

# The Residents Report

Winter 2008

UCSF Office of Graduate Medical Education

UCSF

## Pathways to Discovery: Educating the Next Generation of Leaders

by Robert B. Baron, MD., MS., Associate Dean for GME



Photo credit: Majeda

One of UCSF's unique abilities is to instill in trainees a lifelong desire to inquire, discover, and innovate. Educational programs across the campus have made this an explicit goal. Nonetheless, data from long term follow-up of UCSF students and residents suggests that only a modest percentage of graduates select and maintain careers focused primarily on these principles.

In an attempt to further develop programs that would provide trainees the skills to succeed in inquiry, discovery, and innovation, the 2008 School of Medicine Leadership Retreat focused exclusively on this topic. Faculty from the School of Medicine were joined by faculty and staff from UCSF Schools of Pharmacy, Nursing and Dentistry, the Graduate Division, the Medical Center, and by students and trainees. GME was well represented by program directors, residents, and fellows.

The primary topic of conversation was Pathways to Discovery, a new program developed over the last year by working groups of over 100 faculty and trainees. In preparation for the retreat, seven working groups submitted proposals for formal Pathways to begin in the next year or two. Innovative new programs in the Graduate Program in Molecular Medicine were also discussed.

The Pathways initiative was originally envisioned as a School of Medicine program incorporating learners from early medical school through fellowship and early faculty positions. At the retreat, strong commitments were made to expand the Pathways program to include learners from all of the UCSF professional schools and the Graduate Division. The goal is to provide learners with specific skills in one of several areas of academic expertise, independent of their professional training and clinical specialty. Pathways will include multiple entry points across undergraduate and graduate education and provide multiple levels of engagement and rigor. Each Pathway will develop formal courses, guided experiential learning, and mentored scholarly projects. Each Pathway will also have a formal degree program leading to a Master's degree available to highly motivated trainees.

Retreat participants discussed seven proposed Pathways: Clinical and Translational Research; Community Health, Advocacy, and Health Disparities; Global Health; Health Systems and Health Policy; Health Professions Education; Molecular Medicine; and Social and Behavioral Sciences. Much discussion focused on whether this was the right mix of Pathways, particularly whether the program would be stronger with fewer Pathways. Participants also asked if additional Pathways were needed, including one that focused on the skills of master clinicians. These topics, and many others, were referred back to the Pathways working groups and the Pathways Advisory Committee for further discussion.

One important topic was how Pathways would work in GME. Despite the image of residents and trainees having little time for scholarship, all UCSF GME programs include time for research and related scholarly activities. This is highly variable, however, ranging from a minimum of one month in some residencies to others with several years of research experience. When residency and fellowship training is combined, though, most specialties have mechanisms for over a year of research training. Some UCSF programs have recently increased program size and others have applied to the ACGME for program requirement exemptions to further support research training.

Upcoming  
GME Grand  
Rounds

Feb 19  
Mar 18  
Apr 15

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## Pathways to Discovery - Educating the Next Generation of Leaders

(cont'd from pg 1)

Robert B. Baron, MD., MS.,  
Associate Dean for GME

Only some GME programs currently have formal coursework to support research skill development. Innovations in the CTSI's Clinical and Translational Sciences Training Program, including a month course for residents on research given twice per year and small grants to support trainee research, may serve as important examples of future Pathway efforts. Existing Areas of Distinction in GME, as well as several specialized tracks and programs, may also serve as key models for Pathway design. It is hoped that a fully developed Pathways program will allow all residency and fellowship programs to provide well-defined training paths to all trainees interested in developing these special skills.

Dr. Josh Adler was introduced at the retreat as Director of the Pathways program. Dr. Adler has been Director of the School of Medicine's successful Area of Concentration Program, which will be incorporated into the Pathways program. Josh also has considerable experience in GME and in medical center leadership and will bring a unique mix of skills and vision to this position. Dr. Adler will work closely with a Pathways Advisory Committee, with educational leadership of the professional schools and Graduate Division, with a team of associate directors representing the professional schools, with individual Pathway leaders, and with the GME program directors and the GMEC.

Final Pathway proposals are due to the Executive Committee on March 1. It is anticipated that several Pathways will be ready to begin July '08 and the remaining by July '09.

## VAMC NEWS

Patricia Cornett, MD VAMC

As many are aware, the VA has been undergoing a major seismic construction project. For those working at the VA, you have likely become creative with parking as well as familiar with many alternative entrances and exits. Good news is on the horizon with a projected opening of the front entrance of Bldg 203 (the inpatient hospital) in March 2008.

The other news of note is that the VA San Francisco was recently awarded 31 new positions from the national headquarters (Office of Academic Affiliations). The current allocation of 135.8 positions has been increased permanently to 166.2 positions starting in academic year 2008. Programs that will be establishing new rotations at the VA include Emergency Medicine, Preventive Medicine, Addiction Psychiatry, Palliative Care Medicine, Clinical Neurophysiology, and Cardiac Electrophysiology. Other programs increasing their VA allocation include Internal Medicine, Infectious Disease, Rheumatology, Dermatology, Psychiatry, Pulmonary and Anatomic Pathology. As part of the national allocation process, San Francisco was also one of seven VAs to be chosen as an Innovations site. Positions were given in this category to programs who proposed innovations in Medical Education. The San Francisco proposal featured new models for training residents in ambulatory medicine including and in addition to new resident positions, also added an ambulatory chief resident to help support curricular changes.



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### ~~~~ GME NEWS ~~~~

Dear Program Directors, GMEC members, and Members of the GME Curriculum Committee:

We are extremely proud to announce that **Lee Learman, MD** has been appointed to be the Clarence Ehrlich Professor and Chair of the Department of Obstetrics and Gynecology at Indiana University commencing July 2008. While we will miss Lee's many contributions to UCSF GME, we are most excited for him!

In addition to his outstanding tenure as Program Director in OB-GYN, he has played particularly important roles in GME over the last two years on our GMEC Executive Committee, as Chair of our new GME Curriculum Committee, as a member of our GME Evaluation Task Force, in GME scholarship, and simply as a tremendous resource for all of us in GME.

Please join us in wishing him the very best in his new leadership position.

# CMS UPDATE

Adrienne Green, MD,  
Associate Chief Medical Officer

In January 2007, a patient at UCSF was administered four times the appropriate dose of oral methadone. Because the patient died, this medication error triggered a survey by the California Department of Health Services (DHS). DHS in conjunction with the Centers for Medicaid and Medicare Services (CMS) found UCSF to be out of compliance with several CMS conditions of participation related to medication management and safety, specifically the conditions of pharmacy, nursing and quality. A hospital must be in compliance with all 23 of the CMS conditions of participation to maintain certification and funding.

A tremendous amount of work has been done in order to improve our medication safety practices. Significant changes include:

- Removal of bulk opioid medications
- Creation of an automated Medication Administration Record (aMAR)
- Introduction of medication safety nurses on the nursing units
- Updates and revisions to >200 pre-printed order forms
- Physician education re: safe, complete order writing
- Policy revision and practice changes related to medication management, adverse drug reactions and allergies, sample medications, and more

January 8-11, 2008 a team of three nurses and 3 pharmacists conducted a follow up survey. While medication safety was found to have significantly improved, we continue to have specific, detail-oriented, deficiencies. We were also found to be out of compliance with postoperative anesthesia documentation. Because of these findings, the CMS survey process will be ongoing.

Over the last several months, compliance with complete order writing has increased from 72 to 90% and compliance with telephone orders has maintained at 95%. Persistent problems include use "do not use abbreviations" (qHS is most problematic) and omission of key elements such as medication dose or frequency.

In speaking with many resident and faculty physicians, it is clear that heightened attention to order writing has created a stressful working environment. Medical center administration welcomes resident feedback related to improving our systems. Please email us at [residentfeedback@ucsfmedcenter.org](mailto:residentfeedback@ucsfmedcenter.org) with your comments and suggestions.

## GME Grand Rounds

### Upcoming

**February 19, 2008 - N 217**  
Understanding Death Certification:  
Medicine & the Law  
Judy Melinek, MD,  
Assistant Medical Examiner, San Francisco

**March 18, 2008 - N 217**  
Preventive Health Guidelines: A view from  
inside the US Preventive Services Task Force  
(USPSTF)  
George Sawaya, MD,  
Associate Professor,  
UCSF Dept. of OB/GYN

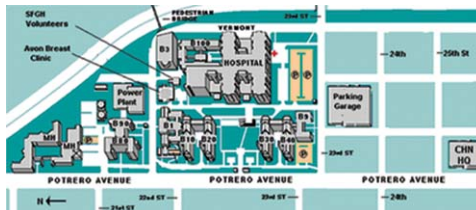
## SFGH NEWS

Doug Eckman, SFGH Dean's Office

### SFGH GMEC

The SFGH GMEC meeting will be in February, date tba. The SFGH GME Committee, chaired by Dr. Beth Harleman, is a resource designed to benefit housestaff at SFGH. 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.

### SFGHMC- A SMOKE-FREE CAMPUS



Starting July 1, 2008, San Francisco General Hospital Medical Center will be a smoke-free campus. Our goal is to promote a healthy campus environment and healthy lifestyle for San Francisco residents. This policy applies to staff, patients & all visitors (including contractors and vendors). The campus includes:

- Main hospital
- Buildings 3, 4 and 100 just north of the main hospital
- Buildings 1, 20, 20, 30, 40 and 9 on grounds west of the main hospital
- Buildings 80, 90, the power plant and the Behavioral Health Center north of 22 Street
- All the lawns, gardens, pathways and parking areas around these buildings
- CHN Headquarters on 25th Street.



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# NEWS FROM THE LIBRARY

## Medical Podcasts: How to Find Them and What's Worth a Listen

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

Now that some UCSF faculty have begun to podcast their lectures, there may already be several UCSF people at the gym or on their commute who are moving to the sounds of medical wisdom via their earphone buds. There are a few ways to listen to a podcast. The most basic is to click on a link to the podcast and listen on your computer. Podcasts become portable when you download them to an mp3 player via a hosting platform like iTunes. You can download iTunes for free at <http://www.apple.com/itunes>.

You may have already stumbled across a few podcasts that you really like and have decided to subscribe to them. You will usually see a "Subscribe" link on the podcast's webpage that allows you to add this to your iTunes library or an RSS feed. Once you've subscribed, your mp3 player will always upload the newest episodes of these podcasts, making it very easy to stay current.

### How to find medical podcasts in iTunes

Starting in the iTunes left menu, follow this path: [iTunes Store](#) > [Podcasts](#) > [Science & Medicine](#) category > [Medicine](#) (under the More Science & Medicine category) > [See All](#) link in upper right. To view a video demonstration, go to - <http://tinyurl.com/35n9ut>

You can also try searching [Podcast.net](#) a directory of podcasts. To get to their list of medical podcasts, select the [Science & Nature](#) category and then the [Medicine](#) category on the next page.

Below are some quality medical podcasts showcasing a wide variety of topics and are well worth a listen. Many of the podcasts are less than five minutes long. Some radio show or lecture formats can run up to one hour. Some but not all of these can be found in iTunes.

### MEDICAL PODCASTS

1. **McGraw-Hill's** AccessMedicine weekly podcasts - <http://books.mcgraw-hill.com/podcast/acm/>
  - Harrison's Online; Hursts the Heart; Schwartz Surgery; Williams Obstetrics; Adams and Victors Principles of Neurology; OMMBID Lecture (genetics); Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology
  - Fitzpatrick's Case of the Month (dermatology) - in iTunes, click on left video to enlarge video screen.
2. InfoPOEMS weekly podcasts - <http://www.infopoems.com/subscribe/netcast.cfm?view=archive>  
Evidence-based medicine specific topics
3. MedPod 101 - <http://www.medpod101.com/page37/page37.html> - internal medicine
4. Pediatric Pedcasts - <http://www.peds.arizona.edu/residency/podcast.asp> Univ of Arizona College of Medicine

### JOURNALS PODCASTS

1. JAMA Weekly Audio Commentary - <http://jama.ama-assn.org/misc/audiocommentary.dtl>
  - Hosted by JAMA's Editor in chief; Summarizes and comments on the journal issue
2. The NEJM Audio Summaries- [http://podcast.nejm.org/nejm\\_audio\\_summaries.xml](http://podcast.nejm.org/nejm_audio_summaries.xml)
  - Summarizes articles of journal issues
3. The NEJM Interviews with PDF - [http://podcast.nejm.org/nejm\\_audio\\_interview.xml](http://podcast.nejm.org/nejm_audio_interview.xml)
  - Interviews with authors of articles in the NEJM issues and includes PDF of transcript and link to actual journal article being discussed (PDF's must be accessed via UCSF campus network or VPN)
4. Annals of Internal Medicine - <http://www.annals.org/podcast>
5. The Lancet - <http://podcast.thelancet.com/>
6. Nature.com podcasts - <http://www.nature.com/podcast>
  - Podcasts created by the Nature Publishing Group that includes the journal Nature
7. Science - <http://www.sciencemag.org/about/podcast.dtl>
8. Scientific American - <http://www.sciam.com/podcast>



## Medical Podcasts:

### CONSUMER HEALTH

1. **Healthcare 411** - by the Agency for Healthcare Research and Quality (AHRQ) - <http://www.healthcare411.org>
  - AHRQ is part of the Department of Health and Human Services
1. **Cleveland Clinic Health Edge** - <http://www.clevelandclinic.org/healthedge>
  - Podcasts and videocasts
3. **Johns Hopkins PodMed** - <http://www.hopkinsmedicine.org/medial/Podcasts.html>
4. **Sound Medicine** (WFYI 90.1 FM) - <http://soundmedicine.iu.edu> From the Indiana University School of Medicine; Can listen to individual segments or the entire 1-hr shows

### PODCASTS CREATED BY UCSF

1. **Podcasts@UCSF** - <https://cit.ucsf.edu/podcast>
2. **UCSF Podcasts & Feeds** - <http://www.ucsf.edu/resources/podcasts.html>
3. **UCSF Office of CME Podcasts** - <https://www.cme.ucsf.edu/podcasts/index.aspx>
4. **UCSF Office of GME Videos & Podcasts** - <http://medschool.ucsf.edu/gme/grounds/index.html>

## How to jump start your Career in Clinical/Translational Research

Emily von Scheven, MD, MAS, CTST Co-Director for Resident Research Training  
Doug Bauer, MD, CTST Associate Director for Resident Research Training  
Lee Learman, MD, PhD, CTST Co-Director for Resident Research Training

**Why now?** Although primarily a time to focus on clinical skill building, UCSF and the CTST recognize the value of introducing you to research opportunities during your residency. The goals of the CTST Resident programs are to 1) Create opportunities for all residents to gain a basic understanding of clinical and translational research methods and evidence-based medicine skills, 2) Provide resources to aid residents in conducting research projects during their training, and 3) Inspire and facilitate residents interested in pursuing a career in clinical or translational research.

**Skill building.** There are numerous training opportunities on campus to obtain the fundamental skills in conducting clinical and translational research. These include Training in Clinical Research (TICR) offered each summer and Advanced Training in Clinical Research (ATCR) sponsored by the Department of Epidemiology & Biostatistics. However, many residents are looking for a four week course and thus we have developed a special course for residents called Designing Clinical Research for Residents and Students (EPI 150.03). This course requires 50% protected time and is offered twice a year in a one-month format (in August and February). Modeled after TICR, the elective leads residents through the essential components of writing a clinical research protocol, developed around their own clinical research question. The tangible product of the course is a 5-page clinical research protocol. The residents attend bi-weekly group lectures and small resident-only seminar groups led by core faculty for the CTST resident initiative (Drs. Bauer, Learman, and von Scheven) with additional faculty participating to meet resident enrollment.

**Pilot money for your project.** Many projects, even small ones, require funds to cover expenses such as materials, performing laboratory assays and biostatistics consultation. This year we are pleased to announce that CTST offered for the first time competitive grants of \$2000 for UCSF residents to conduct clinical or translational projects that were not covered by their mentor or other sources. Among 30 applications, we recently announced funding to the following 10 applicants: Shelley Arredondo (Occupational Med), Michelle Hsiang (pediatrics), Hooman Kamel (neurology), Susan Jen Lee (surgery), Felicia Lester (OB/GYN), Daniel Lu (neurosurgery), Kamakshi Raimondo (surgery), Alan Teo (psychiatry), Josh Woolley (psychiatry) and Brandon Zielinski (child neurology).

### CONGRATULATIONS AND GOOD LUCK !

Coming soon. Additional programs are currently in development, including a cross-Departmental research symposium, a longitudinal seminar series, and, of course, the development of a formal Pathway to Discovery in Clinical & Translational Research. Stay tuned for announcements about the courses, funding opportunities and these new programs.

See the web site at <http://www.ctst.ucsf.edu/residents.htm> to stay up-to date. If you have questions or suggestions feel free to contact us at: [dbauer@psg.ucsf.edu](mailto:dbauer@psg.ucsf.edu) [evonsche@peds.ucsf.edu](mailto:evonsche@peds.ucsf.edu) or [learmanl@obgyn.ucsf.edu](mailto:learmanl@obgyn.ucsf.edu)



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## GME Diversity Update

In November, GME held its first of several residency program applicant diversity receptions. The purpose of these receptions was to provide applicants from diverse backgrounds and those interested in diversity an opportunity to meet faculty and housestaff from various training programs at UCSF. Applicants had the chance to learn more about School of Medicine and campus-wide efforts to promote diversity at UCSF. Dinner receptions were held at Kezar Restaurant in Cole Valley and Bistro-9 in the Inner Sunset.

A Second Look program was held on January 25, 2008. Several departments participated in this opportunity for applicants to revisit UCSF and learn more about our training programs. Activities included a discussion entitled "Diversity at UCSF" led by Dr. Eugene Washington Executive Vice Chancellor and Provost. Other participants included Drs. Robert Baron, Tim Kelly, Alma Martinez, Renee Navarro and René Salazar. Dr. Washington began the discussion with a review of the 10-point initiative to create a more diverse campus community. This was followed by a panel discussion with current housestaff led by Dr. Natalie Guerrier (PGY2, Pediatrics).

The day concluded with a reception at Circolo Restaurant in San Francisco's Mission District. Over 55 applicants, faculty, fellows and housestaff from several departments attended the evening reception. Thank you to everyone who participated and to Ms. Helen Shui, who helped organize this year's activities.

For more information or to learn how you can get involved, please contact **Dr. René Salazar, GME Director of Diversity** via email [salazar@medicine.ucsf.edu](mailto:salazar@medicine.ucsf.edu) or phone (415) 502-8156.



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## GME Diversity Update

The Office of Graduate Medical Education has hosted several diversity events over the last several months. In October, GME co-sponsored an Underrepresented In Medicine dinner and panel discussion for medical students and housestaff.

Thanks to Hyman Scott, MD an R2 from the Department of Medicine for serving as panelist. (photo).



*Over 50 residents and faculty from all departments attended a **DIVERSITY Reception** at the home of Dean Kessler on October 30, 2007.*



## Upcoming meetings for 2008

### 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.

Diversity, GME for more information or suggestions for additional activities.

Email: [salazarr@medicine.ucsf.edu](mailto:salazarr@medicine.ucsf.edu) /502-8156

## Teaching Skills Workshop for Residents and Fellows

Bree Johnston, MD, MPH,  
Division of Geriatrics, Department of Medicine

“Residents and fellows are the educational backbone of the medical school. Although some of us are natural born teachers, most of us aren’t. There are certain educational methods that any one of us can use to improve our effectiveness as a teacher. The Academy of Medical Educators and the Office of Graduate Medical Education decided that we should provide educational workshops aimed at residents and fellows to give them a chance to learn some of the educational tricks of the trade from star educators”, explained conference co-organizer, Associate Dean for Graduate and Continuing Medical Education and Academy of Medical Educators member, Dr. Robert Baron.

This is the second year these workshops have been held. The first four hour workshop was held on November 29<sup>th</sup> and was attended by about 30 residents and fellows. The response to the workshops has been overwhelmingly positive, with a rating of 4.6 on a 5.0 point Likert scale.

Kathy Julian of the Department of Medicine opened the workshop with a session on creating a positive learning climate. “Creating a positive learning climate is something that any one of us can do to improve our learners’ educational experiences” said Julian. Maria Wamsley, also in the Department of Medicine, followed with a practical approach to providing effective feedback to learners, a skill, she explains, that most housestaff and faculty struggle with. Participants then had the opportunity to attend breakout sessions on “Teaching Procedures, led by Jeff Tabas of the Department of Emergency Medicine, “Teaching for Consultants” led by Jewel Shim of the Department of Psychiatry, Small Group Teaching, led by Dr. Calvin Chou of the Department of Medicine, and the One Minute Preceptor, led by Maria Wamsley and Kathy Julian.

The Teaching Skills workshops are just one piece of a larger educational menu of activities on campus that students, residents, and fellows who are interested in medical education can participate in. Residents and Fellows who want to focus more intensely on medical education can also enroll in the six-month mini-teaching fellowship, sponsored by the Office of Medical Education and the Office of GME. However, because all housestaff teach to some degree, it was felt to be important to offer educational skills workshops that all housestaff could participate in.

A second workshop will be held on March 13<sup>th</sup> and the planning for next year’s workshops has already begun. Any residents or fellows who have ideas about next year’s workshops, or who have other ideas for methods or venues for enhancing teaching skills are encouraged to speak to Dr. Baron or email [bree.johnston@ucsf.edu](mailto:bree.johnston@ucsf.edu)



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## 10 Questions from the Resident & Fellow Affairs Committee

Drs. Ernie Ring (CMO) and Adrienne Green (Associate CMO) respond to residents' questions about telephone orders and medication order writing.



**1. What are the changes affecting the residents at UCSF because of CMS compliance requirements?** Ernie Ring states: "Order writing needs to be unambiguous, legible, and complete. There needs to be complete documentation for allergies and adverse drug reactions."

**2. What are the differences between a telephone order and a verbal order?** Ernie Ring states: "A verbal order is given during a procedure to a nurse who administers the drug. At the end of the procedure, the physician signs

off the list of drugs that were given during the procedure. Telephone orders are called in to a nurse (sleeping medication). Previously, our bylaws only allowed telephone orders for pain relief and emergencies. We changed the bylaws at an Executive Medical Board in November 2007 to indicate that telephone orders are allowed for any urgent clinical need. This was in response to a resident who was called regarding a patient who was nauseous and ordered Zofran, but the nurse would not accept the order since it was not an emergency. It was strictly within the letter of the rule at that time. This change in bylaws was directly related to resident input."

- 3. What is a medication safety nurse? What is his/her role?** Adrienne Green states: "The primary focus of the medication safety nurses is to double check that orders are written and transcribed compliantly. They do additional tasks on the floor such as checking for expired medications. Medication orders on the MAR need to exactly match the physician's orders. Ernie Ring states: Historically, nurses have interpreted orders for what they meant instead of what they said. CMS doesn't accept that."
- 4. What percentage of orders are written correctly?** Adrienne Green states: "80% of orders are written completely and correctly. When there are problems, it is generally because the dose, frequency or other details are omitted. Duplicate orders are also a problem."
- 5. Are telephone orders handled consistently throughout the hospital?** Ernie Ring states: "In the past, they have not been consistent because, although the policy is the same, the interpretations have not been the same in all areas. Adrienne Green states: Currently, our major efforts are directed at standardizing interpretations and practices throughout the hospital."
- 6. A current workaround for a resident who is not in the hospital is to ask another resident who's in-house to transcribe an order and sign it even though the resident may not be familiar with the patient or medication prescribed. Are there any concerns about this?** Adrienne Green states: "This is not appropriate. When you find yourself in workaround situations that do not make sense, it should be a trigger to use the resident email suggestion box - [residentfeedback@ucsfmedctr.org](mailto:residentfeedback@ucsfmedctr.org). Currently, our major efforts are directed at standardizing practices throughout the hospital."
- 7. Residents receive many pages from the pharmacy about medication orders that need clarification, but they are unable to take telephone orders which increase the number of steps and people involved. Why is this, and doesn't it increase the chance for error?** Adrienne Green states: "Because most pharmacists are currently located in the basement pharmacy, far away



## 10 Questions - Drs. Ernie Ring (CMO) and Adrienne Green (Associate CMO)

1. from the patient's chart, they are unable to write a telephone order. If a resident receives a medication clarification call from a pharmacist who is in a satellite pharmacy or who is located on a nursing unit, the pharmacist can write a telephone order for the change. The resident will need to countersign the order per the telephone order policy. Over the next several months many of the pharmacists who are located in the basement pharmacy will be relocated to nursing units. We anticipate that this will streamline and simplify the medication clarification process for all providers (this system has already been rolled out on 12L and 14L)."
2. When can a RNs defer paging a resident regarding medication clarification and for what period of time? Adrienne Green states: "When paging physicians at night, nurses have been trained to use their best judgment in light of the clinical situation. The issues related to medication clarification have obviously complicated the issue and have prompted us to start looking into this with nursing leadership."
3. Implementing a computerized order writing system is the ultimate solution handling medication orders. What is the timeline for implementing this? Ernie Ring states: "Approximately 18 months."
4. What is being done to address problems residents are having with telephone orders and medications? Adrienne Green states: "I meet weekly with pharmacy and nursing to bring concrete examples to the table and then to problem solve. It would be invaluable if the residents could give me unbiased, unemotional, factual and concrete examples of the problems they run into with medication orders. For this reason, we have established an email suggestion box - [residentfeedback@ucsfmedctr.org](mailto:residentfeedback@ucsfmedctr.org) where residents can inform medical center administration of systems' issues that they would like to be addressed."

## Learning by Simulation

Manuel Pardo, MD, Director, Kanbar Simulation Center, UCSF SOM, Professor of Anesthesia

The School of Medicine will soon open the **Kanbar Simulation Center** at UCSF's Mount Zion campus. The center will be designed to strengthen the School's educational mission of teaching, learning, assessment and research through realistic simulations and interprofessional team training for routine and complex situations, thereby improving patient care and safety.

Phase I of the project will focus on development of a centralized School of Medicine facility developed in conjunction with the Milton J. Pearl and Leonard D. Rosenman Surgical Skills Center at Mt. Zion. This 1800 square foot facility will provide simulation-based training to medical students, residents and participants in interprofessional education exercises. While not physically integrated with the existing Clinical Skills Center at 1515 Scott Street, the two facilities will share staff and begin to integrate their activities.

Simulation-based training of clinical, teamwork and decision-making skills is becoming standard practice for health professionals. The center will feature simulation experiences ranging from encounters with standardized patients, training for specific procedural tasks, and use of full-body, mannequin simulators. The Simulation Center's Interim Director is Dr. Manuel Pardo, the Sol Shnider Endowed Chair for Anesthesia Education and director of the Patient Simulator Program in the Department of Anesthesia and Perioperative Care. Dr. Pardo will work with residency and fellowship program leaders to address needs in graduate medical education at UCSF. Please contact him for further information at: [pardom@anesthesia.ucsf.edu](mailto:pardom@anesthesia.ucsf.edu)



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## Residents & Clinical Fellows - Out & About

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

**Stuart Lustig, MD, MPH is an Assistant Clinical Professor and Director of the Child and Adolescent Psychiatry Training Program in the Department of Psychiatry.**

After spending almost three years in the Bay Area following stints in Boston and the flat Midwest, **Stuart Lustig** is still looking for the perfect hill to conquer on two wheels. Here are some of his preferred locals around **San Francisco**.



barely touches this one. For the fainter of heart, there's chai hot chocolate, Mexican hot chocolate, and a good old-fashioned kids' version. Then cruise up to Berkeley for a sample-drenched and scholarly tour of the Scharffenberger chocolate factory. I can't believe it's free, even after my sixth time there!

**Have a visitor?** Need a view? Wind your way up to Twin Peaks, clearly marked by Sutro Tower, a familiar structure to anyone working on the UCSF Parnassus Campus. Bicycle if you dare, but I'd suggest a vehicle, preferably a motorcycle, but a zippy sports car if you must. The city looks stunning from this vantage point, especially on a clear day. In fact, no need to wait for a visitor. Check it out solo, but dress warmly. It's very breezy up there and you won't want to have to head back down due to hypothermia.

**Have a yen for zen?** When seeking tranquility, I recommend the Japanese Tea Garden in Golden Gate Park, right by the De Young Museum and across the street from the Botanical Garden. Just a few dollars gets you into in this gorgeous oasis of bridges, ponds, and meticulously manicured Asian vegetation. The labyrinthine paths induce a trance-like calm and the flora which stud the serpentine walkways mutate according to the season. There's always something new and different to gently rouse you from your reverie. Hot tea and salted nibbles are reasonably priced.

**So, where to eat in this city?** It's good to have such problems. Tried and true, Burma Super Star located at 309 Clement between 4th and 5th still dishes up gently spiced, healthy, and yummy Burmese cuisine at very reasonable prices. Try the tea leaf salad and the soups. You won't be able to leave without sampling many of the lovingly prepared delicacies! Service is friendly and efficient. Unless you arrive at the beginning of the lunch or dinner hours, expect a wait. They keep a list and will call your cell phone when your table's ready, so you can stroll around the neighborhood or lounge in the comfy coffee shop across the street.

**Get your chocolate on!** Chocolate Covered, at its relatively new location on 24th Street in Noe Valley (2469 24<sup>th</sup> Street), offers a wide variety of exotic chocolates from the world over, many of which the generous purveyor will let you sample. To quote Tom Lehrer, "He gives the kids free samples because he knows full well that today's young innocent faces will be tomorrow's clientele." Check out the specialty lunch boxes, graced with World War II era photographs. For death by chocolate in liquid form, my favorite is Bittersweet, 2123 Fillmore between California and Sacramento. Try the vegan "bittersweet" which is so strong that it's as good as intravenous. First pass metabolism

**Need a laugh?** Try Cobbs Comedy Club (915 Columbus, just a few blocks north of Broadway). It's the perfect way to follow a yummy Italian or Chinese dinner nearby. Cobbs has comedians large and small. I saw someone there a few weeks ago who was 400 pounds and was hoping he wouldn't code on stage. There are local folks, vocal in their bay area spirit, and big names as well, such as Saturday Night Live legend Darrell Hammond. If you want to see a show, first go to Goldstar.com, an outfit that sells half-price tickets, and you'll be chuckling all the way to the bank.



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## Residents & Clinical Fellows - Out & About

**Sandrijn van Schaik, MD, PhD is an Assistant Clinical Professor and Associate Director of the Pediatric Critical Care Fellowship Program in the Department of Pediatrics.**



Although **Sandrijn van Schaik** left her native country of the Netherlands more than a dozen years ago, when she moved from Massachusetts to the Bay Area in 2003 it felt very much like coming home. The Bay Area has pretty much everything that she misses about the Netherlands (including a decent dose of grey and drizzly weather) and so much more. As a pediatric intensivist at UCSF, it can be difficult to find the time to enjoy all the Bay Area has to offer, but here are some of her favorites:

On a clear day walk up Stanyan to the very top, make a left on Belgrave and enter Tank Hill park at the end of the street. You get the most fantastic views of the bay, the city, and the ocean, and you are likely to have the place to yourself.

The Tonga Room and Hurricane Bar in the beautiful Fairmont hotel (950 Mason St) is a perfect place to go on one of those gloomy days that you need a lift: happy hour at this tiki bar is bound to make you smile. It is kitsch at its very best, with artificial rain and thunder soundtracks, a band on a retractable aqua stage and incredibly sweet tropical drinks. Don't stay for dinner, the food is mediocre and extremely overpriced.

Okay, so there is one thing that I miss about the Netherlands; good cheese shops. The grumpy old guy behind the counter at Say Cheese ("Purveyors of fine wine and cheese") at 856 Cole St. took a little getting used to, but after he recognized the depth and strength of my inborn and eternal love for cheese, I became a loyal customer.

There is no better way to spend a starry night than with a group of friends around a bonfire on Ocean Beach, which was allowed, then banned, and now allowed again. Ocean Beach, which is located between Fulton and Lincoln in the Sunset/Richmond neighborhoods, has fire pits for use by the public. Bring your own wood, matches and some blankets and the story telling can begin.

Everyone knows about Golden Gate Park and the many things it has to offer: the bison, the conservatory of flowers, the de Young museum. But the reason why I love the park so much is because there is so much more than that and I stumble upon something new and unexpected on a regular basis. Who knew that lawn bowling is done in white suits with white hats, that there is an annual model yacht boat exhibit in Spreckels Lake, and that footbag is a sport with rules, competitions and champions? There is no better way to spend a starry night than with a group of friends around a bonfire on Ocean Beach, which was allowed, then banned, and now allowed again. Ocean Beach, which is located between Fulton and Lincoln in the Sunset/Richmond neighborhoods, has fire pits for use by the public. Bring your own wood, matches and some blankets and the story telling can begin.

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# The Residents Report

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Many Thanks  
The Dean's Office of  
GME would like to  
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ing for their many  
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## KAISER AWARDS for Excellence in Teaching 2008

### Call for Nominations - Attention UCSF Housestaff & Medical Students

Since 1969, the UCSF School of Medicine has recognized exceptional faculty teachers through the Kaiser Teaching Awards, which come with a monetary reward in addition to positive effects on recognition and career advancement of teachers. Annually, an award is given in each of the following categories:

- Excellence in Teaching in the Inpatient Care Setting
- Excellence in Teaching in the Ambulatory Care Setting
- Excellence in Teaching in the Classroom Setting
- Excellence in Teaching by Volunteer Clinical Faculty (volunteer faculty could be your preceptor, small group leader, physicians that you work with in clinic or on the wards)

Only medical students and housestaff can nominate faculty candidates for Kaiser Teaching Awards. Every faculty member who is nominated receives a letter of recognition that is personalized with comments from the nomination forms. A copy of the recognition letter is sent to the faculty member's department chair. Nominations should emphasize the nominee's most outstanding qualities as a teacher, including, as applicable, the quality of their presentations and teaching materials; their ability to motivate learning; their effectiveness as a mentor; and the impact that their teaching has had upon students or housestaff.

*The deadline for nominations is 5:00pm,  
Friday, March 7, 2008.*

Please submit this completed nomination via e-mail to:  
[joseph.crawford@ucsf.edu](mailto:joseph.crawford@ucsf.edu)

or via **Online Nomination**  
<http://medschool.ucsf.edu/gme/kaiserawards2008.html>

## GME Cypher

Robert B. Baron, MD., MS.

### Solve the Winter 2008 GME Cypher

DUA BJKHXAFG KL DUSG  
EKJXY QCTTKD BKGGSXV HA  
GKXIAY HV GZABDSQG CTY  
QVTSQG EUKGA UKJSWKTG  
CJA XSFSDAY HV DUA  
KHISKPG JACXSDSAG.  
MKUT L. ZATTAYV

*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](mailto:daya@medsch.ucsf.edu); correct answers will be entered in a drawing to win a \$50 gift certificate!*

### The October Cypher answer was:

"Improving population health would be more than a statistical accomplishment. It could enhance the productivity of the workforce and boost the national economy, reduce health care expenditures, and most important, improve people's lives.

But in the absence of a strong political voice from the less fortunate themselves, it is incumbent on health care professional, especially physicians, to become champions for population health."

STEVEN A. SCHROEDER, M.D.

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

Jesse Biebesheimer, MD  
PGY 3 Resident - Dept. of Ophthalmology.

He receives a \$50 gift certificate.  
Congratulations!