

The Residents Report

Spring 2008

UCSF Office of Graduate Medical Education



Learning Portfolios: Changing the Culture of Assessment at UCSF

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

A group of leaders representing the medical education continuum at UCSF, has been charged by David Irby, Ph.D., Vice Dean for Education, to support the development of learning portfolios for UCSF medical students, residents, and fellows, to design the specific characteristics of an electronic portfolio system, and to select a system that meets the proposed design. The committee, named "ePORT", is the first of its kind at UCSF. It is structured to represent equally the undergraduate (UME) and graduate (GME) programs in medical education. Co-chaired by Drs. Patricia Robertson and Lee Learman, ePORT's governance and working groups will be led by collaborative teams of UME and GME educators and its membership will include medical students, residents and fellows.

For learning portfolios to have been given such high priority by the School of Medicine they must be perceived as crucial to our educational mission. So, why all the excitement? This series of answers to questions from a learner's perspective will hopefully tell the story.

What is a learning portfolio? It is a purposeful and longitudinal collection of tangible evidence of learner-selected work that exhibits the learner's efforts, progress or achievement. It features the criteria for selection and judging merit, and includes evidence of learner reflection.

How would I use a learning portfolio? Is this really for me or for my program director? The portfolio is centered on you, the learner. Purposes for the portfolio can include personal reflection, self-directed learning, academic advancement, or application to a program or employer. The portfolio is longitudinal, covering the continuum of experience extending, potentially, from pre-matriculation to well into your professional career.

The portfolio allows you to collect and present evidence of strengths and mastery of competencies to augment the current modes of academic assessment. The portfolio supports an interactive process with robust advising that engages you in self-reflection and individualized development as a professional. With the mentor's advice, you would select the best examples as

proof of achievement of competency. These examples would assist your program director in determining competency relative to benchmarks and as a decision aid in the development of further learning goals.

What does "self-reflection" mean and why is it essential for a portfolio? Reflection is the retrospective analysis of what the contents of the portfolio indicate about learning. Without reflection the portfolio would not be a portfolio at all. Instead it would be a passive warehouse or database. Real portfolios build a bridge between the data and self-discovery. By reflecting on evidence learners identify their own strengths, opportunities for improvement, and development over time. Reflection creates new learning as we consider our achievements and emerge with a new evidence-based understanding of our progress and our future goals.

How will learning portfolios "change the culture of assessment at UCSF?" Our current assessment culture puts residents in a passive position as evidence is accumulated about their competency using examinations, observation-based assessments, and opinions of their supervisors, peers, professional associates, and patients. At least twice annually, the program director or designee reviews the "grade book" with each resident and discuss their progress and future goals.

Using a learning portfolio, learners have a far more active role. Residents would have access to their grade book assessments but would also be able to contribute their own evidence of learning (reflections, correspondences, documents, and media featuring achievements in any of the ACGME competencies). Periodically residents would be asked to select among the evidence and populate a formative portfolio for receiving feedback from a faculty coach or mentor. When decisions need to be made about academic advancement, residents and their mentors would create a showcase portfolio according to guidelines for highlighting best work.

The program director would then judge the portfolio along with other criteria for determining advancement and goals for the coming year.

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Upcoming GME Events

GME Grand Rounds
May 20, 2008

Orientation for New Residents & Fellows
June 16, 2008
June 26, 2008

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Learning Portfolios: Changing the Culture of Assessment at UCSF

(cont'd from page 1)

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

It sounds like there may be some work involved. Is the 'juice worth the squeeze' or is this just another administrative requirement? Ultimately, like other learner-centered programs, the power of learning portfolios will depend on how much time, effort and importance people give them. Beyond the benefits accrued while in medical school and residency, portfolios will help learners prepare for a career of ongoing self-assessment. The new requirements for maintenance of board certification across all specialties include a self-study of our practice in relation to some standard. We will need to make a self-assessment of how we are practicing and develop a plan of action for the future. In academic medicine the standard CV is often enhanced or amended to include additional evidence and a self-assessment of achievements and goals. The Educator's Portfolio is becoming a standard requirement for career advancement in medical education nationally. Learning portfolios are becoming the norm in elementary and secondary education as well as many professions outside of medicine.

What are the essential ingredients for success?

The most robust description of the promise and challenges of implementing learning portfolios comes from the Cleveland Clinic Lerner College of Medicine, a 5-year program of Case Western Reserve University focused on developing physician scientists (see Dannefer EF, Henson LC. Acad Med 2007; 82:493–502). To graduate, a student must use their learning portfolios to demonstrate mastery of nine competencies: research, medical knowledge, communication, professionalism, clinical skills, clinical reasoning, health care systems, personal development, and reflective practice. In their publication, Dannefer and Henson enumerate the essential components of a successful portfolio system. These include time for reflection and mentorship, separation of formative feedback (coaching) and summative decision-making (career advancement), student-selected evidence of learning, written essays to aid student reflection on integration of competencies, and rigorous measurement standards for summative assessments (fair, valid, reliable).

How will we make this work at UCSF? The ePORT committee will work diligently over the next year to put the critical ingredients in place for portfolios to succeed. The keys to success will extend far beyond what electronic platform we use. The names of the ePORT working groups capture the tasks ahead: **Benchmarking, Mentoring, Communications, Technology tools, Learner-centered value, and Process Evaluation.** Each group will be co-led by leaders in GME and UME. If you are interested in learning more or serving as a working group member, please let me know by email: learmanL@obgyn.ucsf.edu and I will put you in touch with the appropriate leaders. Your perspectives are highly valued: as a learner-centered initiative, portfolio implementation at UCSF cannot succeed without you!

Residency Diversity Efforts at SNMA

Ayaba Worjolah, PGY-2 Obstetrics, Gynecology, & Reproductive Sciences.



UCSF Residents and Faculty at the recent SNMA Conference, "Leadership in Medicine: Science to Service"

The five of us sat in a semi-circle in front of the pictorial backdrop we set up. It included the Golden Gate bridge rising above the San Francisco fog, smiling medical students posing around a comfy couch and residents' beaming faces frozen for the camera. The table before us was stacked with informational handouts we brought about diversity efforts, initiatives and successes across many departments including internal medicine, pediatrics and obstetrics and gynecology.

We staffed the UCSF exhibition recruiting booth at the Student National Medical Association (SNMA) 43rd Annual Medical Education Conference (AMEC). The SNMA, established in 1964, is the nation's oldest and largest student-run organization focused on needs and concerns of student of color. This year's AMEC took place in New York City, NY from March 19- 23 addressing the theme of "Leadership in Medicine: Science to Service."

Natalie Guerrier (R2 Pediatrics), Michelle Guy (Attending Internal Medicine), Christopher Russell (R1 Pediatrics), Hyman Scott (R2 Internal Medicine), and Ayaba Worjolah (R2 Ob/Gyn) were all volunteer recruiters assisting in UCSF's continuing efforts to increase diversity among house staff.

UCSF understands that a diverse house staff begins with a pipeline of diverse well-trained students interested in medicine. The SNMA promotes and provides such a pipeline. Last year's SNMA AMEC took place in San Francisco and heralded UCSF's most prominent role at the event. Although UCSF has a historical commitment to diversity since the 1960's, the movement has accelerated in the past two years with more intentional steps. At the SNMA AMEC we were able to discuss these steps with potential residents and medical students. Our 2nd look weekend for persons underrepresented in medicine, visiting scholars program and diversity mixers were a few of the many topics mentioned. We also acted as mock interviewers for minority medical students applying to medical school. Lastly, there was exchange with other program's representatives about their diversity initiatives. We gathered over 100 names and spoke with innumerable more minority students interested in UCSF for medical school and residency. This year's match has been successful in expanding house staff diversity and with these continued efforts the future holds the same promise.

Build Your Skills as a Teacher, Explore Educational Scholarship

Molly Cooke, MD, Director, The Haile T. Debas Academy of Medical Educators

UCSF is a leader in the "Academies movement" nationally. We invite interested residents to learn more about what we do and to participate in our activities. The Haile T. Debas Academy of Medical Educators was founded in 2000 and now has 78 members, including GME teachers and leaders such as Lee Learman, Bobby Baron, Andy Murr and Bree Johnston. Working across departmental boundaries, the Academy promotes and rewards teaching excellence, supports teachers, fosters curricular innovation, and encourages scholarship in medical education. It does this by funding innovation in the medical curriculum and teaching methods; endowing education chairs in the School of Medicine; and sponsoring teaching symposia, education days, and professional development activities.

We welcome residents and fellows, both as teachers of medical students and as individuals who might be interested in the medical education career path, to participate in Academy activities. For example:

- The Academy and the GME Office offer a teaching skills workshop for residents and fellows, a collaboration that was initiated two years ago by Bree Johnston and Bobby Baron. (See Dr. Johnston's article in *The Residents Report*, Winter 2008.)
- The Academy's quarterly meetings are open to School of Medicine faculty, residents and fellows. They provide a forum to discuss our work as teachers and educators, learn from each other, and promote cross-departmental and cross-site collaborations. For a detailed list of members visit: <http://www.medschool.ucsf.edu/academy/members/directory.aspx>
- The popular Resident Teaching Fellowship, led by Academy members Kathy Julian and Maria Wamsley, was started with funding from the Academy's Innovations Funding program and is now supported by the OME and GME offices.
- Residents and fellows are welcome to participate in our annual Education Day. Co-presented each spring by the Academy and the Office of Medical Education, this symposium promotes thoughtful scholarship in education on the part of UCSF's teachers, spanning the continuum of undergraduate, graduate and post-graduate medical education.

To learn more about the Academy, events, and list of members, visit our website: www.medschool.ucsf.edu/academy
To be added to our email list for event announcements, please contact Kathleen Land at: landk@medsch.ucsf.edu or call us at 514-2282.



Introduction to Death Certification

Judy Melinek, MD

Compiled from a booklet originally produced by Boyd G. Stephens, MD and Amy P. Hart, MD..

San Francisco has an Office of the Chief Medical Examiner - not a Coroner's Office. That means that the Chief Medical Examiner and all four Assistant Medical Examiners in the office are physicians, Board Certified in the medical subspecialty of Forensic Pathology.

WHO SHOULD REPORT?

The person who has the greatest depth of knowledge about the patient should be the one reporting the death to the Medical Examiner. Ideally, this should be the attending physician. Since the Medical Examiner's Investigator is initially determining whether or not the Office have legal jurisdiction over a case, the reporting physician should be prepared to answer specific questions about the past medical history, diagnostic and laboratory tests, and procedures that occurred during current hospitalization. The legal responsibility to accurately report the facts and circumstances relating to the patient's death is solely the responsibility of the reporting physician. Failure to report a reportable case is a misdemeanor punishable by up to 5 years in prison and a \$10,000 fine!

BASIC INFORMATION TO REPORT

- The name, title, hospital of the doctor reporting the death.
- A telephone # or a pager # to reach you
- The name of the deceased
- The date and time of death
- The deceased person's home address
- The nearest legal relative, w/address/ telephone #
- The reasons for reporting this death.
- The circumstances of the death: dates of injury, admission, surgery or significant procedures.

If the case is to be released, we will need to know who will be signing the death certificate and the exact wording they will use. The Department of Public Health will reject any death certificate signed by a private physician that contains a cause of death which sounds like it should be within the jurisdiction of the Office of the Chief Medical Examiner.

DEATHS REPORTABLE TO THE MEDICAL EXAMINER

- Violent, Sudden, Unusual Deaths or Deaths resulting from any suspected criminal act
- Suicides, Homicides, Accidents: including falls, poisonings, asphyxia, and any other traumatic injuries
- Acute Alcoholism or Drug Use
- Contagious Diseases
- Deaths within 24 hours of Hospital Admissions
- Deaths within 5 days of any invasive procedure
- Death of a patient who has not seen a physician in the 20 days before death
- Deaths in Operating Rooms or when the patient has not recovered from anesthesia
- Death of patient who is comatose throughout hospital stay
- Death where physician is unable (*not merely unwilling*) to state cause of death
- Any Solitary Death
- Sudden Infant Death Syndrome
- Known or alleged rape or crime against nature .
- Self induced or criminal abortion
- Occupational Deaths
- Death of an unidentified person
- Death of a person in police custody or a prisoner of any jail or prison

Note: Deaths that are reported to the Office of the Chief Medical Examiner may be accepted for investigation or released. For a more complete list of reportable deaths, and if you have any questions regarding certification of death, please feel free to contact the office at: Hall of Justice, 850 Bryant Street, San Francisco, CA 94103-4603; Phone: (415) 553-1697; Fax: (415) 553-1650

“OUT & ABOUT” from the Resident & Fellow Affairs Committee

Where members of the Resident and Fellow Affairs Committee recommend their favorite scenes outside UCSF.

*Nicholas Barbaro, MD, Professor and Vice Chair,
Residency Program Director,
Department of Neurological Surgery at UCSF*



Having lived in the Bay Area for almost 30 years, it's difficult to choose favorites from among the many ways to have fun. Also, as a Marin resident for 21 of those years, I tend to work in San Francisco and play in Marin.

San Francisco can be enjoyed in so many ways. As a baseball lover, I highly recommend weekend day games at AT&T Park. This year, the Giants aren't expected to have a great season, so good tickets should be available on game day. Muni makes it easy to get there, or, if you have a UC parking permit, you can park in the Mission Bay lots. Garlic fries are the signature dish, and beer is a perfect, albeit relatively expensive accompaniment. Another great weekend venue is the Farmers Market at the Ferry Building (Saturday 8:00 – 2:00) where you can shop at stalls, or visit the outstanding seafood bars inside. It's a great SF scene along the water. The N-Judah takes you right there (Embarcadero). Everyone looks out at Angel Island, but few take advantage of the relatively easy ferry ride. The path around the island offers some of the best and most unique views of the Bay, including the far other side of Alcatraz. If walking is difficult, there is a tram service.

San Francisco is home to some of the best performing arts in the country, with a world-class symphony, opera and ballet. Tickets are pretty expensive, but even the “cheap seats” are great. If you're a first-time opera attendee, I'd suggest picking something on the lighter side such as anything by Puccini. The Civic Center area has some great places to grab a bite before performances such as Citizen Cake, Absinthe, and the very casual and inexpensive Arlequin.

Books have been written about the various ways to have fun in Marin, especially the vast number of hiking and biking trails associated with Mount Tam. For City dwellers, Sausalito offers a relatively close weekend experience. I suggest traveling a bit farther north on Bridgeway where all the tourists visit, and find your way to Fred's for breakfast. Browsing the shops on Caledonia Street is what the locals do on weekends. The little Sausalito Theater is great and there are several good restaurants within a few blocks, including the award-winning Sushi Ran.

If you just want a simple, but spectacular spot to spend some time, take the N Judah to Ocean Beach at sunset, and walk towards Seal Rock.

~

*Patrick Guffey, MD, Resident,
Department of Anesthesia and
Perioperative Care at UCSF*

After completing medical school and internship at The University of Michigan, Patrick Guffey moved with his wife Jennifer and Wheaten Terrier, Mandy in search of better weather. He has lived here for almost two years. At times the Anesthesia residency can be intensive – making it hard to find time to enjoy this spectacular area. However, he makes it a point to spend as much of his free time as possible exploring the Bay Area and beyond. Here are a few of his (and Mandy's) favorite places to go.

All three of us love Italian food, and North Beach has an incredible selection. The corner of Columbus Ave and Union is a great place to start and borders Washington Square Park. Most of the restaurants are authentic and reasonably priced; Pinnochio and Calzone are two of our favorites on the affordable side. Plenty of

NEWS FROM THE LIBRARY

Josephine Tan, MLIS
Education and Information Consultant, UCSF Library

Be sure to visit these Library resources:

Faculty of 1000 Medicine

Reviews of the most interesting papers published in the medical sciences helps you:

- Stay abreast of the most important papers within any given field of medicine
- Great for quickly finding interesting papers for journal club discussions

An online research service that reviews the most interesting papers published in the medical sciences, based on the recommendations of a selected faculty of nearly 2500 international clinicians and researchers, 25 of whom are affiliated with UCSF.

- Provides a continuously updated guide to the most important papers within any field of medicine
- Highlights papers on the basis of scientific merit rather than the journal in which they appear
- Shows the faculty reviewer's evaluation comments for each paper
- Offers an immediate rating of individual papers by the author's peers
- Access Faculty of 1000 Medicine under the Databases section of the library GALEN website <http://www.library.ucsf.edu> - use VPN when accessing off-campus.
- Trial access through July 6, 2008.
Email your feedback to tan@library.ucsf.edu

RefWorks: free to all UCSF employees

Create free accounts to easily download and manage citations

- Go to <http://snipurl.com/21a3l> to create your account (if off campus, enter the code RWUCSF)
- A easy to use alternative to EndNote
- Web-based so you can access RefWorks from any computer
- Great for when you need to cite and create bibliographies for your research
- Easy to follow tutorial available at <http://refworks.com/tutorial>

Online Tutorials on GALEN

View how-to tutorials

- Go to <http://www.library.ucsf.edu/edtech/tutorial>
- A collection of short multi-media tutorials
- Covers topics of Database Searching, Information Management, Tips & Tricks

outside, heated seating for Mandy. The annual Precious Cheese North Beach festival is June 14th this year, last year's event was a delectable experience. If you're really adventurous – catch a show afterwards and see the Beach



Blanket Babylon – a San Francisco institution.

On the topic of food, our favorite takeout place: Marnee Thai. Its on 9th near Irving. Our best meal under \$100 a person: Gary Danko – simply amazing. Favorite restaurant near UCSF: Eos at Carl and Cole. Want to spend a small fortune to celebrate that new attending job? Drive out to the French Laundry in Yountville. Thankfully when we went, someone else was paying. Best meal of my life.

Looking for wine? While Napa and Sonoma have become well known for tasting fees and tourists, many of the wineries in the Russian River valley offer fantastic vino without the pretense. An easy way to explore the region is to participate in the 10th Annual Wine and Food Affair – Nov 1st & 2nd. For around \$50 a person, you can visit up to 70 wineries over the weekend and each place features a number of wines paired with gourmet dishes. A cookbook with all the recipes is included. All three of us went last year with a group of friends and had an incredible time.

At least once a week we all take a walk on Ocean Beach, sometimes beating the fog and catching the sunset. The access to the ocean is one of our favorite things about San Francisco. It's amazing how stress just melts away into the sound of the waves lapping on the beach. Grab a few friends and build a bonfire – its allowed between Fulton and Lincoln.

Speaking of walking – we all enjoy a good hike, and the Marin Headlands offer spectacular views. The park is just on the other side of the Golden Gate Bridge – which warrants a walk across at least once while you're here. The headlands offer a diverse group of activities, from easy to challenging hikes, mountain biking, and lying on the beach. My favorite activity is to take the half-mile hike out to Point Bonita lighthouse. Make sure you bring a camera.

10 QUESTIONS FROM THE RESIDENT AND FELLOW AFFAIRS COMMITTEE



Dan Henroid, MS, RD, CFSP, Director of Nutrition and Food Services at Parnassus and Mount Zion, responds to questions from the Resident and Fellow Affairs Committee about dining options, hours of operation, availability of different food selections, and renovation plans for the dining areas.

1. Are renovations scheduled for the Moffitt Cafeteria? Yes. The small dining room (where the coffee cart is currently located) will close in July 2008. A new store we're calling the M.C. Express will be built at the end of 2008 or early 2009. It will offer grab-and-go meals, hot coffee, bottled beverages, and other snacks. In April 2009, we will begin major renovations in the cafeteria serving area in order to increase the number of food stations as well as improve the ambience and atmosphere of the small dining room. These renovations are expected to take approximately six months and upon completion the small dining room will remain open 24 hours.

2. During the renovations will there be any other food access areas? The cafeteria will remain operational during the renovations and the M.C. Express will be open from 6am to midnight every day. A new, but smaller convenience store, the 920 Express, will open in June 2008. It will be located on the ninth floor of Moffitt hospital and will be open from 10am until 2pm, Monday through Friday. This store will sell grab-and-go meals, coffee, beverages, and snacks. By the time the cafeteria renovations begin, it will be open seven days a week, three meals per day. Vending machines also will be available 24 hours a day in M281.

3. Do you have plans for expanded or more elaborate vending machines? We will be piloting our upscale vending concept, Quick Stop Vending, with a machine that will be stocked with grab-and-go meals and/or sandwiches and will be accessible 24 hours a day. There will be one machine available by the end of June 2008 and it will accept cash and possibly credit cards. More machines will be added later. Eventually they will accommodate the new cashless transaction system.

4. What is the new cashless transaction system? A new system to replace the current barcodes should be in place by fall 2008. It will enable people to put money on their cashless accounts automatically or for one time deposits. It also will allow people to check balances online. You will be able to use it at the Moffitt Café, the Courtyard Caffé, the Millberry Union food vendors, and the LunchStop/Mount Zion Café but will only receive a discount in the Moffitt Café.

5. What are the proposed changes to the doctors' dining area and will a space for physicians be maintained after renovations? Currently there are no major plans to do more than a cosmetic face lift on the doctors' dining room. The computers and conference space will remain and other minor enhancements are being explored.

6. Are there any plans to offer more regional or ethnic foods? With the creation of additional food stations, there will be more regional/ethnic options available on a rotating basis, which will include Chinese, Italian, etc. The equipment in the new Moffitt Café will allow us to change the food concept daily. We also are exploring having local chefs come in for exhibitions.

7. Are there any planned changes in the food offerings or hours of operation in the next several months? The new carved meat, wrap station has been open since January 2008. The grill and entrée station were consolidated in March 2008 with the grill hours of operation extended until 8:00pm (last order at 7:30 pm) instead of 6:30. We also have extended the coffee cart hours to be open throughout the afternoon so people can get their lattes and espresso drinks. In addition, two microwaves will be made available for use in the cafeteria in April 2008.

8. Is it possible to offer more made-to-order options besides the grill? The serving area renovations will create three new made-to-order stations. A made-to-order salad concept will be created where the customer can pick the vegetables, greens, and protein. The California Chef's Table will have modular equipment which will allow us to provide omelets during breakfast and various ethnic food concepts in the afternoon by switching out equipment. A made-to-order gourmet sandwich station is also being created.

9. Will you be introducing environmentally sound food and container options? We introduced environmentally friendly container options in the Moffitt Café that are compostable and biodegradable packaging in the Moffitt Café approximately 6 months ago. We are almost 95% compostable and biodegradable across the entire department. We are currently using Niman Ranch beef on the grill that is grass fed and sustainably raised and we purchase approximately 10% of our produce from local growers. We hope to expand our local food purchases and are planning to start composting in the summer of 2008.

10. Is there anything you would like the housestaff to know about Nutrition and Food Services?

We have made a lot of improvements in the Moffitt Café and have a lot more planned. A new host/hostess dining program for patients rolled out on March 31 across the Medical Center. Our department is also responsible for nutrition services. We have a total of 260 employees of which there are 31 dietitians that handle all clinical nutrition for both in- and out-patients. As a result of the recent CMS visits, a new policy has been put into place that many housestaff may not know: a physician order is required for patients on special diet to be allowed outside food. Patients on restricted diets cannot have food brought in from outside of the hospital without an order written by a physician allowing it.

VAMC SPRING REPORT

Patricia Cornett, MD

Greetings from the VA. As spring is here, the seismic project upgrade project inches along. The good news includes redesigned space on the third floor Transitional Care Unit with upgraded patient rooms and work stations. Construction on the inpatient side continues on the second and third floors. Computer upgrades are also in progress on the wards. And lastly, we are expecting the front entrance to open by the end of May, ending the daily hunt for the best way (or sometimes the only way) to get into the hospital. The not so good news is the continued decrement in working space for all staff including residents due to the need to create swing space during the construction. Sometimes neither the site directors nor the education office are in the loop for knowing about these changes so we encourage residents to forward their concerns to the program site directors. Parking also remains an issue as the number of parking spaces has declined; currently there are 1450 spaces for about 2000 daily staff and patients. The police have instituted a new policy for those trainees buying parking passes; each service must provide a list of expected trainees for the month. If a trainee's name is not on that list, one will not be able to buy a pass. For any glitches, please contact your service administrator or me: patricia.cornett@va.gov

Lastly, we wanted to publicize the annual VA survey for all trainees working at the VA. This is a valuable tool for us to figure out what works and what doesn't work at the VA from the eyes of residents and fellows. This survey is conducted by the national VA Education office (Office of Academic Affiliations) and the results are handled confidentially. If you haven't done so and you have worked at the VA this year, please take a few minutes to fill out the survey, accessible on line via the link, <http://www.va.gov/oaa/lpssurveys/login.asp?surveyid=4>

SFGH NEWS

Joint Commission un-announced survey expected to occur soon.

Faculty and staff at SFGH are in high gear preparing for the impending Joint Commission Survey, expected to occur in April 2008. If residents currently rotating through SFGH have not received information regarding the survey or are doing an initial rotation at SFGH and need a refresher on the operations of the hospital, they should contact their SFGH resident coordinator. The program site coordinator will have SFGH

PATIENT CARE FUND: A SUCCESSFUL ENDEAVOR!

Delphine Tuot, Chairperson, Patient Care Fund Committee

The Patient Care Fund (PCF) was established for resident physicians and clinical fellows to have a direct impact on improving the patient experience at UCSF. After a several-year hiatus, the Resident Council, Medical Center and Office of GME resurrected the program and have been quite productive during the 2007-2008 academic year.

The dermatology department started a new High Risk Skin Cancer Clinic for patients with solid organ transplantation. Dr. Sarah Arron, Dermatology PGY-5, noted the importance of educational materials in helping immunosuppressed patients take better care of their skin and prevent skin cancer. The PCF funded her idea to create and distribute educational pamphlets for this patient population. Another proposal funded by the PCF aims at improving communication between providers and patients with limited-English proficiency on 14 Moffitt and 14 Long.

In conjunction with the Interpreting Services Department and the Department of General Internal Medicine, Dr. Delphine Tuot, Internal Medicine PGY-3, has spearheaded the effort to improve access to dual-handset interpreting phones and use new technology to provide targeted feedback to the Interpreting Department to ensure continuous enhancement of services offered.

In addition, the UCSF Medical Center Facilities Department and the Resident Council are currently planning to beautify the high-traffic areas of the Moffitt stairwell, with the hope of increasing its use and improving patient and staff satisfaction. This project by Dr. Derk Purcell, Radiology PGY-6, will get underway in May, 2008.

The three projects above demonstrate the breadth of the Patient Care Fund, and both the Resident Council and Medical Center's commitment to improving patient experiences at UCSF.

The Patient Care Fund Committee is always ready to hear innovative proposals to further contribute to unmet patient-care needs. Proposals must provide a tangible benefit to patients treated at UCSF Medical Center, in either the inpatient or outpatient settings.

No project is too small!! Please visit the following website and take two minutes to fill out the application. All ideas are encouraged, even if you cannot lead the project.

The Resident's Council and Patient Care Fund members will review all applications—a great opportunity to put some money where your mouth is! Feel free to contact me with any questions - delphine.tuot@ucsf.edu

<http://medschool.ucsf.edu/gme/residents/pcfund.html>

Orientation Manuals and Joint Commission Handbooks available for reference and distribution.

Representatives of SFGH will distribute SFGH Orientation and Environment of Care Handbooks at the New Resident & Clinical Fellow Orientation scheduled for June 16 and June 26.

SFGH GMEC - The next SFGH GMEC meeting will be May 23, 2008 at 12:00 noon -Cafeteria Conf. Rm # 3.

The Residents Report

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Many Thanks

The Dean's Office of GME would like to thank the following for their many contributions.

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Upcoming GME events

GME Grand Rounds

- May 20, 2008, 12 noon - 1:00 pm, C-701 "Medical Humanities: Oxymoron or Opportunity?" - Louise Aronson, MD
- No Grand Rounds in June 2008
- July 15, 2008, 12 noon - 1:00 pm, N-217 "Changes in Public Health" - Mitch Katz, MD

UCSF Multi-Disciplinary Clinical/Transational Research Symposium for Residents

May 12, 2008, 2:00 - 5:30 pm, Milberry Union

New Chief Resident Orientation

May 15, 2008, Faculty Alumni House
8:00 am - 4:00 pm

Chief Resident Year-end Celebration

May 19, 2008, 6:30 - 8:30pm, Circolo Restaurant

School of Medicine Faculty Development Workshops, 1:00 pm - 5:00 pm, Faculty Alumni House

- May 20, 2008 "Competency-Based Education & Evaluation" - Lee Learman, MD, PhD
- June 10, 2008 "Preparing and Conducting Site Visits" - Bobby Baron, MD, MS

UCSF Resident & Clinical Fellow Orientation

- June 16, 2008 - Milberry Union, 8 am -12 n*
- June 26, 2008 - Cole Hall, 8 am - 12 n*

* The Administrative Fair on the Orientation days will be held in the Milberry Union Gym from 12 noon to 3:30pm.

Housestaff Annual TB Skin Testing

All residents and clinical fellows that will be continuing training in a post-graduate program as of June/July 2008, need to have an annual PPD (done March 1, 2008 or later). Housestaff with a history of being PPD positive do not need a skin test every year. For more information, contact your program coordinator. Listed below are currently available locations and times.

Parnassus

- Occupational Health Services, 350 Parnassus, # 206, Mondays, Wednesdays, and Fridays, 7:30am to 11:30am and 12:30 pm to 3:30 pm

Mount Zion

- Occupational Health Services, 2380 Sutter, 3rd Floor, Monday, Wednesdays and Fridays, 7:30 am to 8:30 am & 12:00 noon to 1:00 pm

VAMC

- Employee Health, 4150 Clement, Building 203, GB17, Mondays, Wednesdays, and Fridays, 10:00 am to 11:00 am and 2:00 pm to 3:00 pm

GME Cypher

Robert B. Baron, MD, MS

Solve the Spring 2008 Cypher

WTC COCIGWXRC TEZ VS
QXJTW, XV EVB IEZC, WS
YCIXYC WTC LGCZWXS,
KTCWTCQ WTCQC XZ SQ
XZ VSW IEGZC NSQ
YCIUEQXVJ KEQ.

PEACZ AEYXZSV

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 February 2008 Cypher answer was:

THE PROBLEMS OF THIS WORLD CANNOT POSSIBLY BE SOLVED BY SKEPTICS AND CYNICS WHOSE HORIZONS ARE LIMITED BY THE OBVIOUS REALITIES.

- JOHN F. KENNEDY

Thank you to all who submitted answers to the cypher in the February 2008 edition of the Residents Report. We received numerous correct submissions, and the randomly selected winner was:



Stanley Shyn, MD, PGY 3 Resident, Adult Psychiatry. He receives a \$50 gift certificate. Congratulations Stan!