

Annual Report for 2001-2002

University of California
San Francisco



School of Medicine

Office of Medical Education

June, 2002

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Executive Summary

This has been an extraordinary year of achievements in medical education. After four years of intensive planning, we successfully launched our new, integrated core curriculum in September 2001. This exciting curriculum blends basic clinical and social sciences around themes and patient problems. Not only have we transformed the curriculum but we have:

1. Initiated the Academy of Medical Educators by selecting the founding members, funding innovative instructional development projects, conducting a Medical Education Day, and establishing nine matching endowed chair proposals.
2. Created med ROCKET, our new electronic curriculum to supplement and support core courses using WebCT.
3. Initiated five Advisory Colleges and supported a mentor to run each college.
4. Initiated a new Clinical Skills Center at Mount Zion and implemented a comprehensive clinical performance exam for all fourth-year students.
5. Reconfigured the third year to incorporate Intersessions and the Longitudinal Clinical Experience.
6. Redesigned the fourth year around areas of concentration, interdisciplinary capstone courses, and scholarship.

At the graduate medical education level, we created a resident work hours improvement project, managed the difficult memorandum of understanding for GME, worked to ensure ACGME accreditation, and extended the E*Value web-based evaluation system to all clinical departments in the School. In Continuing Medical Education, we have established central leadership, improved staff performance, implemented a new computerized registration and management system, achieved financial success, and met ACCME accreditation standards.

To promote scholarship in medical education, the educational leadership team and the Teaching Scholars published 39 peer-reviewed journal articles, presented 17 peer-reviewed paper presentations at national meetings in addition to the 50 educational abstracts presented at the Academy of Medical Educators first Education Day.

We accomplished all of this while conducting our LCME accreditation self study.

Annual Report 2001-2002

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 4,095 initial applications.
 - 2) Invited 1,361 formal applications with letters of reference.
 - 3) Interviewed 550 candidates.
 - 4) Enrolled entering class despite failure of AMCAS (American Medical College Admissions Service of the AAMC).
 - 5) Created an interview website to provide applicants access to information for their visit to UCSF.
 - 6) Redesigned the Accepted Student website.

- B. Develop strategies for maintaining diversity within the entering class for 2001-2002.
 - 1) Held a prospective student weekend for 11 underrepresented minority admitted students and 59 non-minority admitted students.
 - 2) Conducted the Post Baccalaureate Reapplicant Program. For the academic year 99-00, ten of the twelve program participants were admitted to medical school, and one is in an MPH program. For the 00-01 academic year, seven of the eleven participants are in or have been accepted into medical school, and one is in an MPH program. For the 01-02 academic year, six of the eight applied to medical school this year. Four have been admitted and two are on wait lists. Two will begin MPH programs in the fall.
 - 3) Conducted a post baccalaureate program for first-time applicants. Of the six enrolled in the program for the 00-01 academic year, one is enrolled in medical school, and two have been accepted for fall 02. One student is applying to law school, one student has not yet applied, and one student's application is awaiting a decision. For the 01-02 academic year, there were ten participants in the program. Three applied to medical school this year; all are on waiting lists to date. The other seven will be applying this summer for fall 2003.
 - 4) Initiated a six-week undergraduate preparation program aimed at disadvantaged undergraduate students in the summer of 2001. Of the six participants in the program, one student was accepted to medical school for fall 2002. One is currently applying for fall 03 and the others will apply in the future.
 - 5) Hosted the fourth annual medical school admissions workshop in March 2002 that was attended by 150 undergraduate students from Northern California.
 - 6) Hosted a medical school prerequisite and admissions conference in October for three community college partners attended by 70 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) Distributed a video to accepted applicants to increase acceptance rates.
- 9) Coordinated current medical students in writing and calling applicants invited for interview. Student groups involved are the Chicano/Latino Medical Student Association (CMSA), the Native American Health Alliance (NAHA), the Filipino Union Student Organization (PUSO), and the Student National Medical Association (SNMA).
- 10) Funded travel and fees for UCSF medical students to attend premedical conferences at various undergraduate schools.

II. Curricular Affairs

- A. Enhance the quality of undergraduate medical education
 - 1) Provide management and oversight to new curriculum.
 - a. Supported leadership and scheduling of the first year Essential Core courses: development of syllabi, clinical cases and problem-based learning series, web course tools, evaluations and faculty development.
 - b. Completed detailed planning for the Essential Core curriculum, including better integration of Foundations of Patient Care into Essential Core courses.
 - c. Established key role of Curriculum Coordinator in managing curricularr information, maintaining updated communications, supporting departmental administrators, and staffing oversight committees.
 - d. Coordinated participation of more than a dozen student ambassadors in curriculum design, resource development, and small group teaching.
 - e. Supported full implementation of restructured Clinical Core, including one blended clerkship, the Longitudinal Clinical Experience (LCE) and Intersessions.
 - f. Restructured the Advanced Studies Committee to redesign the fourth year.
 - g. Conducted CCEP Retreat for 100 faculty, students and staff in March 2002, highlighting progress made to date in the transformation of the curriculum, and exploring one model for active learning in large group settings.
 - h. Provided centralized curricular oversight for all four years of curriculum with strong Steering Committees for Essential Core and Clinical Studies, under Committee on Curriculum and Educational Policy (CCEP).
 - i. Initiated work of Clinical Evaluation Committee to improve the alignment of learning objectives with assessment measures, and to review and standardize the format for reporting student evaluations.
 - j. Formed SOM committee on classroom and clinical teaching space to address resource problems in these areas.

- 2) Improve the quality and assessment of the curriculum
 - a. Incorporated integrative exercises utilizing the anesthesia simulator for all first-, second- and third-year students.
 - b. Transitioned from PLACE (Partnership for Longitudinal Ambulatory Care Education) to LCE (Longitudinal Clinical Experience) expanding students' clinical options for specialty choice and creating a more flexible schedule.
 - c. Supported full implementation of Intersessions, a series of three one-week courses during the core clerkship year
 - d. Monitored student work hours and interactions with faculty and residents in clinical rotations.
 - e. Expanded the Clinical Skills Program:
 - i. Developed a clinical skills center in leased space at Mt. Zion, which is used for clinical performance exams and other observed clinical exercises
 - ii. Augmented the cadre of trained standardized patients and implemented a limited version of the California Consortium Clinical Performance Examination for all students at the end of their third year in Summer 2002.
 - iii. Initiated successful fundraising for a permanent Clinical Skills Center.
 - f. Transitioned the student-initiated Teaching to Teach elective course to a required component in the capstone Mechanisms of Disease course for all fourth-year students.
 - g. Supported the continuation and development of many student-initiated electives – examples include health services and education at the St. James Infirmary, a sex-workers cooperative clinic; outreach and mentoring to disadvantaged youth interested in health science careers; development of a digital network to coordinate activism and service opportunities, and a literature and medicine elective.
 - h. Provided funding to over 20 students for international experiences, language study or research abroad in the 2001-2002 academic year.

- 3) Support students in their progress through the curriculum and on to residency training
 - a. Worked creatively with students experiencing academic or personal difficulty on finding flexible solutions to support completion of the preclinical curriculum and success on the USMLE exams
 - b. Expanded tutoring services and increased referrals for students with learning challenges/ disabilities.
 - c. Assisted transformation of the Medical Scholars Program to support our new curriculum.
 - d. Supported 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.
 - e. Produced Dean's letters of recommendation for 140 graduating students.

- 4) Strengthen support for community preceptors through the Office of Community Based Education (OCBE)
 - a. Recruited over 400 preceptors, resulting in timely placement of students in preceptorships for the Foundations of Patient Care Course (Med 1 & 2) and the Longitudinal Clinical Experience (Med 3).
 - b. Expanded functionality of web database to manage preceptor recruitment and involvement in education.
 - c. Enhanced community preceptor contributions to teaching.
 - d. Conducted faculty development for community preceptors.

- 5) Strengthen connections with other programs:
 - a. Supported and provided oversight to Joint Medical Program at UC Berkeley
 - i. Conducted regular meetings with leadership.
 - ii. Planned academic programs for JMP and UCSF using shared leadership.
 - iii. Participated in JMP orientation and student thesis presentations.
 - iv. Reviewed JMP curriculum and outcomes.
 - v. Supported JMP curriculum reform and redesign.
 - vi. Included JMP students in the second year OSCE (Objective Structured Clinical Exercise) for the first time.

 - b. Strengthened UCSF Fresno education programs
 - a. Conducted regular meetings with leadership of student programs
 - b. Support visits by UCSF clerkship directors to Fresno clerkship sites

 - c. Enhanced admission process for MD-DDS program.
 - i. Coordinated admissions
 - ii. Redefined entry point in new curriculum
 - iii. Facilitated transitions between programs

- B. Develop digital curriculum (**iROCKET: interactive Resources Online: Cultivating Knowledge through Educational Technology**) that enhances and extends opportunities for learning
 - 1) Hired assistant to Educational Technology Coordinator.
 - 2) Developed a database (Ilios) to house curriculum details, improve content planning and coordination, and reduce unintentional redundancy.
 - 3) Implemented a set of *iROCKET* guidelines for use by faculty and staff to aid development of web-based courses.
<http://www.som.ucsf.edu/irocket>
 - 4) Designed *iROCKET* (WebCT) templates for the Essential Core and Clinical Core curricula.
 - 5) Continued to support the 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>

- 6) Continued the eCurriculum Ambassador Program that utilizes students' experience in online learning to develop effective web-based resources.
- 7) Supported a computer requirement for incoming medical students. <http://www.som.ucsf.edu/irocket>
- 8) Partnered with the Library to staff a student computing help desk in Medical Sciences 165 and 166 (opened in September 2001).
- 9) Enhanced the new medical student web portal which consolidates and organizes all UCSF medical student materials available on the web, including access to *iROCKET*.
- 10) Provided faculty development on WebCT.
- 11) Developed the Boost grant program for faculty to stimulate creative applications of web technology to medical education

C. 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 in their organization of electives, interest groups and other curricular and extra-curricular activities.
- 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 and enhance their professional development.
- 6) Employed and adapted the highest levels of technology in the delivery of student services.

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) Completed successful first year of new Clinical Research Fellowship through Doris Duke Charitable Foundation for five students per year.
- 3) Substantially increased number of students funded to conduct research.
 - a. 52 Dean's Summer Fellowships
 - b. 11 Genentech Fellowships
 - c. 24 Quarterly Research Fellowships
 - d. 11 yearlong fellowships (HHMI, Cloisters, 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. Scholarly Project Committee constituted and first cohort will be established Fall, '02.
- 8) Promoted publication of student research projects, including papers in Lancet and JAMA.
- 9) Assisted three 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 2003.

IV. Student Affairs

- A. Develop and improve student programs
 - 1) Implemented five Advisory Colleges. Conducted faculty development for five Mentors. Held first Advisory College retreat with a consultant from Rochester University School of Medicine. Developed Advisory College Steering Committee composed of students and faculty. Surveyed students regarding effectiveness of Advisory Colleges.
 - 2) Supported the Medical Network Family program.
 - 3) Provided training for students to deal with violent patients.
 - 4) Provided a liaison function with Student Health Services and worked to expand student health insurance coverage
 - 5) Supported student involvement in community service.
 - 6) Targeted Student Mistreatment as an area of improvement. Conducted workshops for administration and clerkship directors by a consultant. Convened Educational Climate Committee composed of residency program directors, students and the Associate Dean for Student Affairs.
- B. Expand student career advising programs
 - 1) Provided AAMC career advising program.
 - 2) Conducted career advising services for all third year students during Intersession II and optional workshops during Intersession III. Further career advising services were offered 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 such as:
 - 1) First-Week Student Orientation
 - 2) White Coat Ceremony
 - 3) Reorientation to the Second Year
 - 4) Preparation for the Clerkships
 - 5) Student-Administration Social event in Saunders Court
 - 6) Graduation Ceremony
- D. Participated in campus- and school-wide committee work

- E. Provide 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 maintenance of a website.
 - 4) Organized monthly meetings with student health providers to coordinate care with the Well-Being Program.
 - 5) Offer prevention programs for Student Well-Being
 - a. Conducted faculty development workshops in San Francisco and Fresno on student well-being.
 - b. Developed programs for cultural competence and partners in medicine for all students.
 - c. Conducted workshops and sessions for first-year students related to common concerns, depression and working in small groups.
 - d. Held regular meetings and retreats with second- through fourth-year students.
 - e. Offered courses and mentoring for under-represented minority students

V. Graduate Medical Education

- A. Monitor and improve resident work hours
 - 1) Appointed new leadership for Resident Work Hours Improvement Project (RWHIP) (Lee Jones, MD)
 - 2) RWHIP status reviewed by Graduate Medical Education Committee.
 - 3) Reviewed data gathering methods for RWHIP.
 - 4) Monitored ACGME and non-ACGME moonlighting.
 - 5) Oversight of local Graduate Medical Education Committees at VAMC and SFGH. Major issue for both sites was resident work hours.
- B. Stabilize Memorandum of Understanding for GME
 - 1) Established with Department Chairs agreement regarding stabilization and “right sizing” of some programs.
 - 2) Annual report to UC Office of the President 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) Worked on “Post-MOU Plan” with Vice President for Health Affairs
- C. Improve resident and fellow financial support
 - 1) Established electronic meal cards for “on-call” housestaff.
 - 2) Achieved recurring (rather than annual) 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) Continued 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) Maintained 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 plan to move GME insurance program to Human Resources..
- D. Promote diversity among housestaff
- 1) Reported to Graduate Medical Education Committee on data base on diversity among housestaff.
 - 2) Continued efforts to develop curriculum and recruitment.
- E. Enhance graduate medical education programs and comply with ACGME requirements
- 1) Developed and disseminated "New Program Director Packet".
 - 2) Developed plan to assist Program Directors in implementation of ACGME requirement regarding "General Competencies".
 - 3) Revised Internal Review protocol and implemented new data gathering system.
 - 4) Completed "Annual Update" of all 70 ACGME training programs that monitors changes in leadership, program/site directors, didactic processes, evaluation processes, policies, diversity and rotations.
 - 5) Conducted revised orientation program (given twice) for new housestaff and fellows.
 - 6) Expanded GME website.
 - 7) Continued Lunch with the Associate Dean Program with each department to consult privately and confidentially with residents in a group without the Chair, Program Director, or other faculty present.
 - 8) Hosted "Chief Residents Committee" with group dinners that include hospital administration.
 - 9) Reorganized and reinvigorated Medical Training Staff Committee with new housestaff leadership.
 - 10) Guided Medical Training Staff Committee in the development of Moffitt-Long "Patient Care Fund" proposal to Medical Center.
 - 11) Conducted Internal Reviews and attended Residency Review Committee site visits.
 - 12) Conducted annual resident survey.
 - 13) Updated Tracking Documents of comments/citations by RRC site visits and Internal Reviews and reported to GMEC.
 - 14) Continued GME Grand Rounds program.
 - 15) Assisted with Review of UCSF-Fresno GME programs.
- F. Ensure compliance with state laws and statutes.
- 1) Addressed problem of timely completion of resident/fellow registration and California state medical licensure.
 - 2) Maintained compliance with 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) Updated and revised resident/fellow Contract Letter template for all Program Directors

VI. Continuing Medical Education

- A. Recruit and maintain stable staff
 - 1) Recruited new staff and reclassified several existing staff members.
 - 2) Completed OCME staffing at 12 FTE (Director, four event planning staff, two accreditation staff, and five registration/financial/IT staff), plus Associate Dean.

- B. Improve administrative, financial and computer systems to support CME
 - 1) Created a sound financial plan. Deficits of prior years have been erased. Small surplus expected for this year with goal to create modest program reserve.
 - 2) Developed and began using new software system for registration, planning and finance. Software customized by Dean's Office ISU team; implemented September 2001.
 - 3) Further developed operational systems to ensure compliance with ACCME standards.
 - 4) Began ACCME reaccreditation self-study process. Full accreditation report due January, 2003 with site visit March 2003.

- C. Improve delivery of CME activities
 - 1) Presented 115 live courses to 14,144 participants. (Increase from 2000-2001 of 91 live course, and 12,989 participants.) Largest activity by Department of Medicine (30 courses) and Department of Radiology (26 courses). 24 courses (up from 14 in 2000-2001) planned by OCME for Departments of Pathology, Otolaryngology, Urology, Neurology, Surgery, Urology, Psychiatry, Plastic Surgery, Dermatology, Epidemiology, and Ob-Gyn. Plans for 2002-2003 include 108 live courses with 23 courses to be planned by OCME.
 - 2) Developed new partnerships and collaborations to provide innovative/high need CME. Examples include Developmental Disabilities (planned with UCSD and California Department of Disabilities); Mental Health Public Policy (planned with UC Berkeley); Breast Cancer Research (planned with UC Office of the President); Vascular Surgery and Anatomic Pathology courses planned with Stanford; Pain Management and End-of-life Care (planned with School of Pharmacy and School of Nursing and with Board of Medical Quality), and Geriatrics (planned with School of Pharmacy) planned in response to State Legislation for MD training in these areas.
 - 3) Presented 45 regularly scheduled conferences (Grand Rounds, etc). 46 are planned for 2002-2003.
 - 4) Created 36 enduring materials that were used by 292 participants. 33 developed by Department of Radiology, 3 by Medicine. Plans for web-

- based CME by Department of Radiology (and possibly Department of Medicine) planned for fall 2002
- 5) Raised \$1,092,798 for Departments in School of Medicine in 2000-2001. Of note, \$1,760,000 was raised from industry 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. Developed new UC-wide CME web site
 - 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. Support and reward outstanding teachers
 - 1) Recognized outstanding performance by teachers and educators through Academy membership
 - a. Developed rigorous, objective internal and external review process.
 - b. Selected first group of 24 members, representing 13 departments.
 - c. Six Academy members recognized in 2001-2002 teaching awards including Academic Senate's Distinction in Teaching (Henry Sanchez) and Kaiser Award for preclinical teaching (Susan Masters).
 - d. Issued second call for application for membership. Second group to be inducted September 23, 2002.
 - e. Initiated the Kim award for \$2000 to be awarded annually for the next four years for an Academy member to be used for personal renewal and recreation. This is a gift from Dr. Edward Kim, a graduate of UCSF who desired to establish a non-competitive award celebrating an outstanding teacher.
 - 2) Enhanced the impact of outstanding performance in teaching and education on academic advancement at UCSF
 - a. Described selection process to department chairs, departmental promotions committees, Vice Dean for Academic Affairs, and Committee on Academic Personnel (CAP).
 - b. Three of 11 proposed personnel actions for July 2002 (merits and promotions) affecting Academy members are proposed accelerations, in contrast to a school average of 3 accelerations/100 personnel actions.
 - c. Promoted use of the educator's portfolio to document work as teacher/educators among faculty and departments. Vice Dean for Academic Affairs and CAP prefer the educator's portfolio format for presentation of work as a teacher and educator.
 - 3) Established Academy matched chair program
 - a. Finalized policy and procedures governing Academy matched chairs.
 - b. Publicized and promoted program to department chairs.
 - c. Initiated establishment procedures with nine departments (Radiology, Anesthesia, Surgery, Anatomy, Family and Community Medicine, Medicine, Psychiatry, Epidemiology and Biostatistics, Pathology).
- B. Expand Academy governance structure

- 1) Established a seven-person Executive Committee comprised of Academy members to assist in oversight and planning of Academy operations.
 - 2) Formed five working groups to accomplish the work of the Academy (Membership, Scholarship, Innovations funding, Faculty development and mentoring, Development.)
 - 3) Created a School of Medicine Advisory Board representing the range of constituencies concerned with teaching and medical education. The Advisory Board meets three or four times a year and advises on Academy focus, policy and activities.
- C. Foster teaching excellence and build a community of teachers and educators within the School of Medicine
- 1) Built a sense of identity within the Academy
 - a. Conducted quarterly meetings of the Academy membership.
 - b. Issued month "Academy updates" summarizing Academy activities and accomplishments of members.
 - 2) Highlighted school-wide educational activities and provided services useful to all teachers and educators
 - a. Improved website and initiated process to establish a "Medical Education Interest Group" listserv.
 - b. Organized the school's first "Education Day" April 22, 2002 featuring presentations of 50 education projects conducted by medical students, residents and faculty members.
 - 3) Conducted and supported faculty development efforts relevant to medical education.
 - a. Supported the participation of five faculty members (four Academy members and one non-Academy member) in the Harvard-Macy. Physician-Educator program January and May 2002
 - b. Conducted a workshop on the educator's portfolio May 2, 2002.
- D. Stimulate curricular innovation in undergraduate medical education at UCSF
- 1) Supported projects enhancing UCSF medical school curriculum transformation through the Academy's "innovations funding" program. "Innovations funding" support in 2001-2002 totaled \$144,721.
 - a. Anatomy Infrastructure in the Curriculum – Dr. Pat Patterson
 - b. Behavioral Science in the Curriculum – Drs. Elissa Epel, Jason Satterfield, David Mohr, Patricia Moran
 - c. Culture in the Curriculum – Drs. Shelley Adler, Judith Barker, Linda Mitteness
 - d. Direct Observation of Students' Work with Patients – Dr. William B. Shore
 - e. Development of a Cadaver-based Procedures Course – Drs. Jeff Tabas and Pat Patterson
 - f. Web-based Teaching Cases for the Neurology-Psychiatry Clerkship – Drs. Ann Poncelet and Lowell Tong.
 - 2) Refined and specified instructions and criteria and issued second call for proposals in April 2002. Twenty-two proposals were received and eight were funded

VIII. Educational Research and Development

- A. Evaluate teaching and courses
 - 1) Facilitated the implementation of the online evaluation system E*Value into the UCSF clerkships and residency programs.
 - 2) Implemented the new web-based evaluation system for courses, clerkships and teachers.
 - 3) Negotiated revisions in the online evaluation program for a more comprehensive system for the medical school.
 - 4) Revised common course, clerkship and clinical teacher rating forms.
- B. Enhanced Performance Assessment through the Clinical Performance Assessment in the fourth year.
- C. Conduct educational evaluation and research
 - 1) Completed design of longitudinal database and entered outcomes data from AMA and AAMC. Provided longitudinal data on medical school outcomes for Dean's Leadership Retreat in January 2001.
 - 2) Developed plan to evaluate changes in the new curriculum.
 - 3) Conducted a series of focus groups with students in the Essential Core Curriculum.
 - 4) Examined short-term and long-term effects of problems with professionalism.
 - 5) Established research relationship with the Medical Board of California.
 - 6) Supported research on student mentoring, professionalism, clinical teaching and medical student cancer prevention and geriatrics curriculum.
 - 7) Collaborated with the University of Colorado and five other medical schools in the implementation of a case-based teaching curriculum for the clerkships based on a grant received from the Fund for the Improvement of Post Secondary Education.
 - 8) Studied the difference between students' responses to the AAMC Graduation Questionnaire for those students who released their names with their data compared to those whose data was anonymous.
- D. Promote scholarship in medical education
 - 1) Established a monthly medical education journal club.
 - 2) Mentored 17 faculty members on their educational research.
 - 3) Planned the program for the annual conference for Generalists in Medical Education, to be held in November 2002.
- E. Develop faculty and curricular materials for the new curriculum
 - 1) Developed four new teaching cases for problem-based learning along with tutor guides.
 - 2) Recruited and trained 18 faculty as PBL facilitators
- F. Conduct faculty development workshops
 - 1) Conducted six half-day workshops in San Francisco (a total of 117 participants) and three in Fresno (a total of 40 participants) with excellent overall ratings by participants (4.5 on a 5-point scale).
 - 2) Conducted two introduction to problem-based learning (PBL) faculty development sessions.
 - 3) Conducted eight content sessions for PBL facilitators.

- 4) Conducted eight introduction to small group teaching sessions for Essential Core small group facilitators (a total of 151 participants).
 - 5) Conducted 2 workshops for Foundations of Patient Care, PLACE and FCM 110 preceptors and faculty members.
 - 6) Taught in "resident as teacher" workshops in the Department of Pediatrics.
 - 7) Taught in the "teaching to teach" course for fourth-year medical students.
 - 8) Taught in Faculty Development Programs in the Departments of Medicine and Family and Community Medicine
 - 9) Taught a session in the UCSF-Stanford General Academic Fellowship Pediatrics Program.
- G. Conduct Teaching Scholars Program
- 1) Conducted year-long Teaching Scholars seminar series for ten faculty members:
 - Lisanne R. Burkholder, M.D., Dept. of Medicine
 - Stephen Gunther, M.D., Dept. of Orthopaedic Surgery
 - Sharad Jain, M.D., Dept. of Medicine
 - Catherine Bree Johnston, M.D., Dept. of Medicine
 - Carol A. Miller, M.D., Dept. of Pediatrics
 - Tracy A. Minichiello, M.D., Dept. of Medicine
 - Andrew H. Murr, M.D., Dept. of Otolaryngology
 - Sudha Prathikanti, M.D., Dept. of Psychiatry
 - Kathryn Rouine-Rapp, M.D., Dept. of Anesthesia
 - Jeffrey A. Tabas, M.D., Dept. of Medicine
 - 2) Competed application and selection process for incoming class of twelve Teaching Scholars.

IX. Legal Affairs

- A. Ensure all institutional affiliation agreements are complete and up-to-date
- 1) Completed 40 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 75 consulting agreements for UCSF faculty members to ensure that faculty and UC's intellectual property rights are protected.
 - 2) Drafted template for consulting agreements.
 - 3) Helped develop two databases to facilitate the administration of contracts.
- C. Offer legal assistance to Vice Dean and Associate Deans regarding student and housestaff academic grievance and appeal procedures
- 1) Assisted in misconduct investigation of 20 residents and students
Presented the GME Academic Due Process and Leave Policy to the new department chairs.
 - 2) 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 published by the education team and the Teaching Scholars
- 1) **Basaviah P.** "Through the Eyes of a Physician" In *This Side of Doctoring: Reflections of Women in Medicine*. Sage Publications. December 2001.
 - 2) **Chou CL**, Lee K. Improving resident interviewing skills by group videotape review. *Acad Med* 77:150, 2002.
 - 3) **Cooke M, Irby D.** The UCSF Academy of Medical Educators. *Acad Med* 77:455-456, 2002.
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- B. Presentations at regional or national meetings
- 1) **Basaviah P, Chou C, Muller J, Loeser H, Shore W, French L, Hodgson C, Tong L.** From Classroom to Bedside: Preparing Students for the Transition. A 4 day Clinical Interlude for First Year Medical Students. Western Group on Educational Affairs Conference, Monterey, CA. April, 2002.
 - 2) **Basaviah P, Chou C, Muller J, Loeser H, Shore W, French L, Hodgson C, Tong L.** From Classroom to Bedside: Preparing students for the transition. Western Group on Educational Affairs Conference, Monterey, CA, April 28-May 1, 2002.
 - 3) **Basaviah P.** Medical Education in Hospital Medicine: Structuring Residencies and Fellowships. Annual Meeting for National Association of Inpatient Physicians. Philadelphia, PA. April, 2002.
 - 4) Bharel M, **Hodgson CS, Teherani A, Hollander H.** Effect of Professional Rank of Letter Writers on Student Admission to a Medicine Residency Program. Presented at the annual meeting for the Western Group on Educational Affairs, Monterey, CA. April 2002.
 - 5) **Brainin-Rodriguez J.** "Do No Harm: Mental Health Services as a Source of Trauma." A workshop for the California Institute for Mental Health in Los Angeles. June 7, 2002.
 - 6) **Cooke M, Cohen N, Irby D, Debas H.** UCSF Academy of Medical Educators. Innovations in Medical Education. Annual Meeting of the AAMC. Washington, DC. November 2001. p. 98.
 - 7) **Cooke M, Loeser H, Irby D.** Intersessions During the Core Clinical Clerkships. Innovations in Medical Education. Annual Meeting of the AAMC, Washington DC. November 2001. p. 96.
 - 8) Flansbaum B, Flanders S and **Basaviah P.** Hospitalist Interest Group: Education, Quality Improvement, and Practice Management Issues. National Meeting for Society of General Internal Medicine. Atlanta, GA. May 2-4, 2002.
 - 9) **Hauer K, Teherani A,** Deceht A, **Aagaard E.** Medical student mentoring relationships: A qualitative focus group analysis. Presented at the annual meeting of Clerkship Directors in Internal Medicine, Tucson, AZ. October 2001.
 - 10) **Hauer KE, Teherani A, Aagaard E,** Dechet A. Medical student mentoring relationships: A qualitative focus group analysis. Presented at

- the annual meeting of the Society of General Internal Medicine, Atlanta, GA. May 2002.
- 11) **Hauer KE, Vedanthan R, Basaviah P.** Using an Auscultatory Mannequin and Model Patient Sessions to Enhance Physical Diagnosis Instruction. Western Group on Educational Affairs Conference, Monterey, CA. April, 2002.
 - 12) **Hodgson C, Teherani A,** Ernster V, Colby D. Putting cancer education at the forefront of a medical school curriculum. Poster presented at the annual meeting of the American Association for Cancer Education, Los Angeles, CA. October 2001.
 - 13) **Hodgson CS, Teherani A.** The Relationship Between Student Anonymity and Responses to the Association of American Medical Colleges' Graduation Questionnaire. Presented at the annual meeting for the Western Group on Educational Affairs, Monterey, CA. April 2002.
 - 14) **Irby D, Cooke M,** Kirkland R, Thibault G, Windebank A. Academies, Core Teaching Faculty and Other Programs for Supporting the Educational Mission. Annual Meeting of the Association of American Medical Colleges, Washington, DC. November 2001.
 - 15) **Irby, D.** Assessment of Undergraduate Medical Education. Western Group on Educational Affairs, Monterey, CA. April 2002.
 - 16) **Loeser H.** Preparing Students to be Teachers. Discussion moderator. Western Group on Educational Affairs Annual Meeting, Monterey, CA. April 2002.
 - 17) **Moreno E.** The Impact of California Public Policy on Primary Care Physician Supply in Medically Underserved Communities. Abstract presentation at National Association of Latino Elected and Appointed Officials, California Policy Institute on Health in the Central Valley, UC Center, Fresno, CA. 2001.
 - 18) **Moreno E.** Transitioning Minority Faculty Fellows into Independent Academic Careers. Abstract presentation for HRSA, Bureau of Health Professions, Division of Health Careers Diversity and Development, Annual Project Directors' Meeting, Silver Spring, MD. 2002
 - 19) **Padilla A, Drake M, Irby D.** Teaching Physical Exam Skills in the Context of Teaching Complimentary Medical Spanish Skills. Innovations in Medical Education. Annual Meeting of the AAMC. Washington, DC. November 2001. p. 102.
 - 20) **Pardo M, Zimmerman L, Masters S, Loeser H, Rohde D, Feldman J, Cusick S.** Use of medical students as small group teachers in the new UCSF core curriculum. Poster and abstract presentation. Western Group on Educational Affairs, Monterey, CA. April 2002.
 - 21) **Pardo M.** Use of a computerized patient simulator in medical education. Poster presentation, AAMC Innovations in Medical Education Exhibit, AAMC Annual Meeting, Washington, DC. November 2001.
 - 22) **Pardo M.** Using a patient simulator to teach clinical reasoning. Poster and abstract presentation. Western Group on Educational Affairs, Monterey, CA. April 2002.
 - 23) **Pardo M.** Simulation training for undergraduate medical education. Lecture. International Meeting on Medical Simulation, Santa Clara, CA. January 2002.

- 24) **Shore W.** A Clerkship Curriculum for Care of the Underserved. Predoctoral Education Conference, Society of Teachers of Family Medicine, 2002.
- 25) **Shore W.** Geriatric Home Care Curriculum for Clerkship Students. Predoctoral Education Conference, Society of Teachers of Family Medicine, 2002.
- 26) **Shore W.** Residents and Students: Faculty Development Workshop – Teaching One-on-One. American Academy of Family Physicians National Conference, 2001.
- 27) Sommers P, **Muller J**, Ozer E, Chu P. Perceived Self-Efficacy in Performing Key Physician-Faculty Functions. AAMC. Washington DC, November 6, 2001.
- 28) **Souza K, Healy K**, Fields J, Hoge S, Hwang W, **Lipson J**, Waller A, **Loeser H**. Educational Technology Student Ambassador Program. Innovations in Medical Education exhibit. AAMC Annual Meeting, Washington, DC. November 2001.
- 29) **Souza K, Nagappan R**, Reavie K, Persily G, **Loeser H, Irby D**. Toward an E-Curriculum: Image the Future, Create the Future. Innovations in Medical Education. Annual meeting of the AAMC, Washington, DC. November 2001. p. 97
- 30) **Teherani A**, Hitchcock MA, Nyquist JG. Longitudinal outcomes of an executive model faculty development program. Presented at the annual meeting of the Association of American Medical Colleges, Washington, DC. November 2001.
- 31) **Teherani A**, Torbert-Richardson E. Diversity in professions education: A collaborative study. Presented at the annual meeting of the American Educational Research Association New Orleans, LA. April 2002.
- 32) **Teherani A**. Examining the role of gender in professions education. Session discussant for Division I of the American Educational Research Association, April 2002.
- 33) **Vener M, Wamsley M, Irvine C**. Longitudinal Clinical Experience (poster session), UCSF Medical Education Day, San Francisco, CA. April 2002.
- 34) **Hauer KE**, Auerbach AD, Calfee C, Woo G, Wachter RM. Effects of hospitalist attendings on housestaff and student satisfaction with attending teaching and internal medicine rotations. Clerkship Directors in Internal Medicine Annual Meeting, 2001.
- 35) **Hauer KE**, Auerbach AD, McCulloch CM, Woo GA, Wachter RM. Effects of Hospitalist Attendings on Trainee Satisfaction with Teaching and with Internal Medicine Rotations. Society of General Internal Medicine Annual Meeting, 2002.
- 36) **Hauer KE, Teherani A**, Dechet A, **Aagaard EM**. Characterizing Medical Student Mentoring Relationships: A Focus Group Study. Society of General Internal Medicine Annual Meeting, 2002.

C. Leadership in professional organizations

- 1) **Basaviah P**. Education Committee Member and Core Curriculum Task Force member, National Association of Inpatient Physicians, 2001-present.
- 2) **Chen HC**. Medical Education Committee, American Academy of Pediatrics, Chapter I.

- 3) **Tong L.** Council on Medical Education and Lifelong Learning, American Psychiatric Association.
 - 4) **Shore W.** Chair, Education Committee, Society of Teachers of Family Medicine. 2001-present.
 - 5) **Hodgson C.** Program Committee for 2002 Generalists in Medical Education conference.
- D. Increase funds available for medical education
- 1) Received contributions that 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 (iROCKET).
 - 3) Completed project funded by grant from California Endowment for incorporating culture into the curriculum. (\$487,331 for an 18-month period ending July, 2002) Submitted grant application for continuing work on culture and behavior in the curriculum for 2002-2005, (\$900,000) N. Adler, PI.
 - 4) 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.
 - 5) Submitted multi-campus grant proposal on medical safety curriculum for medical students to Agency for Healthcare Research and Quality (AHRQ.)
 - 6) Colorado Consortium - \$10,000/year to incorporate web-based instructional programs into the curriculum.
 - 7) Obtained matching funding of \$160,000 for two years from the California Wellness Foundation for School of Medicine outreach and minority recruitment. Funding supports the post baccalaureate program and undergraduate preparation program.
 - 8) Continued work on HCOE (Hispanic Center of Excellence) three-year grant, which funds a variety of programs in Fresno and in San Francisco. The following programs are taking place in SF and are on target:
 - a) Medical Spanish course
 - b) Diversity awareness training for the faculty
 - c) Expansion of elective courses for people of color
 - d) Establishment of fellowship and research opportunities for Latino fellows and medical students.
 - 9) California CPX Consortium data and SSIS, \$5000 per year.
 - 10) Commitments have been made for eight matched endowed chairs in the Academy of Medical Educators, and UCOP approval is in progress.