (*SOM Dean's Office*), Jill Thomas (*Family & Community Medicine*), Cindy Lai (*Medicine*). Bottom Row (L to R): Amy Day (*GME*), Christine Glastonbury (*Radiology*), Stuart Lustig (*Psychiatry*).

Not pictured: Dorre Nicholau (*Anesthesia*), Herodia Allen (*Medical Center Administration*), Sharad Jain (*Medicine*), Meg Autry (*OB/Gyn*), Patrick Guffey (*Anesthesia*), Laura Tabatabai (*Pathology*), David Aaronson (*Urology*), Iljje Fitzgerald (*Psychiatry*).

California Medical Licensing Fairs and Tips

Office of Graduate Medical Education
University of California, San Francisco



If you need to have your California Medical License in order to continue training as of July 1, 2008, it's time to start the process if you haven't already. To help make the process as simple as possible, the GME Office will again be hosting its annual licensing fairs on **October 10 and November 15, 2007** in Millberry Union from 10am to 6pm each day. These fairs are an opportunity to obtain notarized signatures, LiveScan fingerprints (by appointment and walk-in), and your photograph all in one place. In addition, representatives from the Medical Board will be on hand to answer questions and collect medical school diplomas (bring your original and an 8½ x 11 copy). For more information regarding the fairs or if you have general licensing questions, contact Amy Day, Manager, Resident and Fellow Affairs, Office of Graduate Medical Education, daya@medsch.ucsf.edu or (415) 514-0146.

- Begin the licensing process at least 6 to 9 months prior to the date you actually need your license.
- To obtain the license application and general information, visit the California Medical Board's website, <http://www.mbc.ca.gov/Index.htm>.
- Submit the initial licensing application (L1A - L1E) and the processing fee (\$493) 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



PCQM AWARDS FOR PROGRAM COORDINATORS

Amy Day, Resident & Fellow Affairs Manager



Each year, approximately 1,250 residents and clinical fellows are appointed for start dates between June 21 and July 1. This difficult and sometimes daunting process takes the hard work and dedication of the more than 80 UCSF training program coordinators that act as the liaisons between the GME Office and the housestaff by managing the process within their individual programs.

At the August 24, 2007 Program Coordinator's Quarterly Meeting, five particularly outstanding training program coordinators were honored for their hard work and dedication during the 2007 housestaff appointment season.



These Coordinators are noteworthy for the excellence, enthusiasm, and order they brought to the process. Please join the GME Office in congratulating:

(From top left, counter clockwise)

Amy Forseth
Internal Medicine Residency Program

Kay Judish
Primary Care (SFGH) Residency Program

Sadie McFarlane
Gastroenterology Fellowship Programs

Jennifer Rhee
Surgery Fellowship Programs

Terry Rodden
Radiology Residency and Fellowship Programs



Licensing Fair & Tips (cont'd from pg. 6)

- 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://www.mbc.ca.gov/Applicant_Addl_Info.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).



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The Residents Report

Many Thanks

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GME Diversity Update

Rene Salazar, MD.

The Office of Graduate Medical Education is committed to training physicians from all backgrounds and cultures and has an interest in developing a diverse community among residents and fellows from all training programs. This year we are planning several events including many social events, recruitment activities and opportunities to represent UCSF at various annual meetings of national medical organizations. There are also opportunities to serve on diversity committees within the School of Medicine and the UCSF campus.

GME Diversity Calendar of Events 2007-08

Oct. 17, 2007

Minority Mentorship Dinner

Join us at this combined event with the SOM Minority Mentorship Program entitled "Coming of Age in Medicine: Navigating Medical Training". 6-8PM (Toland Hall).

Oct. 30, 2007

Fall Diversity Reception

Hosted by Dean David Kessler, this reception will provide an opportunity to meet Dean Kessler and diverse faculty from various departments in the School of Medicine.
R.S.V.P. - BelgerS@medsch.ucsf.edu

Dec & Jan 2007-08

GME Intern Applicant Diversity Receptions

Several receptions are planned during the internship recruitment season. Join us as we invite applicants to meet housestaff and faculty from the various residency training programs at UCSF.

Jan 24 & 25, 2008

Second Look Weekend

Provides residency program applicants an opportunity to return to UCSF and visit with housestaff as well as GME and residency program leadership.

Mar 19-23, 2008

Student National Medical Association (SNMA) Annual Meeting.

This year GME will sponsor an exhibit booth at the SNMA meeting in New York City. Residents and fellows are encouraged to attend. A small number of travel awards will be available.

Apr 17-20, 2008

National Hispanic Medical Association (NHMA) Annual Meeting.

GME will also sponsor an exhibit booth at the NHMA meeting in Washington DC. Residents and fellows are encouraged to attend. A small number of travel awards will be available.

Please feel free to contact René Salazar, MD, Director of Diversity, GME for more information or suggestions for additional activities. Phone: 502-8156
Email: SalazarR@medicine.ucsf.edu

GME Cypher

Robert B. Baron, MD., MS.

GME Cypher October 2007

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ALS YRAMBYRU SEBYBKP, OSNDES LSRUAL
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BOARYA, MKVOBXS VSBVUS'W UMXSW. HDA
MY ALS RHWSYES BT R WAOBYC VBUMAMERU
XBMES TOBK ALS USWW TBOADYRAS ALSK-
WSUXSW, MA MW MYEDKHSYA BY LSRUAL
EROS VOBTSWWMBYRUW, SWVSEMURUP VLP-
WMEMRYW, AB HSEBKS ELRKVMBYW TBO VB-
VDURAMBY LSRUAL.

WASXSY R. WELOBSNSO, K.N.

Instructions: The above is an encoded quote from a famous person. Solve the cipher by substituting letters. Send your answers to Amy Day, Manager, Resident/Fellow Affairs: daya@medsch.ucsf.edu; correct answers will be entered in a drawing to win a \$50 gift certificate!

The July Cypher answer was:

The function of education is to teach one to think intensively and to think critically. Intelligence plus character - that is the goal of true education.

- Martin Luther King, Jr.

Thank you to all who submitted answers to the cypher in the summer edition of the Residents Report.

We received numerous correct submissions.

The randomly selected winner was:

John Gray,
MD.,
Resident,
Adult
Psychiatry.



He receives a \$50 Macy's gift certificate.

Congratulations John!