

# **Annual Report for 2002-2003**

University of California  
San Francisco



**School of Medicine**

## Table of Contents

<b>I.</b>	<b>Executive Summary.....</b>	<b>3</b>
<b>II.</b>	<b>Admissions .....</b>	<b>4</b>
<b>III.</b>	<b>External Programs .....</b>	<b>5</b>
<b>IV.</b>	<b>Curricular Affairs.....</b>	<b>5</b>
<b>V.</b>	<b>Educational Technology .....</b>	<b>8</b>
<b>VI.</b>	<b>International Programs.....</b>	<b>9</b>
<b>VII.</b>	<b>Student Research.....</b>	<b>11</b>
<b>VIII.</b>	<b>Student Affairs .....</b>	<b>11</b>
<b>IX.</b>	<b>Medical Student Well-Being Program.....</b>	<b>13</b>
<b>X.</b>	<b>Graduate Medical Education .....</b>	<b>14</b>
<b>XI.</b>	<b>Continuing Medical Education .....</b>	<b>16</b>
<b>XII.</b>	<b>The Haile T. Debas Academy of Medical Educators.....</b>	<b>18</b>
<b>XIII.</b>	<b>Educational Research and Development.....</b>	<b>21</b>
<b>XIV.</b>	<b>Consulting and Affiliations.....</b>	<b>23</b>
<b>XV.</b>	<b>Scholarship in Medical Education.....</b>	<b>24</b>
<b>XVI.</b>	<b>Funding.....</b>	<b>29</b>

## I. Executive Summary

Academic year 2002-2003 has been another remarkable year of achievements in medical education. The culture of innovation and excellence has permeated every level of medical education. At the medical student level, we have:

- Designed and successfully launched the second year of the medical student curriculum.
- Developed plans for the fourth-year curriculum, including areas of concentration.
- Completed an institutional self-study and accreditation site visit by LCME, receiving numerous accolades for leadership, innovation in curriculum and received an extended eight years of accreditation.
- Established the Office of Educational Technology, expanding the electronic curriculum (iROCKET and Ilios) from year one to years two and three.
- Created a new Office of International Programs, recruiting Dr. Tom Novotny as director.
- Welcomed Dr. Dan Lowenstein back to UCSF as Director of the Physician Scientist Education and Training Programs.
- Expanded the Advisory College mentoring program.
- Doubled faculty development for small group discussion leaders and problem-based learning facilitators, and graduated 11 Teaching Scholars.
- Inducted the second class of faculty into the Academy of Medical Educators, funded educational innovations, conducted Education Day and stimulated educational scholarship. We are particularly excited about the naming of the Academy for Dean Haile Debas, whose vision and generosity fueled Academy endeavors.
- Implemented rigorous peer review of courses and program evaluation of the new curriculum.

In graduate medical education, we expanded the leadership team to support new initiatives in resident work hours reduction and development of ACGME competencies and assessment for all 70 residency and fellowship programs.

At the continuing medical education level, we conducted 107 live courses for 15,400 participants, and successfully achieved full accreditation from ACCME. Accolades from ACCME included innovative methods of needs assessment and a strong overall organizational structure.

Scholarship in medical education continues to grow with the publication of 19 peer-reviewed journal articles, 39 peer-reviewed presentations at national meetings, and 38 abstracts at the Academy of Medical Educators second Education Day.

Through each of these activities, we are advancing our mission of promoting innovation and academic excellence across the continuum of medical education. Thank you to all the education leadership, faculty, staff and students that made this dream a reality.

David M. Irby, PhD  
Vice Dean, Education

# Annual Report 2002-2003

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

## Objectives and Accomplishments

### II. Admissions

- A. Select the most qualified individuals to study medicine.
  - 1. Reviewed a total of 4,045 initial applications.
  - 2. Invited 1,374 applicants to submit formal applications and letters of recommendation.
  - 3. Interviewed 553 candidates.
  - 4. Enrolled entering classes of 141 students at UCSF and 12 students at the UC Berkeley/UC San Francisco Joint Medical Program.
  - 5. Created an Applicant Status Check on SOM Admissions website.
  - 6. Presently working on Admissions part of the School of Medicine web redesign.
  - 7. Worked closely with the Medical Scientist Training Program to facilitate the acceptance and recruitment of outstanding MSTP applicants.
  
- B. Develop strategies for maintaining diversity within the entering class for 2003.
  - 1. Coordinated program whereby current medical students meet with underrepresented students when they are invited for interviews. UCSF medical students call students and encourage them to come for interviews. Medical students then meet with the applicants during their day on campus.
  - 2. Supported Student Groups (Chicano/Latino Medical Student Association, Native American Health Alliance, Filipino Union Student Organization, Student National Medical Association) contacting newly accepted students to answer questions, give information and encourage students to attend UCSF.
  - 3. Reviewed files of all accepted students and offered Dean's Scholarships (funded by the California Endowment and the Dean) to entering students who have demonstrated previous service to the underserved.
  - 4. Coordinated the tours given by medical students to any interested premedical students, premedical advisors or newly accepted students.
  - 5. Coordinated and funded in conjunction with external programs office attendance of medical students and staff at premedical conferences, fairs and programs at various undergraduate schools.
  - 6. Participated in the State-wide Conferences for Premedical Advisors, sponsored by the California Endowment and the Office of the

President. These conferences were held at UC San Diego on Oct. 11 & 12, 2002 and UC Davis on March 28 & 29, 2003.

### **III. External Programs**

- A. Develop strategies for maintaining diversity within the entering class for 2003-2004.
  - 1. Hosted Accepted Student Weekend for 16 underrepresented minority admitted students and 65 non-minority admitted students.
  - 2. Conducted the Post Baccalaureate Program. For the academic year 1999-2000 year, ten of the twelve program participants are enrolled in medical school, and one has completed an MPH program. For the 2000-01 academic year, twelve of the seventeen participants are in or have been accepted into medical school, two are in MPH programs and one is in law school. For the 2001-02 academic year, sixteen of the eighteen are in or have been accepted to medical school this year. and two are awaiting outcomes. For the 2002-03 academic year, four of the sixteen students in the program applied to medical school, three have been accepted and the fourth will reapply next year. The remainder of the students will apply in the coming year. This brings the overall program total of acceptances to 89 percent.
  - 3. Conducted the six-week undergraduate preparation program, aimed at disadvantaged undergraduate students. Of the six participants in the 2001 program, one student is enrolled in medical school. One unsuccessfully applied this year, but will reapply. Three of the others are planning their applications this year. For the 2002 program, none of the students have yet applied to medical school. It is anticipated that they will apply within the next year or two when they complete their undergraduate studies.
  - 4. Hosted the fifth annual medical school admissions workshop in March 2003 that was attended by 230 undergraduate students from all over California.
  - 5. Hosted a medical school prerequisite and admissions conference in January for three community college partners attended by 45 college counselors, professors and selected students.
  - 6. 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.

### **IV. Curricular Affairs**

- A. Enhance the quality of undergraduate medical education
  - 1. Provide management and oversight to new curriculum.
    - a) Supported leadership and improvements for first year courses, and implemented the new second year Essential Core courses.

- b) Strengthened key role of Curriculum Coordinator in managing curricular information, maintaining updated communications, supporting departmental administrators, and staffing oversight committees.
  - c) Coordinated participation of more than two dozen student ambassadors in curriculum design, resource development, and small group teaching.
  - d) Supported full implementation of stable Clinical Core, the Longitudinal Clinical Experience (LCE) and three Intersessions.
  - e) Expanded the Clinical Evaluation Committee's work to improve the alignment of learning objectives with assessment measures, to review and standardize the format for reporting student evaluations, and to link these to the ACGME competencies.
  - f) Developed the framework for the Areas of Concentration programs and identified leadership and pilot efforts for all.
  - g) Conducted CCEP Retreat for 100 faculty, students and staff in March 2003, highlighting accomplishments and remaining challenges in the transformation of the curriculum, and developing the design for the fourth year.
  - 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) Contributed substantially to institutional self-study, report and site survey visit for the January 2003 LCME site visit.
2. Improve the quality and assessment of the curriculum
- a) Continued to refine integrative exercises utilizing the anesthesia simulator for all first-, second- and third-year students.
  - b) Expanded the Clinical Skills Program, opening our own dedicated Clinical Skills Center (CSC).
  - c) Upgraded standardized patient trainer position to Clinical Skills Center director and hired administrative support for CSC.
  - d) Continued successful fundraising for our permanent Clinical Skills Center.
  - e) Administered the California Consortium's Clinical Performance Exam (CPX) to all rising fourth-year students, summer 2002.
  - f) Monitored student interactions with faculty and residents in clinical rotations.
  - g) 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.
  - h) Supported the continuation and development of many student-initiated electives – examples include; a physician-scientist lecture series and journal club; outreach and mentoring to disadvantaged youth interested in health science careers; development of a digital network to coordinate activism and service opportunities, and a creative writing elective.

- B. Support students in their progress through the curriculum and on to residency training.
  - 1. 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
  - 2. Expanded tutoring services and increased referrals for students with learning challenges/ disabilities.
  - 3. Supported continued transformation of the Medical Scholars Program to support our new curriculum.
  - 4. 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.
  - 5. Produced Dean's letters of recommendation for 150 graduating students.
  
- C. Strengthen support for community preceptors through the Office of Community Based Education (OCBE)
  - 1. 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).
  - 2. Expanded functionality of web database to manage preceptor recruitment and involvement in education.
  - 3. Enhanced community preceptor contributions to teaching.
  - 4. Conducted faculty development for community preceptors.
  
- D. Strengthen connections with other programs:
  - 1. Supported and provided oversight to Joint Medical Program at UC Berkeley
  - 2. Conducted regular meetings with leadership.
  - 3. Planned academic programs for JMP and UCSF using shared leadership.
  - 4. Participated in JMP orientation and student thesis presentations.
  - 5. Reviewed JMP curriculum and outcomes.
  - 6. Supported implementation of innovative curricular redesign at JMP.
  - 7. Strengthened UCSF Fresno education programs
  - 8. Conducted regular meetings with leadership of student programs in Fresno.
  - 9. Support visits by UCSF clerkship directors to Fresno clerkship sites
  - 10. Enhanced admission process for MD-DDS program.
  
- E. 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. Supported and promoted students for appropriate recognition and awards
5. Collaborated with students, faculty and staff to deliver high-quality student services.
6. Encouraged and supported staff members to seek training they need to provide high quality service and enhance their professional development.
7. Employed and adapted the highest levels of technology in the delivery of student services.

## V. Educational Technology

### A. iROCKET digital curriculum

1. Created the new Office of Educational Technology as a unit within the Office of Medical Education.
2. Moved into new office space at 530 Parnassus, room 504; and hired two new staff.
3. Released version 2 of Ilios, our curriculum management tool. Version 2 manages clinical core objectives, adds teaching evaluation management tools, learning material management tools and improves security;
4. Completed implementation of *iROCKET* (WebCT) courses for the entire Essential and Clinical Core curricula.
5. Released version 2 of the MissingLink website that includes a database of online medical education resources (SiteFinder) and a handheld computing resource for medicine (E-Brain).  
<http://missinglink.ucsf.edu>
6. Supported 17 technology-based Curriculum Ambassador projects, which utilized students' experience in online learning to develop effective web-based resources.
7. Supported the 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 S-165 and S-166.
9. Provided faculty development on WebCT. Trained over 200 faculty and small group leaders in the Essential Core and taught a 3 hour faculty development workshop on Developing Online Courses.
10. Formed a Handheld Computing Working Group as charged by the Educational Technology Oversight Committee to begin implementation of handheld initiative in medical education.
11. Facilitated a session on iROCKET at Accepted Students Weekend and during first-year orientation.

12. Developed FLASH-based demo of the Essential Core Curriculum Timeline.  
<http://medstudents.ucsf.edu/som/education/medstudents/curriculum/>
13. Produced web modules for UCSF HIPAA training website at [http://www.ucsf.edu/hipaa/education\\_index.html](http://www.ucsf.edu/hipaa/education_index.html)
14. Compiled an Essential Core Leadership Handbook for distribution to all Essential Core course directors and co-directors.
15. Completed technical production and support of two Project LIVE interactive Problem Based Learning Cases at UCSF as part of Project LIVE.
16. Oversaw the development of a PalmOS syncing application for our iROCKET online course system. The application was developed by 2<sup>nd</sup> year student Ted Laetsch.
17. Facilitated the development of a Culture and Behavior Assessment (CAB) data repository, designed to help CAB faculty develop better assessment items in the Essential Core.
18. Implemented our "Mobile Computing Program" a series of 21 laptops sponsored by the graduating Class of 1952. These laptops are maintained through our agreement with the Library's Interactive Learning Center and can be checked out by faculty teaching in the curriculum or set up to create mobile classrooms with wireless Internet access.
19. Upgraded the 3 computers in the Medical Student Lounge.
20. Developed or supported the following electives: Emotional Quotient, EKG Bootcamp, Creative Writing, MSP, NBME review; Mechanisms of Disease, MED 111; ANES 111.

## **VI. International Programs**

- A. Mission Statement: To promote international educational and research opportunities and collaborations for medical students, residents and faculty members.
- B. Communicate information about international opportunities to students, residents, and faculty members.
  1. Developed and posted to the web a new application form and guidelines for competing for UCSF Study Abroad Funds. Re-designed form to include learning objectives and more detailed questions about the planned experience, in order to collect information for a database of student experiences.
  2. Reviewed 33 applications for summer 2003 funding, and funded 32 according to a standard scoring protocol, for a total of \$30,600 awarded for Summer 03.
  3. Developed paper-based trip report forms for reporting student experiences for use by returning students in September 2003, pending development of on-line form.

4. Created initial requirements for database of student experiences and opportunities, and submitted to Information Services for development.
5. Established office hours as of May 1, 2003 with the Director at the Office of Medical Education two afternoons per week to advise students on international matters.

C. Facilitate development of international academic and research programs.

1. Created the International Programs Advisory Committee (IPAC). The group has met to decide on major program objectives and established a subcommittee on curriculum development.
2. Outlined basic structure for development of the Area of Concentration in Global and Public Health; assigned a Student Ambassador to this project.
3. Offered a full-day "Preparation for Travel" course on May 10, 2003, covering health issues, learning objectives, past student experiences, and insurance issues. The course will be repeated three times per year and will be a requirement for obtaining UCSF funds to study abroad.
4. Organized the first International Student Research Symposium, held on June 20, 2003. Selected three students to make presentations on their international research projects, carried out in 2002. Each was awarded \$200 for their effort.
5. Received a Curricular Innovations Grant of \$36,244 from AME to support curriculum review, development of a fourth-year course in conjunction with the Area of Concentration in Global and Public Health, and curriculum coordination.
6. Initiated plans with UC Berkeley School of Public Health to develop a five-year program for a joint MD/MPH program with a focus on international health, to begin in 2004.

D. Foster institutional affiliations with medical education and health care organizations internationally.

1. Registered UCSF for institutional membership in the International Health Medical Education Consortium (IHMEC), a national group supporting international health education. Volunteered to sponsor the national meeting in San Francisco in 2005.
2. Assumed responsibility for the UCSF-Peking Union Medical College Exchange Program, which supports four fourth-year students each year from UCSF and PUMC for an eight-week series of clinical rotations at each other's institutions in March and April.
3. Began identifying possible sites for four to six sustainable exchange programs (Zimbabwe, India, Southeast Europe, Uganda, South Africa). Funds are being sought to support these.

E. Host visiting delegations and scholars

1. Arranged a program in Evidence-Based Medicine and other rotations for two visiting physicians from Mexico City and Cuernavaca, Mexico on a month-long visit to UCSF as part of the UCOP-sponsored UC-Mexico Exchange Program, June 2003.
2. Organized a program in electronic medical records and public health systems surveillance for a delegation from Zhejiang Province, China, on June 23, 2003.

## **VII. 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 second year of Clinical Research Fellowship through Doris Duke Charitable Foundation for five students per year.
3. Maintained increased number of students funded to conduct research.
  - a) 49 Dean's Summer Fellowships
  - b) 10 Genentech Fellowships
  - c) 25 Quarterly Research Fellowships
  - d) 12 yearlong fellowships (HHMI, Cloisters, Doris Duke, Fulbright, independently funded through investigator or multiple fellowships/scholarships).
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 first cohort of student Scholarly Project. Scholarly Project Committee constituted and three students submitted proposals that were approved.
8. Promoted publication of student research projects in peer-reviewed journals
9. Assisted five students with completion of the MD with Thesis Program; enrolled sixteen students in MD with Thesis Program for 2004.
10. Received renewal of \$75,000 grant from Genentech Foundation for Student Research Program and Diversity Encore Program. Submitted renewal application for 2003.

## **VIII. Student Affairs**

### **A. Develop and improve student programs**

1. Expanded the activities of the five Advisory Colleges to reach out to students who have academic difficulties.
2. Conducted faculty development for five Mentors.

3. Hired five new mentors as new medical school classes are phased into the Advisory College program.
4. Supported the Medical Network Family program.
5. Provided a liaison function with Student Health Services and worked to expand student health insurance coverage.
6. Supported student involvement in community service.
7. Targeted student mistreatment as an area of improvement.
  - a) Conducted workshops for clerkship directors on the assessment of professionalism.
  - b) Actively participated in the campus-wide Educational Climate Committee to address issues of creating a respectful workplace.

B. Expand student career advising programs

1. Provided AAMC career advising program.
2. Conducted career advising services for all third year students during Intersessions. Further career advising services were offered through department faculty advisors, career choice workshops, 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. Professionalism Evaluation System

1. Oversaw the professionalism evaluation system and counseled all students who received a physicianship evaluation report.
2. Expanded the scope of the professionalism evaluation system to encompass administrative reporting of professionalism problems.

D. Screening Committees

1. Chaired the Med 1, Med 2, and Med 3-4 Screening Committees. Along with Dr. Loeser and the Advisory College mentors, met with all students who have been brought to the attention of a Screening Committee.

E. 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

## **IX. Medical Student Well-Being Program**

- A. Provide coordination of services and outreach programs for Student Well-Being
  - 1. Provided direct services for Student Well-Being.
  - 2. Maintained referral list for low-fee referrals to the community and Langley Porter Psychiatric Institute.
  - 3. Publicized services of the Well-Being Program through Circulation articles and maintenance of a website.
  - 4. Attended meetings with student health providers to coordinate care with the Well-Being Program.
  
- B. Offer prevention programs for Student Well-Being
  - 1. For all Students:
    - a) Served as consultant for Advisory College mentors with regard to students in crisis.
    - b) Participated in campus wide committee entitled, "Mental Health Status Improvement Task Force".
    - c) Promoted cultural competence in medical school through workshops on diversity.
    - d) Coordinated "Partners in Medicine" Program, a social and educational program to address the stress of medical education on relationships.
    - e) Participated in design of new curriculum to assist in the integration of well-being issues programmatically.
    - f) Conducted on-going discussion groups for students to address reactions to the process of becoming a physician.
    - g) Offered inservice to Student Affairs Office on "Assisting Students in Crisis."
  - 2. For Third-Year Students:
    - a) Expanded stress rounds (one-hour meetings) to include meeting with all students during Medicine and Ob-Gyn Clerkships 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) Participated in intersession course committee and assisted in professional development component. This included workshops on receiving feedback, tolerating mistakes, and managing trade-offs in professional and personal life.
    - d) Organized and implemented, "Well-being Workshop Series for Third Years" to address coping strategies for third year.
    - e) Participating in advisory group for new Third Year Pilot Elective on Self-Care and Personal Effectiveness.
  - 3. For Fourth-Year Students:

- a) Facilitated adjustment to internship for fourth-year medical students through panel discussion on Coping with Internship.
4. For Under Represented Minority (URM) Students:
  - a) Administered Mentorship Program for Under-Represented Minority students to provide one-to-one mentoring relationships between URM faculty members and URM students.
  - b) Revised and taught course “Women Physicians of Color” as an elective for first- and second-year students in the winter for 15 enrolled students and 7 auditors.
  - c) Developed pilot course, “Men of Color”, series of three sessions for first and second year men.

## **X. Graduate Medical Education**

### **A. Comply with new ACGME Resident Duty Hours Limitations**

1. Led GMEC review and approval of Resident Work Hours Improvement Project.
2. Organized and conducted leadership meetings with medical center and department leadership regarding changes needed for compliance.
3. Communicated changes to Faculty Council, Dean’s Executive Committee, Executive Medical Board, Medical Training Staff Committee, Academic Senate subcommittees, monthly discussions at GMEC, etc.
4. Provided oversight of local Graduate Medical Education Committees at SFGH and VAMC with Duty Hours the primary issue.
5. Established GMEC Taskforce to review UCSF Moonlighting Policy in context of new ACGME regulations.
6. Created laminated cards to fit in ID badge holders for Housestaff re: Duty Hours Policy with anonymous call-in system re: reports of non-compliance.
7. Developed plan for interventions with non-compliant programs/rotations.
8. Initiated spot audit plan with School of Medicine Compliance Office.

### **B. Implemented Post-Memorandum of Agreement for GME Enrollment Plan**

1. Developed plan at University of California Office of the President regarding Post-MOU GME Enrollment
2. Met with Clinical Chairs regarding new “cap” on residents/fellows as well as system-wide and local requirements for oversight of both breadth and depth of all GME programs.
3. Surveyed Chairs/Program Directors regarding “right size” of residencies and fellowships, academic/educational justification of changes in size, as well as expected source of funding for growth. Reviewed this data with UCSF Medical Center CEO and Dean. Summarized expense of resident enrollment expansion.

4. Worked with Medical Center Chief Financial Officer and Director of Finance to establish a confidential data base regarding source of resident and fellow salaries for all programs.
- C. Improve resident and fellow financial support
1. Participated in consensus building among UC leadership regarding 3% increase for UC resident and fellow salary scale. Implemented effective May 1, 2003.
  2. Continued and improved support and oversight of Medical Center's Relocation Fund project of \$2,400 per new intern/resident.
  3. Continued oversight and monitoring of Housing Allowance Program.
  4. Assured compliance with fellow/resident salary according to UCOP scale.
- D. Promote diversity among Housestaff
1. Continued efforts to support GME participation at National Medical Society Association recruitment day for minority applicants.
- E. Enhance Graduate Medical Education programs School-wide
1. Expanded GME Grand Rounds series from quarterly to monthly, focusing on the theme of "Teaching Housestaff How to Teach".
  2. Created and distributed "Program Director's Notebook"; individualized each of the 70 programs, and posted "Program Director's Notebook" on GME website
  3. Began educational program for Program Directors regarding new ACGME rules/regulations on General Competencies.
  4. Conducted Group Meetings of Program Directors with focus on two topics:
    - a) How to deal with the resident having difficulties (David Irby, PhD, Vice Dean for Education and Marcia Canning, JD, Chief Legal Counsel)
    - b) General Competencies – New ACGME Requirements effective (Lee Learman, MD, Director of General Competencies, and Program Director, OB-Gyn)
  5. Continued "Lunch with the Senior Associate Dean" Program to meet privately and confidentially with individual residency groups.
  6. Expanded "Chief Residents Dinners" from quarterly to monthly.
  7. Revised, updated and conducted new resident and new fellow orientations (two days).
  8. Supported Medical Training Staff Committee monthly meetings.
  9. Facilitated Patient Care Fund working directly with Medical Center administration and Medical Training Staff Committee.
  10. Reviewed role of Housestaff in the Alumni-Faculty Association with AFA leadership.
  11. Established and published first edition of "Residents Report" newsletter.

- F. Ensure compliance with guidelines, rules, and regulations of the University of California, and various regulatory agencies.
  - 1. Completed UCOP mandated survey of exiting trainees.
  - 2. Revised and implemented new "Annual Update" of more than 70 ACGME training programs.
  - 3. Completed review of methods of monitoring UCSF Moonlighting Policy with consultation from School of Medicine Compliance Office and assured compliance with Medicare rules.
  - 4. Participated in national data base survey with University Hospitals Consortium regarding Resident Duty Hours.
  - 5. Revised and implemented ACGME Internal Review Protocol.
  - 6. Revised and conducted web based Annual Resident Survey.
  - 7. Revised system of annual resident/fellow appointment and reappointment.
  - 8. Revised monitoring system of assurance of timely California State medical licensure for each trainee.
  - 9. Revised UCSF policy and requirement regarding foreign trainees.
  - 10. Created Resident/Fellow "Attestation Statement" regarding legal, licensure and malpractice issues.
  - 11. Further revised and improved recharge system for resident/fellow salaries from affiliated hospitals and retrieved outstanding balances.
  - 12. Revised Clinical Competencies for each training program and posted on UCSF Medical Center Intranet.
  - 13. Revised resident/fellow Identification Badge system to include PGY level (requires a new badge for each trainee each year; allows for PGY-level-specific and program-specific Clinical Competencies list to meet JCAHO requirements)
  - 14. Revised UCSF Medical Center Housestaff Supervision Policy.
  
- G. Reorganize staff and staff office
  - 1. Achieved relocation of Resident and Fellow Health Insurance to Human Resources Office
  - 2. Renegotiated annual benefits package for residents and fellows with Medical Center, Human Resources and benefits vendors.

## **XI. Continuing Medical Education**

- A. Expand marketing efforts to encourage greater awareness of UCSF CME program
  - 1. Enhanced online calendar showing all live conferences offered by UCSF CME .
  - 2. Implemented online registration providing "one stop shopping" access to UCSF CME conferences with approximately 22% of registrations occurring online.

3. Continued to post UCSF CME calendar on the University of California 5-campus CME (UCCME) website managed at UC Office of the President.
  4. Worked with UCSF Office of Public Affairs to initiate posting of live conferences on the UCSF online calendar they manage.
  5. Worked with UCSF Medical Center and UCSF Medical Group to initiate posting of CME courses in quarterly Medical Center publication "Clinical Innovations".
- B. Improve administrative, financial, and computer systems to support CME
1. Completed ACCME self study and site visit re-accreditation. Re-accreditation achieved with commendations.
  2. Developed and implemented the use of an innovative CME bias "risk assessment" tool to assist in the appropriate allocation of review, monitoring, and evaluation resources to CME activities
  3. Continued profitable operation with a surplus for the year.
  4. Successfully completed self-initiated audit.
  5. Provided formal and informal training to Grand Rounds Coordinators resulting in increased understanding, better documentation, and improved protection of UCSF from pharmaceutical company influence on Grand Rounds activities.
  6. Conducted a survey of course chairs and planning staff, which showed a high level of satisfaction with UCSF Office of CME services.
- C. Improve delivery of CME activities
1. Improved needs assessment process and documentation.
  2. Initiated analysis of individual activity evaluation summaries to be used by the Governing Board Accreditation Review Committee to establish minimum standards, suggest areas for improvement, and share UCSF CME best evaluation practices with colleagues.
  3. Implemented a formal peer review process for enduring materials.
  4. Presented 107 live courses to a projected total of 15,378 participants, an increase of 9% over the 14,144 participants in 2001-02. Greatest number of activities by Department of Medicine (28 courses) and Department of Radiology (27 courses). 25 courses planned by OCME.
  5. Presented first online CME with Radiology's three eCME series.
  6. Developed new partnerships and collaborations to provide innovative/high need CME.
  7. Presented 42 regularly scheduled conferences (Grand Rounds, etc).
  8. Developed new enduring materials that included teleconferences and monographs on Dermatology, a monograph series on Cardiology, a journal presenting the proceedings of the annual meeting of the American Society of Hematology.
  9. \$2,028,300 was raised from industry educational grants and exhibit fees to support CME activities. Of this amount, \$930,000 was transferred to Departments in the School of Medicine.

- D. Improve UCSF CME program performance
  - 1. Developed a process to summarize evaluation results across all live courses to provide a global assessment of how well courses do overall, whether participants believe knowledge, skills, and attitude were enhanced and if they project they will change their practice behavior, and whether or not bias is perceived.
  - 2. Initiated posting of commonly used forms to the UCSF CME website.
  - 3. Streamlined and standardized credit request submission process.
- E. Continue the presence of UCSF leadership in the national CME community
  - 1. Participated in Society of Academic CME, American Association of Medical Colleges, Alliance for CME, and the Accreditation Council for CME national meetings.
  - 2. Partnered with the UCSF Schools of Dentistry, Nursing, and Pharmacy, Medical Center Marketing, and Public Affairs to compete successfully for the opportunity to develop an Osher Lifelong Learning Institute at UCSF.

## **XII. The Haile T. Debas Academy of Medical Educators**

- A. Mission: The Haile T. Debas Academy of Medical Educators is dedicated to creating an environment that enhances the status of teachers of medical students at UCSF, promotes and rewards teaching excellence, fosters curricular innovation and encourages scholarship in medical education.
- B. Support and reward outstanding teachers
  - 1. Recognized outstanding performance of teachers and educators through Academy membership
    - a) Refined the rigorous, objective review process, including the addition of two nationally recognized external reviewers for a total of ten.
    - b) Selected second group of 13 members, representing four departments; membership now totals 37.
    - c) Honored 12 Academy members recognized in 2002-2003 teaching awards (six were recognized in 2001-02) including Academic Senate's Distinction in Teaching (Susan Masters, Margo Vener), Kaiser Award for clinical faculty (Tim Kelly) and Kaiser Award for preclinical teaching (Leslie Zimmerman); Academy member (Ellen Hughes) invited to speak at Commencement 2003; Academy director (Molly Cooke) and two members (Helen Loeser, Maxine Papadakis) inducted by the Board of Trustees of the Gold-Headed Cane Society into the Society faculty as honorary members; 2003 Association for Surgical Education Outstanding Teacher Award (Andre Campbell); 2003 Holly Smith Award (Diane Colby); Medical

- Center's 2003 PRIDE Award, Exceptional Physician Award (Carol Miller); and the Daryl R. Gress, MD, Endowed Chair in Neurocritical Care and Stroke (Wade Smith).
- d) Issued third call for applications for membership. Third group to be inducted September 22, 2003.
  - e) Announced the second annual Kim award, \$2000, awarded annually for the next two 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.
  - f) Honored two retiring Academy members: Diane Colby, Spring 2002; Sexton Sutherland, Spring 2003.
2. Enhanced the impact of outstanding performance in teaching and education on academic advancement at UCSF.
    - a) Continued meetings to describe selection process to department chairs, departmental promotions committees, Vice Dean for Academic Affairs, and Committee on Academic Personnel (CAP).
    - b) Institutionalized use of the educator's portfolio to document work as teacher/educators among faculty and departments. Vice Dean for Academic Affairs and UCSF Committee on Appointments and Promotions prefer the educator's portfolio format for presentation of work as a teacher and educator. The Department of Medicine will ask faculty in Clinical-X series to prepare portfolios.
  3. Advanced the matched chair program
    - a) Publicized and promoted program to department chairs.
    - b) Clarified expectations governing procedures for Academy matched chairs searches.
    - c) Monitored approval process with six departments (Radiology, Anesthesia, Surgery, Anatomy, Family and Community Medicine, Medicine, Psychiatry, Epidemiology and Biostatistics, Pathology).
    - d) Chairs have been established and search committees formed in the departments of Anesthesia, Psychiatry and Radiology.
- B. Foster teaching excellence and build a community of teachers and educators within the School of Medicine
1. Strengthen a sense of identity within the Academy
    - a) Opened new Academy Offices at LR-102, July 1, 2002.
    - b) Academy office manager (Christine Khuu) joins staff, August 2002.
    - c) Developed Academy branding and logo to reflect naming in honor of Dean Debas, The Haile T. Debas Academy of Medical Educators.
    - d) Conducted quarterly meetings of the Academy membership.
    - e) Issued monthly "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) Launched new website design with improvements developed by the Communications Committee.
    - b) Launched the “Medical Education Interest Group” listserv; presently 125 subscribers.
    - c) Sponsored the second annual “Education Day” April 14, 2003 featuring presentations of 41 education projects conducted by medical students, residents and faculty members; keynote speaker was Lee Shulman, PhD, President, Carnegie Foundation for the Advancement of Teaching.
    - d) Provided a medical education review service, scholarship “clinics” to review education-related presentations, manuscripts, and funding proposals at various stages of development.
    - e) Developed an in-house Academy library of books relating to medical education with a lending service for 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) in the Harvard-Macy Physician-Educator program January and May 2002.
    - b) Conducted a second highly successful workshop on the educator’s portfolio October 26, 2003.
    - c) Developed process for sponsoring educator’s portfolio workshop at additional UCSF campus sites (SFGH and VAH).
    - d) Piloted a program for peer review of teaching.
- C. Stimulate curricular innovation in undergraduate medical education at UCSF
1. Supported projects enhancing UCSF medical school curriculum through the Academy’s “innovations funding” program. “Innovations funding” support 2002-2003 totaled \$334,764.00 for the following projects:
    - a) Spring 2002 (FY '03)
      - Three Clerkship Knowledge Integration and Assessment Project.
      - Ambulatory Women’s Health Elective for Future Primary Care Physicians.
      - Understanding Complexities of Illicit Substance Use: 4th Year Medical Student Elective.
      - Development of Enduring Materials for Essential Core: Organs and Metabolism Blocks.
      - Improving Competence in Long Term Care and Palliative Medicine for Medical Students.
      - Students as Teachers: Improving Physical Examination Instruction While Encouraging Careers in Academic Medicine.

- Culture and Integrative Medicine: A Month-long, Fourth-year Elective.
  - Developing and Implementing an Assessment Tool: Establishing Core Competency in the Neurologic Exam and the Mental Status Examination.
- b) Fall 2002 (FY '03)
- Comprehensive Curriculum in Global Health.
  - Developing a Fourth Year Area of Concentration for the Humanities.
  - Perioperative Care Clerkship for Future Primary Care Doctors.
  - Pilot of an Evaluation Tool in the Pediatric Clerkship to Improve Observation and Feedback.
  - Teaching Residents to Teach: A Mini-Fellowship to Improve Teaching Skills and Encourage Careers in Academic Medicine.
  - Transition from the Preclinical to Clinical Clerkships in Medical School: Benchmarking study.
2. Refined instructions, and criteria, established a schedule for two calls for proposals per academic year.
  3. Presented five funded innovation electives at the Education Leadership Retreat, March 31-April 1, 2003.

F. Manage Academy governance structure

1. Conducted oversight of Academy through an Executive Committee comprised of Chairs of Academy committees and three members at large, meeting monthly to assist in planning, oversee the operations of the Academy.
2. Established six working groups to accomplish the work of the Academy:
  - a) Membership
  - b) Scholarship
  - c) Innovations funding
  - d) Faculty development and mentoring
  - e) Development
  - f) Communications
3. Convened the School of Medicine Advisory Board, comprised principally of non-Academy members and a second-year medical student, to provide a school-wide perspective on the work of the Academy.

**XIII. Educational Research and Development**

A. Evaluate teaching and courses

1. Completed the implementation of the web-based evaluation system, E\*Value, for courses, clerkships and teachers. Negotiated for improvements in the program.
  2. Initiated a monthly meeting for E\*Value administrators for technical support and feedback.
  3. Supported and trained faculty and staff on evaluation-related issues.
  4. Initiated and implemented plan for standardization of teaching evaluations with Office of Academic Affairs.
- B. Enhance Clinical Performance Assessment in the fourth year.
1. Pilot tested a new online data entry and reporting system, WebSP.
  2. Negotiated a contract for use of WebSP for all California Medical Schools and trained personnel from three schools in use of program.
  3. Presented Clinical Performance exam results for all California Medical schools at the California Consortium for the Clinical Performance Exam.
- C. Conduct educational evaluation and research
1. Completed design of longitudinal database and added outcomes data from AMA and AAMC. Provided longitudinal data on medical school outcomes for Dean's Leadership Retreat in January 2002.
  2. Presented the plan to evaluate changes in the new curriculum and the overall SOM program evaluation plan for the 2003 LCME site visit.
  3. Conducted a series of focus groups with students in the Essential Core Curriculum and in the required clerkships.
  4. Examined short-term and long-term effects of problems with professionalism.
  5. Supported research on (a) student mentoring, (b) professionalism, (c) clinical teaching, (d) specialty choice and clinical skills performance, (e) evaluation of the Longitudinal Clinical Experience clerkship, and (f) student knowledge of cancer prevention, geriatrics, complementary and alternative medicine, and culture and behavior.
  6. Collaborated with the University of Colorado and five other medical schools in the implementation of a case-based teaching curriculum for the clerkships.
- D. Promote scholarship in medical education
1. Mentored 11 faculty members on their educational research.
  2. Ran the annual conference for Generalists in Medical Education, held in November 2002.
  3. Began planning for the 2004 Annual AAMC WGEA/WGSA conference at the Asilomar.
- 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 36 faculty as PBL facilitators.
  3. Developed two new computer-based Learning through Interactive Video Education (L.I.V.E.) PBL cases for the Essential Core curriculum.
- F. Conduct faculty development workshops
1. Conducted two introductions to problem-based learning (PBL) faculty development sessions.
  2. Conducted 14 content sessions for PBL facilitators.
  3. Conducted an item-writing workshop for 11 faculty.
  4. Conducted six half-day workshops in San Francisco (a total of 151 participants).
  5. Conducted eighteen introduction to small group teaching sessions for Essential Core small group facilitators (a total of 323 participants).
- G. Conduct Teaching Scholars Program
1. Conducted year-long Teaching Scholars seminar series for eleven faculty members:
    - a) Preetha Basaviah, M.D., Department of Medicine
    - b) Timothy G. Berger, M.D., Department of Dermatology
    - c) Patricia A. Cornett, M.D., Department of Medicine
    - d) Caroline E Day, M.D., Department of Family & Community Medicine
    - e) Aditi H. Mandpe, M.D., Department of Otoralyngology
    - f) Igor Mitrovic, M.D., Department of Physiology
    - g) Flavia Nobay, M.D., Department of Medicine
    - h) Michael W. Rabow, M.D., Department of Medicine
    - i) Susan M. Smiga, M.D., Department of Psychology
    - j) Kevin H. Souza, M.S., Office of Educational Technology
    - k) Jonathan B. Strober, M.D., Department of Pediatrics

#### **XIV. Consulting and Affiliations**

- A. Ensure all institutional affiliation agreements are complete and up-to-date
1. Drafted, negotiated and/or amended over 100 affiliations with outside institutions and training programs.
  2. Helped draft HIPAA business associate amendment and served as point of information for SOM HIPAA questions.
  3. Worked with GME in preparation for upcoming ACGME site visit.
  4. Developed new database and tracking system for all training agreements.
- B. Provide faculty members with legal assistance on consulting agreements with outside companies

1. Reviewed more than 70 consulting agreements for UCSF faculty members to ensure that faculty and UC's intellectual property rights are protected.
2. Drafted new template for consulting agreements.
3. Researched Conflict of Interest and Conflict of Commitment issues in preparation for drafting the first policy of this kind at UCSF.
4. Worked on website with links to helpful resources and other key units such as the Office of Sponsored Research.

## **XV. Scholarship in Medical Education**

- A. Published Educational Research in peer-reviewed journal articles, abstracts, editorials, chapters and books (published by the education leadership team, Teaching Scholars, and Academy Members).
1. Aagaard E, **Hauer H**. A Cross-sectional Descriptive Study of Mentoring Relationships Formed by Medical Students. *Journal of General Internal Medicine*. 2003; 18(4):298-302.
  2. **Basaviah P**, French L, **Muller J**. From Classroom to Bedside: A Curriculum for First Year Medical Students. *Really Good Stuff, New ideas in medical education, A peer-reviewed collection of reports on innovative approaches to medical education, Medical Education*. 2003; 37(5):477-8.
  3. Bharel M, **Jain S, Hollander H**. Comprehensive Ambulatory Medicine Training for Categorical Internal Medicine Residents, *Journal of General Internal Medicine*. 2003; 18(4):288-93.
  4. Bowen J, **Irby D**. Determining Quality Education in the Ambulatory Setting: A Review of the Literature. *Academic Medicine*. 2002; 77(7):621-680.
  5. **Cooke M, Irby D, Debas H**. The UCSF Academy of Medical Educators. *Academic Medicine*. 2003; 78: 666-672.
  6. Elnicki DM, Curry R, Fagan M, Friedman E, Jacobson E, Loftus T, Ogden P, Pangaro L, **Papadakis M**, Szauter K, Wallach P, Linger B. Medical Students' Perspectives on and Responses to Abuse During the Internal Medicine Clerkship. *Teaching and Learning in Medicine*. 2002; 14: 92-97.
  7. **Fenton C, Loeser H, Cooke M**. Intersessions: Covering the Bases in the Clinical Year. *Acad Med*. 2002; 77(11):1159.
  8. **Hodgson CS, Teherani A**, Guiton G, Wilkerson L. The relationship between student anonymity and responses from two medical schools on the association of American Medical Colleges' graduation questionnaire. *Academic Medicine*. 2002; 77 (10 Suppl):S48-S50.
  9. **Hollander H, Loeser H, Irby D**. An Anticipatory Quality Improvement Process for Curricular Reform, *Academic Medicine*. 2002; 77(9):930.
  10. **Irby D**, Wilkerson L. Charles W. Dohner, PhD: An Evaluator and Mentor in Medical Education. *Advances in Health Science Education*. 2003; 8(1):63-73.

11. **Irby D**, Wilkerson L. Educational Innovations in Academic Medicine and Environmental Trends. *Journal of General Internal Medicine*. 2003; 18(5):370-6.
12. **Learman LA**, Gerrity MS, Field DR, Van Blaricom A, Romm J, Choe J. Effects of a depression education program on residents' knowledge, attitudes, and clinical skills. *Obstetrics and Gynecology* 2003;101(1):167-74.
13. Lee M, **Hodgson CS**, Wilkerson L. Predictors of self-perceived competency in cancer screening examinations. *Journal of Cancer Education*. 2002; 17(4):180-2.
14. McKee M, Gilmore A, **Novotny TE**. (Editorial) Smoke free hospitals: An achievable objective bringing benefits for patients and staff. *BMJ* 2003; 326(7396):941-942.
15. **Novotny TE**, Haazen D, Adeyi O. HIV/AIDS in Southeastern Europe: Case studies from Bulgaria, Croatia, and Romania. World Bank Working Paper No. 4. Washington DC: The World Bank, 2003.
16. Ogrinc G, Mutha S, **Irby D**. The Evidence for Longitudinal Ambulatory Care Rotations. *Acad. Med.* 77(7):688-693, 2002.
17. **Papadakis MA**, McPhee SJ, Tierney LM. *Current DxTx for PDA*. McGraw-Hill. 2003.
18. Tierney LM, McPhee SJ, **Papadakis MA**, ed. *Current Medical Diagnosis & Treatment*. Lange Medical Books/McGraw-Hill, New York, New York 2003.
19. Wilkerson L, Lee M, **Hodgson CS**. Evaluating curricular effects on medical students' knowledge and self-perceived skills in cancer prevention. *Academic Medicine*. 2002; 77 (10 Suppl): S51-S53.

B. Publications in Press

1. **Aagaard E, Teherani A, Irby D**. Effectiveness of the One-Minute Preceptor Model for Diagnosing the Patient and the Learner. *Academic Medicine*.
2. Adeyi O, Baris E, **Novotny TE**, et al. Averting the AIDS Crisis in Eastern Europe and Central Asia: A Strategy for the World Bank.
3. **Basaviah P**, Amin A. Structuring Residency and Fellowship Curricula in hospital Medicine: Looking Back and Planning Ahead. *The Hospitalist*.
4. **Basaviah P**, Goldman L. A New Doctor in the House: Hospitalist Medicine in the US. *Swiss Medical Journal*.
5. Bland C, **Irby D**. Frank T. Stritter, PhD: Educationist, Educator, Coach and Researcher. *Advances in Health Sciences Education*.
6. **Hauer KA, Teherani A**, Wiese J, **Fenton C**. A Strategy to Standardize the Learning Core Clerkship Objectives. *Advances in Health Sciences Education*.
7. **Irby D, Aagaard E, Teherani A**. Teaching Scripts Used in Response to One-Minute Preceptor and Traditional Preceptor Encounters. *Academic Medicine*.

8. **Irby D, Cooke M**, Richards B. Structural Changes in Support of Medical Education. Academic Medicine.
9. **Novotny TE**, Fellows J. The Disease Impact of Cigarette Smoking and the Benefits of Smoking Reductions (Chapter 7). USDHHS, CDC, OSH. Report of the US Surgeon General on the Health Consequences of Smoking.
10. Rivo M, Heller, D, **Teherani A**, O'Connell MT, Weiss BA, Rubenstein SA. Practicing Effectively in Today's Health System: Teaching System's Based Care. Family Medicine.

C. Presentations at regional or national meetings

1. Autry A, **Hodgson C**. Preventing Young Physician Burnout. CREOG APGO Annual Meeting, Anaheim, CA. March 2003.
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. Poster Presentation, Western Group on Educational Affairs, Association of American Medical Colleges. 2003.
3. Berger O, Patel R, Adams J, Pelayo J, **Jain S**. Implementation of a Program in Community Health: Filling a Curricular Hole, Society of General Internal Medicine, Vancouver, BC. May 2003.
4. Chan P, Autry A, **Robertson P**. The Influence of Medical School Activities on a Career Decision in Obstetrics and Gynecology. Poster presentation, Association of Professors of Obstetrics and Gynecology, Anaheim CA. March 2003.
5. Cohen B, **Learman LA**. Duty hours: Algorithm for Implementation. Breakout session. CREOG and APGO Annual Meeting, Anaheim, CA. 2003.
6. **Cooke M**. Structural Approaches to Advancing Teachers and Teaching, New York Academy of Medicine, New York. September 2002.
7. **Cooke M, Irby D**, Debas H. UCSF Academy of Medical Educators, Innovations in Medical Education, AAMC Annual Meeting, San Francisco, CA. November 2002.
8. Haazen DS, **Novotny TE**. Cost Effective Health Interventions in Latvia. Poster Presentation, World Conference on International Health Economics, San Francisco, CA. June 2003.
9. **Hauer K**. Getting Started in Qualitative Research, Workshop coordinator, Clerkship Directors of Internal Medicine annual meeting, Washington DC. October 2002.
10. **Hauer K**, Vedanthan R, Shunk R, **Basaviah P**. Using an Auscultatory Mannequin and Model Patient Sessions to Enhance Medicine Core Clerkship Physical Diagnosis Instruction. Poster presentation, Clerkship Directors of Internal Medicine annual meeting, Washington DC. October 2002.
11. **Hauer K**, Grum C, Hemmer P, Wong R. A Descriptive Study of Written History and Physical Examination Requirements in Core Internal Medicine Clerkships. Poster presentation, Clerkship Directors of Internal Medicine annual meeting, Washington DC. October 2002.

12. **Hauer KE, Teherani A**, Dechet A, Aagaard E. Mentoring Relationships Among Medical Students. Generalists in Medical Education annual meeting, San Francisco, CA. October 2002.
13. **Hauer KE, Teherani A**, Aagaard E, Dechet A. Medical Student Mentoring Relationships: A Qualitative Focus Group Analysis. Society of General Internal Medicine annual meeting, Atlanta, GA. May 2002.
14. **Hauer K, Teherani A**, Dechet A, Aagaard E. Medical Students' Mentoring Relationships: A Focus Group Analysis. Generalists in Medical Education Annual Meeting. 2002.
15. **Hodgson C, Teherani A**. The Relationship Between Student Anonymity And Responses To The Association Of American Medical Colleges' Graduation Questionnaire. Ottawa Conference on Medical Education annual meeting, Ottawa, Canada. July 2002.
16. **Hodgson C**, Kamin C, Langford T, & Relan A. Diffusion of Curricular Materials and Methods: A Multi-school Case Study of Project L.I.V.E. Association of American Medical Colleges, Western Division Annual Meeting, Reno, NV. April 2003.
17. **Hughes E**, Wali S, Rotblatt M. Establishing a Residency Curriculum in Complementary and Alternative Medicine (CAM), Society of General Internal Medicine National Meeting, Vancouver, BC. May 2003.
18. **Irby D**. Evaluating Clinical Teaching in Medicine. New York Academy of Medicine, New York City. September 2002.
19. **Irby D**. Review of the Research in Medical Education Proceedings. Annual Meeting of the Association of American Medical Colleges, San Francisco, CA. November 2002.
20. **Irby D**. Innovations in Medical Education: A National Perspective. Inaugural Martin Pernall Distinguished Educator Lectureship. Association of Professors Of Gynecology and Obstetrics Annual Faculty Development Conference, Maui, HI. 2003.
21. **Learman LA**. Tools to Evaluate Competencies. CREOG Competency Task Force. Plenary presentation. CREOG and APGO Annual Meeting, Anaheim, CA. 2003.
22. **Loeser H**. Preparing Students to be Teachers. Western Group on Educational Affairs, Association of American Medical Colleges. Discussion session moderator. 2003.
23. **Loeser H**, Wilson W, Siegel B, Kaufman N. Mentoring for Mid-career Development, Council on Medical Student Education in Pediatrics. Workshop co-leader. April 2003.
24. **Muller J, Jain S**. Innovation in Curriculum Reform: A Qualitative Study of Student and Faculty Perceptions of Integration. The Generalists in Medical Education, San Francisco, CA. November 2002.
25. **Muller J, Jain S, Loeser H, Irby D**. Student/Faculty Perceptions of New Integrated Medical School Curriculum. Society of Teachers of Family Medicine Annual meeting, Toronto, Canada. 2003.
26. **Novotny TE**. Integrating Public Health Into Health Systems Reform In the Eastern European/Central Asia Region. World Conference on International Health Economics, San Francisco, CA. June 2003.
27. **Novotny TE**. Environmental Interventions and Tobacco Use. Society for Epidemiologic Research Annual Meeting, Atlanta, GA. June 2003.

28. **Novotny TE.** The Roles of the State in Disease Control: Public Health. Third Russia Public Health Seminar, Moscow, Russian Federation. April 23, 2003.
29. **Novotny TE.** Tobacco Control Policy: What Works. American College of Preventive Medicine Annual Meeting, San Diego, CA. February 2003.
30. **Novotny TE.** The Global Tobacco Epidemic: An Ethical Perspective. Iowa Tobacco Control Policy Seminar, Iowa City, Iowa. November 2002.
31. **Papadakis M.** Evaluation of Professionalism, Workshop presenter, Clerkship Directors of Internal Medicine annual meeting, Washington DC. October 2002.
32. **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 presentation, Western Group on Educational Affairs, Association of American Medical Colleges. 2003.
33. **Pardo M.** Innovations in Medical Education, International Anesthesia Research Society Annual Meeting, New Orleans, LA. March 2003.
34. Ratanawongsa N, **Teherani A,** **Hauer KE.** Experiences with Death and Dying During the Third Year Medicine Clerkship. Society of General Internal Medicine Annual Meeting, Vancouver, BC. May 2003.
35. Rosenfeld G, Simpson D, **Irby D,** Richards B. The Credible Assessment of the Scholarship of Teaching. Research in Medical Education Proceedings. Annual meeting of the Association of American Medical Colleges, San Francisco, CA. November 2002.
36. **Shore W.** Clerkship Curriculum for Care of Urban Underserved Patients and Communities, Physician Wellness as Longitudinal Curriculum in Predoctoral Education, Educational Collaboration for the Education of Medical Students. Panel moderator, STFM Predoctoral Education Conference. January 2003.
37. Steinauer JE, Goldberg AB, **Learman LA.** Resident satisfaction with abortion training: the UCSF experience. Council on Resident Education in Obstetric and Gynecology (CREOG) and Association of Professors of Gynecology and Obstetrics (APGO) Annual meeting, Anaheim, CA. 2003.
38. **Teherani A.** A Look Back: Faculty Mentoring and Student Perceptions of the Medical School Experience. Annual Western Group for Educational Affairs meeting, Reno, NV. March 2003.
39. **Wall S.** An Institutional Model. Association of American Medical Colleges Meeting on Duty Hours, Chicago, IL. September, 2002.
40. **Wall S.** An Institutional Model. ACGME Institutional Accreditation and Duty Hours Meeting, Chicago, IL. January, 2003.
41. **Wall S.** Restructuring Resident Education and Patient Care. AAMC Group on Resident Affairs Annual Meeting, Philadelphia, PA. March, 2003.
42. Young S, **Jain S.** Video Trigger Tapes to Teach Students About Caring for the Homeless. Society of General Internal Medicine, Vancouver, BC. May 2003.

D. Leadership in professional organizations

1. **Irby D.** National Board of Medical Examiners, AAMC member of the Board, 1999-2005
2. **Irby D.** National Board of Medical Examiners, Research Advisory Committee, 2002-2005
3. **Irby D.** National Board of Medical Examiners, Edward J. Stemmler, MD Medical Education Research Fund Committee, 2003-2005.
4. **Irby D.** Institute of Medicine, Committee on Introducing Behavioral and Social Sciences into Medical School Curricula, 2002-2004.
5. **Novotny TE.** American Public Health Association, Candidate for Executive Board, 2003 (Election pending).
6. **Papadakis M.** Health Resources and Services Administration, Advisory Committee on Training in Primary Care Medicine and Dentistry, 1999-present.
7. **Papadakis M.** American Board of Internal Medicine Foundation, Professionalism Advisory Committee, 2003.
8. **Teherani A.** American Educational Research Association (AERA) Division I .
  - a) Secretary (2003 - present)
  - b) Program Planning Committee (2001 – present)
  - c) Chair - Affirmative Action Committee (2001 – 2003)
  - d) Affirmative Action Council (2001 – 2003)
9. **Wall S.** University of California, GME Enrollment Oversight Committee, 2003.
10. **Wall S.** University of California, San Francisco, GME Enrollment Oversight Committee Chair, 2003.

XVI. Funding

A. Increase funds available for medical education

1. **Adler, N.** “Culture and Behavior in the Curriculum.” California Endowment. \$391,238 2002-2004.
2. **Cooke, M.** Maintained target amount for Academy with the “Campaign for UCSF” and worked with the UCSF Foundation to build the case for the Academy; identified interested donors to UCSF’s Academy.
3. **Cooke, M.** “Haile T. Debas Academy of Medical Educators”, Dean’s Office funding, \$500,000, 2002/3 – 2006/7.
4. **Drake, M.** “Hispanic Centers of Excellence Grant”, Medical Effectiveness Research Center (MERC) for Diverse Populations, \$1,797,855, 2002-2003.
5. **Drake, M.** “Post baccalaureate and undergraduate preparation program”, California Wellness Foundation, \$160,000, 2003-2004.
6. **Hughes E, Hodgson C.** “Integrative Medicine Curriculum for Health Professionals”, NIH/NCCAM, \$294,591 per year, 2002-2007.
7. **Kamin C, Hodgson C.** “Disseminating a Virtual Problem-Based Learning Program: Project Live”, University of Colorado-UCSF subcontract, \$30,000, 2001-2004.

8. **Learman LA.** "Ambulatory Women's Health Elective for Future Primary Care Physicians", Curricular Innovations Grant, UCSF Academy of Medical Educators, \$29,760, 2002-2003.
9. Mitteness L, **Muller J.** "Testing, Testing: Improved Approaches to Assessing Student Progress." Instructional Improvement Grant, UCSF Library, \$10,000, 2003.
10. **Muller J.** "Becoming a Clerk: An Observational/Interview Study of Student Acculturation to the Clerkships", Curricular Innovations Grant from the UCSF Academy of Medical Educators, \$29,218, 2003
11. **Novotny, T.** "Comprehensive Curriculum in Global Health", Curricular Innovations Grant from the UCSF Academy of Medical Educators, \$30,000, 2003.
12. **Papadakis M.** "Case-Control Study of Professionalism in Medical School as a Risk Factor for Physician Discipline", Stemmler Medical Education Research Fund, National Board of Medical Examiners, \$70,000, 2002-2003.
13. **Papadakis, M.** "A Collaborative Study to Determine the Generalizability of Professionalism Deficiency during Medical School as a Predictor for Subsequent Disciplinary Action by a State Medical Board", Stemmler Medical Education Research Fund, National Board of Medical Examiners, \$100,000, 2003-2004.
14. **Papadakis, M.** "Medical Professionalism: Putting the Charter into Practice", American Board of Internal Medicine Foundation, \$10,000, 2002-2003.
15. Wilkerson L, **Hodgson C.** "Cancer as a Chronic Disease: Moving Into the Age of Survival", National Cancer Institute, \$25,000 per year, 2002-2007.