

Office of Medical Education Annual Report for 2000-2001

University of California
San Francisco



School of Medicine

Office of Medical Education

June, 2001

Executive Summary

This has been another year of outstanding achievements in medical education. Some of the many accomplishments include:

- 1. Establishment of the Academy of Medical Educators
- 2. Design of the new first-year M.D. curriculum with supporting web-based resources
- 3. Implementation and revision of the new third-year core clerkship structure with Intersessions
- 4. Creation of Advisory Colleges for students and selection of mentors
- 5. Stabilization of commitments to the state Memorandum of Understanding for GME, initiation of a new resident work hours improvement policy, and revision of housestaff grievance and appeal procedures
- 6. Initiation of a web-based evaluation system for learner ratings of courses/rotations and teacher and faculty evaluations of learners
- 7. Achievement of full accreditation for CME along with financial stability and new management systems
- 8. Creation of a new Office of Educational Research and Development
- 9. Unification of development efforts to support education

UCSF is assuming a leadership role in medical education, as evidenced by invitations to participate in two national initiatives by AAMC to spotlight curriculum reform in medical education. We look forward to another exciting year of innovations and excellence.

Educational Units/Table of Contents

- I. Admissions and External Programs 3**
- II. Curricular Affairs 4**
- III. Student Research 6**
- IV. Student Affairs 7**
- V. Graduate Medical Education 9**
- VI. Continuing Medical Education 11**
- VII. Academy of Medical Educators 12**
- VIII. Educational Research and Development 13**
- IX. Legal Affairs 15**
- X. Scholarship in Medical Education 15**

Annual Report 2000-2001

Mission: To promote innovation and academic excellence across the continuum of medical education.

Objectives and Accomplishments

I. Admissions and External Programs

- A. Select the most qualified individuals to study medicine
 - 1) Reviewed a total of 4,832 initial applications, down from a high two years ago of 5,500.
 - 2) Invited 1,288 formal applications with letters of reference.
 - 3) Interviewed 496 candidates.
 - 4) Worked with American Medical College Admissions Service to develop AMCAS 2002, a computer-based national applications procedure.
 - 5) Developed website for prospective students to provide information about the new curriculum.

- B. Develop strategies for maintaining diversity within the entering class
 - 1) Held prospective student weekend for 16 underrepresented minority admitted students and 60 non-minority admitted students.
 - 2) Conducted the Post Baccalaureate Reapplicant Program. For the academic year 99-00, nine of the twelve program participants were admitted to medical school, one has not yet applied and one is on the alternate list at UCSF. For the 00-01 academic year, six of the eleven participants applied to medical school this year. Three have been admitted, one is on three waiting lists, and two have not yet received responses.
 - 3) Initiated a post baccalaureate program for first-time applicants. For the 00-01 academic year, two of the six participants applied to medical school this year. One has received multiple acceptances and the other is on several waiting lists. The other four program participants plan to submit their applications this summer.
 - 4) Initiated an undergraduate preparation program aimed at disadvantaged undergraduate students. The six-week program will begin this summer.
 - 5) Hosted the third annual medical school admissions workshop in March, which was attended by 160 undergraduate students from Northern California.
 - 6) Hosted a medical school prerequisite and admissions conference in October for three community college partners. The workshop was attended by 40 college counselors, professors and selected students.
 - 7) Supported outreach activities aimed at either encouraging appropriate undergraduates to apply to medical school or encouraging others earlier in the pipeline to consider completing training necessary to qualify for graduate education in the sciences.
 - 8) Produced and distributed a video for accepted applicants to increase acceptance rates.

II. Curricular Affairs

- A. Enhance the quality of undergraduate medical education
- 1) Designed and implemented new curriculum
 - a. Developed structure, schedule and interdepartmental responsibilities for new block courses in the Essential Core.
 - b. Defined position and hired Curriculum Coordinator.
 - c. Developed and supported robust participation in curricular design and oversight.
 - d. Completed detailed planning for the first year of the curriculum including course format and content, clinical cases, syllabi, evaluations and web course tools. Improved integration of Foundations of Patient Care with planned new block courses.
 - e. Enhanced centralized oversight of all four years of curriculum with strong Steering Committees for Essential Core and Integrated Clinical Studies, under Committee on Curriculum and Educational Policy, CCEP.
 - f. Charged new Clinical Consultation Committee to review integration in the Essential Core block courses and to enhance links between Essential and Clinical Core curricula.
 - g. Implemented restructured Clinical Core based on core learning objectives, including new blended clerkships and intersessions.
 - h. Strengthened the Surgery and Anesthesia clerkships by separating them and linking them more directly to the Clinical Core learning objectives
 - i. Charged Committee for Advanced Studies to initiate planning for fourth year of the curriculum, and to integrate student scholarship.
 - j. Conducted CCEP Retreat for 100 faculty, students and staff in March 2001, focusing on integration of basic, social and clinical sciences content.
 - k. Planned transformation of Medical Scholars Program for new curriculum.
 - l. Initiated Office of Community-Based Education (OCBE): a centralized office for volunteer clinical faculty who teach in Foundations of Patient Care and the longitudinal clinical experience in the third year.
 - 2) Developed digital curriculum (MedROCKET: **medical Resources Online: Cultivating Knowledge through Educational Technology**) that enhances and extends opportunities for learning
 - a. Defined position and hired Educational Technology Coordinator.
 - b. Developed a database (Mosaic) to house curriculum details, assist with planning and reduce content redundancy.
 - c. Worked with the Library and other professional schools to implement the WebCT online courseware environment for the UCSF campus. <http://cit.ucsf.edu>
 - d. Developed a set of medROCKET development guidelines for use by faculty and staff when developing web-based courses. <http://www.som.ucsf.edu/medrocket>
 - e. Designed medROCKET (WebCT) templates for the Essential Core and Clinical Core curricula.

- f. Launched the new medical-student-designed MissingLink web site that includes a database of online medical education resources (SiteFinder) and a handheld computing resource for medicine (E-Brain). <http://missinglink.ucsf.edu>
 - g. Established the eCurriculum Ambassador Program, which utilizes students' experience in online learning to develop effective web-based courses.
 - h. Implemented a computer requirement for incoming medical students. <http://www.som.ucsf.edu/medrocket>
 - i. Partnered with the Library to open a staffed student computing help desk in Medical Sciences 165 and 166 (opening in September 2001).
 - j. Designed a new medical student web portal to consolidate and organize all UCSF medical student materials available on the web, including access to medROCKET. The new portal, called *Medstudents.ucsf.edu*, will open in August 2001.
 - k. Provided faculty development on WebCT.
- 3) Strengthened the administrative computing infrastructure
- a. Expanded functionality of Foundations of Patient Care/Office of Community Based Education web database to manage preceptor recruitment and involvement in education.
 - b. Completed the development of and fully implemented a web-based lottery system for student selection of third-year core clerkship rotations and the third- and fourth-year electives.
- 4) Improved the existing curriculum
- a. Developed integrative applications utilizing the anesthesia simulator for all first-, second- and third-year students.
 - b. Piloted service-based learning experience for first year students, linked to Foundations of Patient Care curriculum.
 - c. Continued to offer flexible curriculum options to approximately 20 students who were given three years to complete the first two years of the curriculum.
 - d. Expanded academic support through increased tutoring services and increased referrals for students with learning challenges/disabilities.
 - e. Implemented the third year of PLACE (Partnership for Longitudinal Ambulatory Care Education) for third-year students, expanding clinical options available to students, and continuing collaboration with managed care partners: Brown and Toland, Kaiser, and Community Health Network.
 - f. Charged LCE (Longitudinal Clinical Experience) Committee to plan the transition from PLACE to an expanded 24-week experience that will incorporate specialty options as well as the existing primary care settings.
 - g. Monitored student work hours in clinical rotations.
 - h. Introduced mid-rotation feedback cards in all core clerkships.
 - i. Continued development of integrated teaching skills curriculum for fourth-year students (60 students participated in elective).
 - j. Continued to support extended study plans for more than one third of our students who add an extra year to do research; study

- abroad; take additional clerkships; complete joint degree programs; or have time off for personal, health, or family reasons.
 - k. Supported the continuation, and new development, of many student-initiated electives of wide-ranging interest - examples include Wilderness Medicine; Homeless Health Issues; Introduction to Emergency Medicine; Hospice & Palliative Care; Sports Medicine; Student AIDS Forum; Perinatal/U-Teach elective, Environmental Medicine; and the Iran Study Program.
 - l. Developed a cadre of Standardized Patients and implemented the clinical performance examination for a sample of 32 students at the end of their third year in October, 2000
 - m. Developed plans for constructing a new clinical skills center and prepared to assess all students completing the clinical core.
 - n. Initiated successful fundraising for the Clinical Skills Center.
 - o. Produced Dean's Letters for 150 fourth-year students.
- B. Recruit and develop staff
- 1) Hired and trained new staff and promoted others to higher level positions.
 - 2) Continued the model of service excellence as staff interacts with students, emphasizing the need for staff to appreciate and respond appropriately to our diverse student body.
 - 3) Responded to the needs of individual students as well as groups of students.
 - 4) Collaborated with students, faculty and staff to deliver high-quality student services.
 - 5) Encouraged and supported staff members to seek training they need to provide high quality service.
 - 6) Employed and adapted the highest levels of technology in the delivery of student services.
- C. Strengthen connections with the Joint Medical Program
- 1) Conducted regular meetings with leadership.
 - 2) Planned academic programs for JMP and UCSF using shared leadership.
 - 3) Participated in JMP orientation, student thesis presentations, preceptor appreciation dinner, and graduation ceremonies.
 - 4) Reviewed JMP curriculum and outcomes.
 - 5) Promoted JMP curriculum reform and redesign.

III. Student Research

- A. Promote student research
- 1) Increased listings in Faculty Research Database, promoted interest in research among students and facilitated linkage with willing faculty members.
 - 2) Initiated new one-year Clinical Research Fellowship through Doris Duke Charitable Foundation for five students per year.
 - 3) Funded students to conduct research.
 - a. 35 Dean's Summer Fellowships
 - b. 13 Genentech Fellowships
 - c. 6 Quarterly Research Fellowships

- d. 13 yearlong fellowships (HHMI, Cloisters, Fulbright, Doris Duke, 2 independent-investigator funded).
- 4) Organized Research Day Poster session with research prize ceremony, including Joint Medical Program students.
- 5) Developed web-based student survey instrument to determine incidence of research and other scholarly projects conducted by students.
- 6) Redesigned Student Research web site.
- 7) Initiated plans for an elective option in the new curriculum - a student scholarly project.
- 8) Promoted publication of student research projects, including papers in New England Journal of Medicine and JAMA.
- 9) Assisted six students with completion of the MD with Thesis Program.
- 10) Received renewal of \$75,000 grant from Genentech Foundation for Student Research Program and Diversity Encore Program. Submitted renewal application for 2002.

IV. Student Affairs

- A. Develop and improve student programs
 - 1) Developed Advisory College Group, which planned for the implementation of the Advisory Colleges for fall 2001. Hired a faculty mentor to head each of the Advisory Colleges
 - 2) Supported the Medical Network Family program.
 - 3) Expanded skills training and certification of common procedures during Preparation for the Clerkships in order to reduce occupational exposures.
 - 4) Provided training for students to deal with violent patients.
 - 5) Provided a liaison function with Student Health Services.
 - 6) Established the Lisa C. Miller Medical Care Education Fund for students with untoward medical needs.
 - 7) Supported student involvement in community service.
 - 8) Provided international travel information for students preparing for international clinical experiences.
 - 9) Developed protocol for reduction of health risks for students who participate in clinical experiences in third-world countries.
- B. Expand student career advising programs
 - 1) Provided AAMC career advising program.
 - 2) Conducted career advising services through department faculty advisors, career choice workshops using the Glaxo Pathway Program, Career Fairs, AAMC MedCareers website, and personal counseling.
 - 3) Supported Student Faculty Liaison Committee's "Career Fair".
 - 4) Facilitated student use of ERAS (Electronic Residency Application Services) and achieved successful NRMP match.
 - 5) Expanded web site with student manuals and information.
 - 6) Compiled aggregate data on predictors of students' successful match to competitive subspecialties
- C. Conduct ceremonial programs
 - 1) Organized and administered:
 - a. First-Week Student Orientation
 - b. White Coat Ceremony

- c. Reorientation to the Second Year
 - d. Preparation for the Clerkships
 - e. Graduation Ceremony
- D. Participated in campus- and school-wide committee work
- 1) Addressed the lack of student housing as Chair of the Chancellor's Advisory Committee on Housing.
 - 2) Obtained endorsement from Student-Faculty Liaison Committee for proposal to establish a mechanism for students to report mistreatment by residents. Established working committee composed of students, residents and faculty on student mistreatment.
- E. Coordinate MD-DDS program
- 1) Redefined admission eligibility to MD program with the new curriculum
- F. Provide coordination of services and outreach programs for Student Well-Being
- 1) Provided direct services for Student Well-Being (such as evaluations, short-term individual and couples therapy, and referrals to community resources).
 - 2) Maintained referral list for low-fee referrals to the community and Langley Porter Psychiatric Institute.
 - 3) Publicized services of the Well-Being Program, including development of a website.
 - 4) Offered "Coping with Medical School" workshop to Post-Baccalaureate Reapplication Program students.
 - 5) Organized monthly meeting with student health providers to coordinate care with the Well-Being Program.
- G. Offer prevention programs for Student Well-Being
- 1) All Students:
 - a. Promoted cultural competence in medical school through workshops on diversity as well as input into new curriculum.
 - b. Developed "Partners In Medicine" Program, a social and educational program to address the stress of medical education on relationships.
 - c. Participated in design of new curriculum to assist in the integration of well-being issues programmatically.
 - d. Examined policies and procedures to prevent mistreatment of students.
 - e. In process of developing curricular substance abuse intervention through lecture addressing special issues of substance abuse among physicians.
 - 2) First-Year Students:
 - a. Developed "Planet UCSF", a monthly drop-in group to address common concerns such as procrastination, perfectionism and to address issues of isolation for first year students.
 - b. Published Circulation article to address the challenges of first year
 - 3) Second-Year Students:
 - a. Conducted general support groups that meet weekly in the second year and continue monthly in the third and fourth year.

- b. Co-sponsored workshop on "Managing Test Anxiety", offered in spring to address anxiety regarding the National Boards.
- 4) Third-Year Students:
 - a. Held stress rounds (one-hour meetings) with all students during Medicine Clerkship to help debrief them on their experiences in clinical work.
 - b. Facilitated student organization of annual one-day retreat for third-year students to help them reflect upon their clinical experiences.
 - c. Integrated "reflective groups" into Intersessions to allow students to address well-being issues that arise doing clinical work (dealing with death and dying, medical mistakes, etc).
 - d. Conducted workshop on "Coping with Criticism" to address students' difficulty tolerating feedback on the clerkships.
- 5) Fourth-Year Students:
 - a. Facilitated adjustment to internship for fourth-year medical students through panel discussion on Coping with Internship.
- 6) Under Represented Minority (URM) Students:
 - a. Taught course "Women Physicians of Color" as an elective for first- and second-year students in the fall.
 - b. Conducted follow-up survey of senior women medical students to address the question of whether the above elective course has had perceived persistent benefit in terms of well being for participating students.
 - c. Administered Mentorship Program for Under Represented Minority students to provide one-to-one mentoring relationships between URM faculty members and URM students.
 - d. Organized and conducted social and educational events for the above Mentorship program to facilitate connections between URM students and mentors to promote morale of students.

V. Graduate Medical Education

- A. Monitor and improve resident work hours
 - 1) Established committee on Resident Work Hours Improvement Project (RWHIP)
 - 2) RWHIP reported and approved by Graduate Medical Education.
 - 3) Initiated implementation and monitoring of RWHIP.
- B. Stabilize Memorandum of Understanding for GME
 - 1) Established agreement among Department Chairs regarding stabilization and "right sizing" of some programs.
 - 2) Continued report to UCOP with Specialty, Primary Care and total housestaff numbers moving further toward compliance.
 - 3) Continued leadership among the Associate Deans of the five UC Medical Schools regarding GME issues.
 - 4) Developed plan at UCOP to survey current statewide needs regarding health manpower needs.
 - 5) Developed plan at UCOP for follow-up survey of UC GME graduates regarding specialty, academic versus private practice versus continued training, geographic moves, etc.

- C. Improve resident and fellow financial support
 - 1) Achieved UC salary increases for PGY 1 and 2 housestaff through working with UCOP and the other five Associate Deans for GME.
 - 2) Achieved continued support by UCSF Medical Center of \$2,400 per new intern and new PGY 2 resident entering a new program as support for “relocation to San Francisco” expenses.
 - 3) Reversed unanimous vote by other four Associate Deans at UCOP regarding campus discretion regarding housing allowance. Achieved approval and implemented program for departmental discretion at UCSF for departmental funds to support housing costs up to \$20,000 per resident per duration of first board training program.
 - 4) Established compliance with at least the first-year fellow salary according to UCOP scale.
 - 5) Negotiated improved, less expensive insurance benefits for residents/fellows.
 - 6) Established consensus among four Associate Deans at UCOP to combine insurance programs – moving toward uniform benefits both for cost effectiveness and equity reasons.

- D. Promote diversity among housestaff
 - 1) Established Diversity Committee.
 - 2) Established initial data base on diversity among housestaff and reported to Graduate Medical Education Committee.
 - 3) Continued efforts to develop curriculum and recruitment.

- E. Enhance graduate medical education programs and comply with ACGME requirements
 - 1) Initiated “Annual Update” of all 70 ACGME training programs that monitors changes in leadership, program/site directors, didactic processes, evaluation processes, policies, diversity and rotations.
 - 2) Conducted revised orientation program (given twice) for new housestaff and fellows.
 - 3) Expanded GME website.
 - 4) Established “Pizza Lunch with the Associate Dean” Program of visits to each department to consult privately and confidentially with residents in a group without the Chair, Program Director, or other faculty present.
 - 5) Established “Chief Residents Committee” with quarterly dinners that include hospital administration.
 - 6) Continued local Graduate Medical Education Committees at VAMC and SFGH. Major issues included improved meals and computer availability at VAMC and addressed resident safety issues at SFGH.
 - 7) Continued active Graduate Medical Education Committee with faculty/program director and trainee representation addressing issues related to GME.
 - 8) Expanded Medical Training Staff Committee to monthly meetings.
 - 9) Conducted Internal Reviews and attended Residency Review Committee site visits.
 - 10) Conducted annual resident survey.
 - 11) Updated Tracking Documents of comments/citations by RRC site visits and Internal Reviews and reported to GMEC.
 - 12) Continued GME Grand Rounds program.

- F. Ensure compliance with state laws and statutes.
 - 1) Addressed problem of timely completion of resident/fellow registration and California state medical licensure.
 - a. Formed Task Force of students, trainees, administrators, medical staff, legal counsel and faculty to conduct a root cause analysis and develop a plan
 - b. Created and disseminated a "timeline" as a guideline to licensure and registration.
 - c. Held "Licensure Fair" to facilitate housestaff applications.
 - d. Held teaching sessions for Administrative Assistants to Program Directors to facilitate their directions to and assistance of housestaff regarding registration and licensure.
 - e. Met with California Medical Board regarding licensure issues.
 - f. Tightened monitoring of registration and licensure with forewarning of "no clinical work without on-time completion."
 - 2) Successfully met compliance standards of California Medical Board for Sec. 2111 foreign medical graduates in clinical fellowships.
 - 3) Tightened monitoring of resident rotations to affiliated hospitals regarding departmental housestaff schedules for Medicare audit purposes.
 - 4) Improved recharge system regarding resident salaries from affiliated hospitals.
 - 5) Revised resident/fellow Contract Letter template for all Program Directors

VI. Continuing Medical Education

- A. Recruit new staff and reconfigure office functions
 - 1) Recruited new Director of OCME in September 2000, and again in June 2001.
 - 2) Recruited three new meeting planners, and a person to lead IT development and provide administrative support for OCME meeting planners.
 - 3) Reclassified several staff positions in OCME.
 - 4) Total OCME staff now 11 FTE (Director, four event planning staff, two accreditation staff, and four registration/financial staff), plus Associate Dean.
- B. Improve administrative, financial and computer systems to support CME
 - 1) Created a sound financial plan. The deficits of prior years have been erased, minimal deficits are expected for this year and break even is predicted for next year. Major intervention included increase in per registrant fee, improved collection of accreditation fees, and stabilization of registration numbers. Prior deficits erased with support from Dean, Vice Dean, and repayment of departmental course losses.
 - 2) Purchased a commercial software system for registration, planning and finance. Software being customized by Dean's Office IT team, with implementation scheduled for September 2001.
 - 3) Changed computer system. All OCME staff converted to Dean's Office PC network.
 - 4) Developed operational systems to ensure compliance with ACCME

standards. Monthly accreditation meetings with Governing Board to review all live CME and enduring materials. Systems still developing for improved grand rounds administration

- 5) Completed accreditation progress report to ACCME and achieved full compliance on all standards. Full accreditation in place through June 2003.

C. Improve delivery of CME activities

- 1) Ninety-one live courses were presented, with 1864 hours of instruction and 13,000 participants. Largest activity by Department of Medicine (26 courses) and Department of Radiology (25 courses). Fourteen courses planned by OCME for Departments of Pathology, Otolaryngology, Neurology, Surgery, Urology, Psychiatry, Plastic Surgery, Dermatology, and Ob-Gyn. Plans for 2001-2002 include approximately 18 courses to be planned by OCME, including all future courses for OB-GYN.
- 2) Fifty-two regularly scheduled conferences (Grand Rounds, etc) were presented, with over 2,558 hours of instruction and over 3,000 participants
- 3) Forty-four enduring materials were presented, with 844 hours of instruction and 326 participants. All developed by Department of Radiology.
- 4) UCSF CME activities raised \$1,286,500 for Departments in School of Medicine. Of note, \$1,540,200 was raised as educational grants and exhibit fees to support these CME activities.

D. Establish UCSF leadership in nationwide CME community

- 1) Participated in statewide UC CME consortium.
- 2) Participated in Society of Academic CME and AAMC, Alliance for CME, and the Accreditation Council for CME national meetings.

VII. Academy of Medical Educators

A. Establish a governance structure and develop policies and procedures

- 1) Appointed an Executive Committee that met monthly.
- 2) Developed criteria for Academy membership, expectations of Academy members and defined application process.
- 3) Completed policies and procedures for establishment of shared Academy-departmental endowed chairs.
- 4) Established policy for allocation of Academy operational resources including endowed chairs and faculty stipends.
- 5) Appoint leadership and create administrative structure
 - a. Appointed Director of the Academy, Dr. Molly Cooke.
 - b. Appointed administrator, Dan Kilpatrick
 - c. Submitted proposal regarding short-term (one to two years) and long-term (five years and on) space needs.

B. Undertake external development effort

- 1) Endowed the director position with \$1 million.
- 2) Developed strong relationship with UCSF Foundation, including prospect list and further cultivation plan for Irwin Foundation.

C. Establish academy and select members

- 1) Disseminated call for applications.
 - 2) Conducted preparation for convocation to appoint the inaugural class of ten to 20 members in September 2001.
- D. Support innovative teaching efforts
- 1) Developed interim method for eliciting and prioritizing proposals for teaching and curricular innovations
 - 2) Awarded approximately \$200,000 in the form of instructional innovation grants for the new curriculum.
- E. Systematize and standardize representation of teaching effort and quality
- 1) Reviewed school-wide approaches to mission-based management in use at Cornell, LSU, Yale, University of Florida, Dalhousie University as well as departmental programs at Mayo, Baylor and Oregon Health Sciences University
 - 2) Initiated discussion of possible approaches for UCSF School of Medicine
- F. Publicize the UCSF Academy locally and nationally
- 1) Worked with UCSF Public Affairs office in the creation of press releases, responded to media inquiries about the Academy, resulting in the following articles:
 - d. Cooke to Make Academy of Educators a Reality. UCSF Newsbreak 8/25/00; 15(16).
 - e. Funds Would Aid Teaching Doctors. Barnard A .The Boston Globe; 11/26/00.
 - f. Stand and Deliver: New Med School Endowment Founded to Attract Teachers. Wu W.The Harvard Crimson Online; 11/28/00.
 - g. Flying Start for Academy of Educators Funding. UCSF Foundation News, Issue #6, Winter 2001.
 - h. Academies Reward Excellence in Teaching. AAMC Reporter 2001; 10(4).
 - i. Medical Schools: Changing Times, Changing Curriculum. Greene J. American Medical News, amednews.com; 1/21/01.
 - 2) Updated Academy website, including online application form.
 - 3) Prepared for launch of Academy and inauguration of founding class of Academy members on September 24, 2001.
- G. Initiate the UCSF-Harvard Collaborative
- 1) Developed planning groups for the Harvard and UCSF Academy Collaborative.
 - 2) Conducted initial meeting in November 2001.
 - 3) Met with Macy Foundation to develop support for Collaborative initiative.

VIII. Educational Research and Development

- A. Establish Office of Educational Research and Development
- 1) Recruited Director and an educational researcher (Carol Hodgson, Ph.D. and Arianne Teherani, Ph.D.)
 - 2) Moved into new offices and hired administrative staff.
 - 3) Consolidated Teaching and Evaluation Unit into the new office.

- B. Enhance evaluation and performance assessment
 - 1) Evaluated courses and teachers in the current curriculum.
 - 2) Created new systems for uniform web-based evaluations in Essential Core courses (WebCT) and clinical clerkships (E*Value).
 - 3) Expanded observed clinical skills (formative) for first-year students and evaluated skills testing (OSCE: Objective Structured Clinical Exams) for second-year students.
 - 4) Included Joint Medical Program students in OSCE teaching.
 - 5) Hired Director of Clinical Skills Center (Bernie Miller)

- C. Develop faculty and curricular materials for the new curriculum
 - 1) Provided faculty development sessions on case-based teaching methods
 - 2) Participated in curriculum development planning
 - 3) Developed new teaching cases for problem-based learning thread of the essential core

- D. Conduct educational evaluation and research
 - 1) Completed design of longitudinal database and entered outcomes data from AMA and AAMC.
 - 2) Developed plan to evaluate changes in the new curriculum.
 - 3) Examined short-term and long-term effects of problems with professionalism.
 - 4) Established research relationship with the Medical Board of California.
 - 5) Supported research on student mentoring, professionalism, clinical teaching and medical student cancer and prevention curriculum.
 - 6) Evaluated UME 21 grant project activities and outcomes.
 - 7) Collaborated with the University of Colorado and five other medical schools in the submission of a grant proposal to the Fund for the Improvement of Post Secondary Education to develop, implement, and evaluate web-based clinical cases.
 - 8) Studied the relationship between students' scores on a geriatrics knowledge, attitudes, beliefs, and behavior (KABB) survey to the application of their knowledge in a simulated clinical setting using standardized patients.

- E. Evaluate teaching and courses
 - 1) Evaluated teachers and courses in the curriculum.
 - 2) Created new systems for web-based evaluation systems in courses and clerkships.
 - 3) Revised common course, clerkship and clinical teacher rating forms.
 - 4) Implemented E*Value, a web-based clinical evaluation system for all clerkships and for residency programs.

- F. Disseminate research in medical education
 - 1) Published 37 peer-reviewed journal articles, abstracts, editorials or book chapters in medical education.
 - 2) Mentored 17 faculty members on their educational research.
 - 3) Presented seven educational innovations at national meetings.
 - 4) Participated in AAMC, Milbank Memorial Fund and Shapiro Institute studies on curricular reform.

- G. Conduct faculty development workshops
 - 1) Conducted six half-day workshops in San Francisco (a total of 181 participants) and four in Fresno (a total of 65 participants) with excellent overall ratings by participants (4.5 on a 5-point scale)
 - 2) Conducted two workshops for Foundations of Patient Care, PLACE and FCM 110 preceptors and faculty members.
 - 3) Presented four education grand rounds for GME.
 - 4) Taught in "resident as teacher" workshop in the Department of Pediatrics.
 - 5) Taught in Faculty Development Programs in the Departments of Medicine and Family and Community Medicine

- H. Conduct Teaching Scholars Program
 - 1) Conducted year-long Teaching Scholars seminar series for nine faculty members: Drs. Jo Ellen Brainin-Rodriguez, Rachel Chin, Calvin Chou, Harry Hollander, Manuel Pardo, Henry Sanchez, Steven Stoltz, John Takayama and Stephen Wilson.
 - 2) Provided support for the educational scholarship of the Teaching Scholars.

IX. Legal Affairs

- A. Ensure all institutional affiliation agreements are complete and up-to-date
 - 1) Completed 60 affiliations with outside institutions.
 - 2) Completed annual update of Letters of Agreement database

- B. Provide faculty members with legal assistance on consulting agreements with outside companies
 - 1) Reviewed eight consulting agreements for UCSF faculty members to ensure that faculty and UC's intellectual property rights are protected.

- C. Offer legal assistance to Vice Dean and Associate Deans regarding student and housestaff academic grievance and appeal procedures
 - 1) Assisted UCSF School of Medicine in academic dismissal procedures for two students and three residents.
 - 2) Revised the GME Academic Due Process and Leave Policy, which was approved by GMEC and will serve as a model for other UC campuses.
 - 3) Provided input on court cases and/or other legal issues involving students and/or residents.

X. Scholarship in Medical Education

- A. Peer-reviewed journal articles, abstracts, editorials, chapters and books
 - 1) Boex J, Boll A, Franzini L, Hogan A, **Irby D**, Meservey P, Rubin R, Seifer S, Veloski J. Measuring the Costs of Primary Care Education in the Ambulatory Setting. *Acad Med.* 75:419-425, 2000.
 - 2) Bowen J, **Irby D**. Determining Quality Education in the Ambulatory Setting: A Review of the Literature. *Acad. Med.* [Under Review]
 - 3) **Brainin-Rodriguez J**. A Course about Culture and Gender in the Clinical Setting for Third-year Students. *Acad Med* 76:512-13, 2001.

- 4) Buchanan D, **Jain S**. Teaching Students about Health Care of the Homeless. *Acad Med* 76:524-25, 2001.
- 5) Cheng T, Greenberg L, **Loeser H**, Keller D. Teaching Prevention in Pediatrics. *Acad Med*. 2000; 75: S66-70
- 6) **Chin R**, Tabas J, Neighbor M. A Teaching Module to Prevent Needle Sticks and Exposures to Body Fluid. *Acad Med* 76:529-30, 2001.
- 7) **Chou C, Jain S**, Glick S. A Curriculum to Teach Residents to Teach in the Ambulatory Setting. *Acad Med* 76:571, 2001.
- 8) **Chou C**. Case-based Teaching of Peri-operative Medicine. *Acad Med* 76: 558-59, 2001
- 9) DeWitt D, Migeon M, LeBlond R, Carline J, Francis L, **Irby D**. Insights from Outstanding Rural Internal Medicine Residency Rotations at the University of Washington. *Acad. Med.* 76:273-281, 2001.
- 10) Furney S, Orsini A, Orsern K, Stern D, Gruppen L, **Irby D**. The One-Minute Preceptor Model of Faculty Development: Results of a Randomized Controlled Trial in Internal Medicine Residents. *JGIM*. 15(Suppl 1), 2000.
- 11) Furney S, Orsini A, Stern D, Gruppen L, **Irby D**. Teaching the One-Minute Preceptor: A Randomized, Controlled Trial. *J. Gen. Intern Med.* [In Press]
- 12) **Hodgson C**, Baillie S, Contini J. Creating Web-based Patient Education to Enhance Students' Experience in a PBL Curriculum. *Acad Med* 76:546-47, 2001.
- 13) **Hodgson C**, Baillie S, Covey M. Using a Brochure to Recruit Faculty to Teach. *Acad Med* 76:577, 2001.
- 14) **Hodgson CS**, Wilkerson L, Go VL. Changes in nutrition knowledge among first- and second-year medical students following implementation of an integrated nutrition curriculum. *Journal of Cancer Education*, Fall 2000, 15(3): 144-7.
- 15) **Hodgson CS**. Tracking knowledge growth across an integrated nutrition curriculum. *Academic Medicine*, Oct 2000, 75(10): S12-14.
- 16) **Hollander H**. Response to the Effect of Hospitalist Systems on Residency Education: Re-Incorporating Medical Subspecialists. *Acad Med* 76:555-56, 2001.
- 17) **Irby D, Papadakis M**. Does Good Clinical Teaching Really Make a Difference? *Amer. J. Med.* 110(3): 231-232, 2001.
- 18) **Irby D**. University of California, San Francisco School of Medicine. *The Education of Medical Students: Ten Stories of Curriculum Change*. New York: Milbank Memorial Fund, pp. 45-70, 2000.
- 19) **Irby D**. Where have all the Good Preceptors Gone? Erosion of the Volunteer Clinical Faculty. *W. J. Med.* 174:246-247, 2001.
- 20) Lesky L, Davis A, **Cooke M**. How did we make the interdisciplinary generalist curriculum work? - National efforts to facilitate success. *Academic Medicine* 2001; 76:S26-S30..
- 21) **Loeser H, Irby D**. University of California San Francisco School of Medicine. *Acad. Med.* 75:S27-S29, 2000.
- 22) **Loeser H, Papadakis M**. Promoting and assessing professionalism in the first two years of medical school. *Academic Medicine*, 2000 May, 75(5):509-10

- 23) Lovett P, Sommers P, Draisin J. A Learner-centered Evidence-based Medicine Rotation in a Family Practice Residency. *Acad Med* 76:539-40, 2001.
- 24) **Muller J**, Shore W, Martin P et al. What did we learn about interdisciplinary collaboration in institutions? Lessons from the Interdisciplinary Generalist Curriculum Project. *Acad. Med.* 76(4): S55-S60; April Supplement 2001
- 25) Nelson W, Angoff N, Binder E, **Cooke M**, Fleetwood J, Goodlin S, Goodman K, Kaplan K, McCormick T, Meyer M, Sheehan M, Townsend T, Williams P, Winslade W. "Goals and Strategies for Teaching Death and Dying in Medical School". *Journal of Palliative Care* 2000; 3(1).
- 26) Nyquist JG, Hitchcock MA, **Teherani A**. (2000). Faculty satisfaction in academic medicine. In L.S. Hagedorn (Ed.), *What contributes to job satisfaction among faculty and staff? New directions in higher education*. San Francisco, CA: Jossey-Bass Inc.
- 27) O'Brien-Gonzalez A, Blavo C, Barley G, Steinkohl DC, **Loeser H**. What Did We Learn about Early Clinical Experience? *Acad. Med.* 2001; 76: S49-54
- 28) Ogrinc G, Mutha S, **Irby D**. The Evidence for Longitudinal Ambulatory Care Rotations. *Acad. Med.* [Under Review]
- 29) **Papadakis M, Loeser H**. A university partnership for longitudinal ambulatory care education. *Academic Medicine*, 2000 May, 75(5): 536-7.
- 30) **Papadakis MA, Loeser H, Healy K**. Early Detection and Evaluation of Professional Development Problems in Medical Students. *Acad Med* (under review)
- 31) **Sanchez H**, Ursell P. Use of Autopsy Cases for Integrating and Applying the First Two Years of Medical Education. *Acad Med* 76:530-31, 2001.
- 32) Sommers P, **Muller J**, Ozer E, Chu P. Perceived self-efficacy for performing key physician faculty role functions – a baseline assessment of participants in a one-year faculty development program. *Acad. Med.* Nov. 2001 (in press).
- 33) Szarek J, Kelly P, **Muller J**. What did we learn about the impact on university-based faculty? Lessons from the Interdisciplinary Generalist Curriculum Project. *Acad. Med.* 76(4): S78-85; April Supplement 2001
- 34) **Takayama J**, Chandran C, Bernard-Pearl D. A One-month Cultural Competency Rotation for Pediatrics Residents. *Acad Med* 76: 514-15, 2001.
- 35) **Takayama J**, Song E. Child Advocacy Training for Pediatrics Residents. *Acad Med* 76:561-62, 2001.
- 36) **Teherani A**, Hitchcock MA, Nyquist JG. Longitudinal outcomes of an executive model faculty development program. *Academic Medicine*. (In press)
- 37) Usatine RP, Tremoulet PT, **Irby D**. Time-Efficient Preceptors in Ambulatory Care Settings. *Acad. Med.* 75:639-42, 2000.
- 38) Wallach P, Elnicki M, Bognar B, Kovach R, **Papadakis M**, Zucker S, Speer A. Standardized Patients' Perceptions about Their Own Health Care. *Teaching and Learning* 2001; 13(4).
- 39) **Wilson S**. Employing Hospitalists to Improve Residents' Inpatient Learning. *Acad Med* 76: 556, 2001.

B. Presentations at regional or national meetings

- 1) **Baron RB**, Aagaard E, Burkholder L. Strengthening competencies of primary care residents: Enhancements in curriculum, clinical experiences, and evaluation. National Meeting, Society for General Internal Medicine; San Diego, CA, 2001)
- 2) **Baron RB**. Two months inpatient, two months outpatient: The critical role of curricular structure on implementation of innovative curricular content. National Meeting of the Society for General Internal Medicine; Boston, MA, 2000.
- 3) Hauer K, Fenton C, Wiese J, **Teherani A**. A strategy to improve and standardize students' learning of core clerkship objectives. Presented at the annual meeting of Clerkship Directors in Internal Medicine, Washington, DC, October 2000.
- 4) **Hodgson CS**, Crooks KA, Baillie SJ. Using problem-based learning (PBL) to teach cancer education concepts for medical students. Presented at the Annual American Association for Cancer Education Meeting, Washington DC, November 2000.
- 5) **Hodgson C, Teherani A**. Getting more bang for your buck: Combining courseware functions. Poster presented at the annual meeting of Western Group on Educational Affairs, Los Angeles, CA. April 2001.
- 6) **Hodgson C, Teherani A**. Getting more bang for your buck: Combining courseware functions. Poster presented at the Web CT Conference, Vancouver, BC Canada. June 2001.
- 7) **Irby D**, Shapiro L. Teaching, Costs and Academic Excellence. The combined annual meeting of the Association of Medical School Pediatric Department Chairs and Council on Medical Student Education in Pediatrics. San Diego, CA. March 2001.
- 8) **Irby D**. Innovations in Medical Education. Invited plenary presentation to the combined annual meeting of the Association of Medical School Pediatric Department Chairs and Council on Medical Student Education in Pediatrics. San Diego, CA. March 2001.
- 9) **Irby D**. Special Considerations for Medical Teaching in the Ambulatory Setting: Implications from Research. Invited plenary presentation to the National Meeting of General Internal Medicine Faculty Development Project. San Diego, CA, December 2000.
- 10) **Muller J, Irby D**. The White Coat Ceremony: A New Ritual of Socialization in American Medical Schools. American Anthropological Association Annual Meeting, San Francisco, CA. November 19, 2000.
- 11) **Muller J**, Irvine C, **Irby D**, Shore W. Meeting the Challenge: Faculty Development for Community Preceptors in the New Era of Managed Care. The Society of Teachers of Family Medicine Annual Predoctoral Education Conference, Long Beach, CA. February 2, 2001.
- 12) **Papadakis M**. Plenary Session, Clerkship Directors of Internal Medicine national meeting, October 2000, Wash DC.
- 13) **Papadakis M**. Department of Psychiatry Symposium on Evaluation, UCSF, Nov 7, 2000
- 14) Sheets K, Shore W, **Papadakis M**. Society of Teachers of Family Medicine National Meeting, Workshop on Professionalism, Long Beach, Feb 4, 2001.
- 15) **Souza K, Healy K, Loeser H**. Educational Technology Student Ambassador Program, Western Group on Educational Affairs, AAMC, 2001. Poster.

- 16) **Teherani A**, Hitchcock MA, Nyquist JG. Outcomes of an executive model faculty development program. Presented at the annual meeting of the American Educational Research Association Seattle, WA. April 2001.
 - 17) **Teherani A**, Rickards W, Torbert-Richardson E. Diversity in professions education: Join a collaborative study. Presented at the annual meeting of the American Educational Research Association Seattle, WA. April 2001.
- C. Leadership in professional organizations
- 1) **Irby D**. Advisory Board member, National Board of Medical Examiners, 1999-2001.
 - 2) **Loeser, H**. Ambulatory Pediatrics Association. Chair, Special Interest Group on Medical Student Education, 1998-2000.
 - 3) **Papadakis M**. Member, Advisory Committee on Training in Primary Care Medicine and Dentistry of the Health Resources and Services Administration 1999-
 - 4) **Teherani A**. Chair, Division I Affirmative Action Committee, American Educational Research Association, 2001-2003.
- D. Increase funds available for medical education
- 1) Expanded CME Endowment Fund by \$25,000.
 - 2) Increased development efforts to fund endowed chairs for the Academy of Medical Educators, Clinical Skills Center, Advisory Colleges and the new electronic curriculum (medROCKET).
 - 3) Integrated development staff and priorities into educational plans and activities.
 - 4) Endowed the first Academy of Medical Educators with \$1 million.
 - 5) Completed grant from California Endowment for incorporating culture into the curriculum and seeking renewal. (\$487,331 for an 18-month period)
 - 6) Obtained funding for Geriatrics in the curriculum.
 - a. Academic Geriatric Resource Center (AGRC) grant from the California State legislature to support health professions education, research, and public service in geriatrics. The total amount of the grant was \$375,000.
 - b. Enhancing Gerontology and Geriatric Medicine Education in Undergraduate Medical Education, funded by the John A. Hartford Foundation through the Association of American Medical Colleges. The amount was \$100,000 over a two-year period, \$50,000 for the 2000-01 year.
 - 7) Submitted multi-campus grant proposal on medical safety curriculum for medical students to Agency for Healthcare Research and Quality (AHRQ.)

Haile T. Debas, MD
Dean
School of Medicine

David M. Irby, PhD
Vice Dean
Education

Victoria Ruddick
Assistant Analyst

H.J. Ralston, MD
Associate Dean
Admissions

Robert B. Baron, MD
Associate Dean
**Continuing Medical
Education**

Helen Loeser, MD
Associate Dean
Curricular Affairs

Susan Wall, MD
Associate Dean
**Graduate Medical
Education**

Maxine Papadakis, MD
Associate Dean
Student Affairs

Molly M. Cooke, MD
Director
**Academy of
Medical Educators**

Carol S. Hodgson, PhD
Director
**Educational Research
and Development**

Kathy Healy
Director
**Student and
Curricular Affairs**

Trisha Lotzer, JD
Director
Legal Affairs

Laurie Brown
Coordinator
Special Projects

Michael Drake, MD
Extramural Programs

Tom Boyce, MD
Director
Joint Medical Program

Jay Tureen, MD
Director
Student Research

Rachel Goldstone, MD
Director
Student Well-Being

Kevin Souza
Coordinator
Educational Technology