

University of California
San Francisco



School of Medicine

Office of Medical Education
Annual Report
2004-2005

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I. Executive Summary

During the 2004-05 academic year, the ACGME conducted a site visit of UCSF and gave a full five-year accreditation with several commendations. This was affirmation of the strong leadership of the GME team.

Having completed curriculum reform in 2004, we embarked on the following quality improvement initiatives:

- Reorganization of the interdisciplinary block courses in the Essential Core following an extensive review of all disciplinary and theme input to the courses.
- Created two new clerkship pilots – a six-month set of rotations at San Francisco General Hospital and a cohort model that kept the same students together throughout the year of rotations.
- Planning for innovations in graduate medical education and
- Planning for the 2006 School of Medicine Leadership Retreat under the theme of “Advancing Inquiry, Discovery and Innovation”.

We continue to receive delegations of deans from other medical schools who want to replicate our curriculum within their schools. This year there were three international delegations from Serbia, Tanzania and Vietnam.

After several years of a stable leadership team in education, major changes occurred:

- Dr. Peter Ralston retired and Dr. David Wofsy was appointed Associate Dean for Admissions.
- Dr. Susan Wall retired and Dr. Bobby Baron will replace her as Associate Dean for Graduate Medical Education.
- Dr. Carol Hodgson, Director of Educational Research and Development, departed to take a position as Associate Dean for Curriculum at the University of Colorado.
- Dr. Patricia O’Sullivan was recruited from the University of Arkansas School of Medicine to become Associate Director for Educational Research in the Office of Medical Education.
- Kevin Souza, Director of Educational Technology, was promoted to Associate Director of the Office of Medical Education while retaining his other title.

I am extremely grateful for this educational leadership team, past, present and future.

Educational scholarship continues to grow. The education leadership team, the Teaching Scholars and Academy members published 24 peer reviewed journal articles, have eight publications in press, and gave 76 presentations at local, regional and national professional meetings.

This year, Dr. Molly Cooke and I began a three-year study of medical education with the Carnegie Foundation for the Advancement of Teaching. This study will examine the state of clinical education nationally and make recommendations for improvement.

Congratulations to all of who have made UCSF a national leader in medical education.

David M. Irby, PhD
Vice Dean for Education

II. Admissions

- A. Select the most qualified individuals to study medicine.
1. Reviewed a total of 5,298 initial applications, compared with the total of 5,222 initial applications in 2004.
 2. Invited 1,497 applicants to submit formal applications and letters of recommendation.
 3. Interviewed 538 candidates.
 4. Plan to enroll entering class of 141 students at UCSF, including 12 students in the MSTP. An additional 12 students enrolled at the UC Berkeley/UC San Francisco Joint Medical Program.
 5. Worked with the Medical Scientist Training Program to streamline and facilitate the interviewing, acceptance, and recruitment of outstanding MSTP applicants.
 6. Began processes of working with ISU to institute an electronic interview scheduling process and electronic overall process to work in conjunction with new AMCAS data processing service.
- B. Develop strategies for the recruitment of outstanding individuals and maintaining diversity within the entering class of 2005.
1. Coordinated programs in which current medical students meet with underrepresented students when they come to the campus for interviews.
 2. Supported Student Groups (Asian Health Caucus, Chicano/Latino Medical Student Association, Native American Health Alliance, Student National Medical Association), and other students so they could contact newly accepted students to answer questions, give information and encourage students to attend the Accepted Student Weekend and UCSF.
 3. Reviewed files of all accepted students and offered twenty Dean's Scholarships to entering students who, along with their outstanding academic records, have demonstrated previous service to the underserved.
 4. Coordinated the tours given by medical students to interested high school students, premedical students, premedical advisors or newly accepted students.
 5. Coordinated and funded (when necessary) the participation of the Associate Dean for Admissions, medical students, and Admissions staff at premedical conferences, fairs and programs at various undergraduate schools. Some of these visits were to UC Berkeley, UC Davis, Stanford University, San Francisco State University, City College of San Francisco and Xavier University. Fairs and Conferences attended were held for interested advisors and premedical students at Stanford, UC Irvine, UCLA/USC, California State University, Sacramento, California State University East Bay, American River College and during the American Medical Student Association meetings in Washington D.C.
 6. Funded and participated in the annual Accepted Student Weekend held at UCSF in early May.
- C. Appointed David Wofsy, MD to succeed Peter Ralston, MD as Associate Dean for Admissions.

III. Affiliations

- A. Ensure all institutional affiliation agreements are complete and up-to-date.
 - 1. Drafted, negotiated and/or amended over 100 affiliation agreements with outside institutions and training programs.
 - 2. Worked with GME to prepare for ACGME site visit in March.
 - 3. Developed new database and tracking system for all training agreements.

IV. Continuing Medical Education

- A. Improve delivery of CME Activities
 - 1. Presented 110 live courses, 50 regularly scheduled conferences, 13 preceptorships, and 26 enduring materials. Projections for the end of year include: Total enrollment of 23,666, with \$10.9 million in gross revenue (a \$630,000 increase from 2003-04). This year's activities will generate approximately \$1.2 million in surplus revenues for the clinical departments. Of the 110 live courses, the Department of Medicine planned 15 and the Department of Radiology planned 23. The Office of CME planned 23 courses for the following departments: Anesthesia and Perioperative Care; Epidemiology and Biostatistics; Family and Community Medicine; Neurology; Obstetrics, Gynecology and Reproductive Science; Otolaryngology - Head and Neck Surgery; Pathology; Psychiatry; Surgery; Urology; and the Dean's Office School of Nursing. Of these departments, Anesthesia and the School of Nursing worked with OCME for the first time in recent history. In addition, with the integration of the Department of Medicine CME operation into the Office of CME on January 1, 2005, OCME planned 11 additional courses for the Department of Medicine.
 - 2. The remaining 38 live courses were planned and presented by faculty and staff in the Departments of Anesthesiology & Perioperative Care; Dermatology; Family and Community Medicine (at SFGH); Orthopaedic Surgery; and Pediatrics, and with other UCSF partners that include the Academic Geriatric Resource Center, the Gladstone Institute; the Osher Center for Integrative Medicine, the Institute for Health Policy Studies; UCSF Fresno Program; UCSF School of Nursing; the State of California Department of Disability Services; the Society for Fetal Urology; the Society for Tennis Medicine and Science; and Wellpoint Foundation. Many of the activities presented were new and innovative. Presentation of new courses addressed topics in geriatrics; geriatric psychiatry; osteoporosis; ALS; pain management and complementary care; voice care; painful spinal disorders; addiction/substance abuse; metastasis and the lymphovascular system; balancing technology and humanism in medicine, and nurse midwifery. The office supported its second international lung cancer conference in China. Another international course on human papilloma virus was held in Vancouver, British Columbia, and Radiology continued its international presentation of courses with a first time course in South Africa.
 - 3. Continued work in innovative areas included the presentation of: medical

error cases offered on the Internet in partnership between the UCSF Department of Medicine and the Agency for Healthcare Research Quality; an Ob/Gyn course designed to help faculty meet the learning needs of medical students; an increased number of NIH-funded courses for faculty development in treating and managing HIV/AIDS; HIV/AIDS training for providers in correctional settings; the fourth year of a developmental disabilities course in partnership with the State of California and the UCSF School of Nursing; the third live conference on pain management and end-of-life care; and the third year of a nicotine dependence course.

4. UCSF activities continued to receive large amounts of support. 64% of UCSF CME live activities received support totaling \$3.8 million of which \$2.9 million was from commercial interests and \$964,000 was from government grants: Regularly scheduled conferences received commercial support totaling \$300,000; Enduring materials received support totally \$76,000 of which \$10,000 was from commercial interests and \$66,000 was from government grants.
5. Given the large amount of commercial support, there was continued substantial effort to ensure separation between education and product marketing.
6. Participated in UC CME Consortium discussions with the UC Office of the President's Division of Health Affairs office to ascertain what role the consortium might play in planning for improved population health and prison health in California.
7. Partnered with UC Davis in the presentation of a collaborative Ob/Gyn course. Each school had offered something similar in prior years and the decision was to offer one together. The partnership was deemed a good model worth continuing in the future.
8. Implemented new procedures in response to the release of the ACCME's updated Standards for Commercial Support in September 2004.
9. Used data included on completed faculty disclosure forms to incorporate potential conflict of interest data in the assessment of perceived bias for the 2004 calendar year.
10. Implemented the use of communication tool to course chairs about the effectiveness of their program and faculty speakers with suggestions for improvement as appropriate. Standard evaluations rate faculty on a five-point Likert scale. Course chairs review all evaluation date and are asked to discuss the ratings with any faculty whose overall score falls below 4.0/5.0.
11. Continued to strengthen the needs assessment process and documentation through increased education of faculty and staff. For the 2004-05 year, 100% of UCSF CME activities used at least two needs assessment strategies, with approximately 85% of all activities relying on all three of the strategies promoted by the ACCME.
12. Provided increased resources on the UCSF CME website (www.cme.ucsf.edu) to offer updates regarding policies, changes to the CME enterprise at the national, state, and local level, posting of updated forms, improved graphics, refinement of access to forms for Macintosh users, and inclusion of links to the Osher Lifelong Learning Institute catalog.

B. Expand marketing efforts to encourage greater awareness of UCSF CME program

1. Implemented the increased use of email to send course announcements on

a more routine basis. A calendar to plan the release of email announcements is near completion.

2. Consolidated the list of print and web-based advertising venues where UCSF CME activities may be posted.
3. Continued to enhance the UCSF CME website and course calendar. See www.cme.ucsf.edu
4. Realized an increase in volume of online registration from 40% for 2003-04 to 43% for 2004-05.
5. Increased the number of enduring materials produced from live conferences through a growing business relationship with CMEInfo.com. Six radiology courses are being added to the catalog along with the Annual Family Medicine Board Review Course and an updated version of Management of the Hospitalized Patient.

C. Improve administrative, financial, and computer systems to support CME

1. Continued to ensure broad campus and departmental representation on the UCSF CME Governing Board.
2. Integrated the Department of Medicine CME unit into the Office of CME effective January 1, 2005. This move further centralizes the UCSF CME operation and allows for greater economies of scale in purchasing goods and services, and improved adherence to ACCME standards.
3. Met with representatives from the Controller's Office, Accounts Payable to learn how the two units can best work together. Special emphasis was placed on managing honoraria and travel reimbursement for non-US citizens.
4. Completed a full year of using the electronic financial journals for all relevant transactions.
5. Participated in a campus-wide audit reviewing physical security associated with cash handling. The Office of CME was found to have effective systems for ensuring physical security.
6. Received a second year of funding from the Bernard Osher Foundation in support of a community based lifelong learning program and offered 12 courses to 600 participants for the academic year.
7. Underwent an organizational assessment to determine how best to create optimal communication in an optimal work environment. Implemented new practices for communication and initiated more formal and informal staff appreciation activities.

D. Improve UCSF CME program performance

1. Implemented revised procedures for communicating course results with course chairs specifically associated with individual presenters. This offers an opportunity for constructive feedback to presenters who fall below an overall rating of 4.0/5.0.
2. Maintained program evaluation data and found that for live courses presented in calendar 2004, 36% had a score of 4.5 overall or better, 61% had a score ranging between 4.0 and 4.49, and only 3% scored below 4.0. Two of these activities were first-time offerings and the third is a long-standing annual course. The course chairs and the Governing Board are aware of the findings and better ratings for the next presentation of the annual course are expected.

E. Continue the presence of UCSF leadership in the national CME community

1. Dr. Baron started his service in a two-year term as Chair of the University of California CME Consortium on July 1, 2004
2. Discussed with ACCME leadership the merits of the UCSF CME/UC CME Consortium approach of faculty attestation as a means for resolving conflict of interest. ACCME representatives applauded this approach, deeming it in keeping with the ACCME's intent and providing increased opportunity for learning.
3. Provided leadership for and/or participated in Society of Academic CME, American Association of Medical Colleges, Alliance for CME, and Food and Drug Law Institute meetings and discussions. Administrative director now serves as the Program Committee Chair for SACME.
4. Based on exemplary ratings for needs assessment from ACCME reaccreditation survey, continued to respond to requests for information from other programs about applying UCSF CME standards for needs assessment.
5. Assisted with UC system-wide policy discussion regarding patient protection efforts by serving on the UCSF HIPAA, ePHI committee in preparing the training for UCSF faculty and staff.
6. In partnership with the UCSF Schools of Dentistry, Nursing, and Pharmacy, Medical Center Marketing, the AGRC, and Public Affairs helped develop and lead the first full academic year of the UCSF Osher Lifelong Learning Institute, a community adult education program. Twelve courses were taught to over 630 attendees.

V. Curricular Affairs

A. Enhance the quality of undergraduate medical education.

1. Provide management and oversight to the curriculum.
 - a. Supported leadership for thorough reassessment of the Essential Core courses, resulting in re-location of two courses and establishment of a committee to oversee designated changes and quality improvement throughout all themes and disciplines; assessed outcomes of first year's restructuring of Foundations of Patient Care (FPC) and Problem-Based Learning (PBL).
 - b. Supported block-by-block implementation of the Essential Core, maintaining updated communications, supporting departmental administrators, and staffing oversight committees.
 - c. Coordinated participation of two dozen student ambassadors in curriculum design, resource development and dissemination, and another dozen in small group teaching.
 - d. Supported development and implementation of two pilot programs for 2005-6 Clinical Core students: Model SFGH and a progressive cohort.
 - e. Developed charge and scope for Task Force on Clinical Core Innovations
 - f. Consulted with course leaders for Longitudinal Clinical Experience (LCE), Intersessions and the capstone course, Coda.
 - g. Worked with new Committee on Student Assessment (COSA), charged with developing four-year plan for student assessment, developing competencies linked to ACGME's, aligning learning objectives with

- assessment measures, and preparing pilots for 2005-6.
- h. Continued working group progress on improving performance of web-based evaluation system for clinical courses and students.
 - i. Continued development of the Areas of Concentration programs, culminating in a successful cross-class symposium; each AoC now has defined foundational coursework, and leadership.
 - j. Monitored teaching hours by department, generated from Ilios.
 - k. Provided centralized curricular oversight for all four years of curriculum with Steering Committees for Essential Core and Clinical Studies, under the Committee on Curriculum and Educational Policy (CCEP).
2. Improve the quality and assessment of the curriculum.
 - a. Continued rigorous schedule and process of clinical clerkship benchmarking and improvement planning, within and across clerkships.
 - b. Implemented and assessed hand-held computing pilot program for tracking students' patient encounters and accomplishment of learning objectives; used results to select program for future required use, to be piloted 2005-6.
 - c. Sustained the expanded Clinical Skills Program, with mid-year "mini-CPX" for the full MS-3 class, Winter 2005, in our own dedicated Clinical Skills Center (CSC) and administering the California Consortium's Clinical Performance Exam (CPX) to all rising fourth-year students, June 2005.
 - d. Continued to support and further expand the Standardized Patients (SP) program to advanced interviewing (FPC), PBL cases, and end-of-second year OSCE's.
 - e. Continued successful fundraising for our Clinical Skills Center.
 - f. Sustained integrative exercises utilizing the anesthesia simulator to include all first-, second- third- and fourth-year students in the Coda course.
 - g. Monitored student interactions with faculty and residents in clinical rotations (cf. OCA section for process re: improving respectful clinical environment)
 - h. Implemented and assessed redesigned required capstone course for all fourth-year students.
 - i. Supported the continuation and development of many student-initiated electives and interest groups e.g. continued growth of the successful physician-scientist lecture series and journal club; formation of working groups and initiation of elective programs addressing health disparities.
 3. Support curricular innovation and program development.
 - a. Prepared and orchestrated two-day CCEP retreat on "Revisioning Clinical Education".
 - b. Advanced the proposal for new PRIME-US (health care and leadership for urban underserved) program component for UCSF SOM, developing broad-based working group and leadership.
 - c. Continued participation on UCSF's Interprofessions Education Task Force, developing curricular opportunities and material to support cross-school, collaborative and team-learning; supported an interprofessional team and project at the Harvard Macy Health Professions Education Program.
 - d. Initiated work on development of student learning portfolios.

B. Support students' progress through the curriculum and on to residency training.

1. Standardized flexible program options for students experiencing academic or personal difficulty to support completion of the preclinical curriculum and success on the USMLE exams.
2. Supported extensive tutoring services and assessments for students with learning challenges/ disabilities.
3. Continued support of the Medical Scholars Program to complement and enhance students' success in the Essential Core courses.
4. Supported extended study plans for approximately 40% of our students who add an extra year to do research; work abroad; take additional clerkships; complete joint degree programs; have time off for personal, health, or family reasons.
5. Produced Dean's letters of recommendation for 165 students graduating in 2005 – this was our pioneer class, entering with the new curriculum and matching exceptionally well.

C. Strengthen connections with related UCSF and external peer programs.

1. Joint Medical Program at UC Berkeley:
 - a. Supported and provided oversight to JMP, assessing students arriving for 2005-6 clinical core, the first graduates of the innovative PBL-based curriculum.
 - b. Participated in JMP orientation and student thesis presentations.
2. UCSF Fresno:
 - a. Strengthened UCSF Fresno education programs, conducting regular meetings with leadership of student programs in Fresno.
 - b. Supported visits by UCSF clerkship directors to Fresno clerkship sites.
 - c. Participated in a faculty development workshop on observation of clinical skills at Fresno
3. MD-DDS program:
 - a. Continued collaboration with program leadership to optimize experience and opportunities for expanded program participants.
4. Salinas and Santa Rosa Family Practice Clerkships:
 - a. Provided support to enhance communications and housing options for students, and participated in departmental site director development.
5. Office of Community Based Education (OCBE):
 - a. Consolidated support for recruitment and expanded faculty development for community preceptors.
 - b. 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).
 - c. Continued support for web database to manage preceptor recruitment and participation in education activities.
6. Consultations with peer institutions nationally regarding the curriculum change process: Stanford, Emory, UC Davis, University of Colorado, Brown.

D. Provide staff development and training.

1. 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.

2. Supported individual students as well as groups of students in their organization of electives, interest groups and other curricular and extra-curricular activities.
3. Supported and promoted students for appropriate recognition and awards.
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. Provided staff training to department administrators to enhance their skills in coordinating the Essential Core courses.
7. Employed and adapted the highest levels of technology in the delivery of student services.

VI. Educational Research and Faculty Development

A. Evaluate teaching and courses.

1. Supported the use and improvement of E*Value, a web-based evaluation system.
2. Initiated a new working group to oversee clerkship evaluation policies.
3. Supported and trained faculty and staff on evaluation-related issues.

B. Enhance Clinical Performance Assessment in the fourth year.

1. Supported online data entry and reporting system, WebSP, for the 2005 Clinical Performance Exam (CPX) and the 2005 "mini CPX" for mid-third-year students.
2. Revisited the contract for use of WebSP for all California Medical Schools (the California Consortium for the Clinical Performance Exam), and trained personnel from three schools in use of program.
3. Implemented online reporting to students on the CPX and mini-CPX scores.

C. Conduct educational evaluation and research.

1. Conducted program evaluation activities throughout the year.
2. 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.
3. Directed the Carnegie Foundation for the Advancement of Teaching's national study of medical education (M. Cooke and D. Irby)
4. Mentored approximately 20 faculty members on their educational research.

D. Conduct faculty development workshops.

1. Held a series of 7 faculty development workshops for 161 faculty.
2. Conducted 13 training workshops for 121 small group leaders in Essential Core Courses and Intersession.

3. Conducted Northern California Faculty Development Program for a dozen faculty.
- E. Conduct Teaching Scholars Program.
1. Conducted year-long Teaching Scholars seminar series for twelve faculty members:
 - a. Becker, David K, Department of Pediatrics
 - b. Chen, Helen, Department of Medicine - Geriatrics
 - c. Chen, Lisa L, Department of Medicine – Pulmonary
 - d. Collins, Adam B, Department of Anesthesia
 - e. Geertsma, Francesca R, Fresno Medical Education Program – Pediatrics
 - f. Hill-Sakurai, Laura E, Department of Family & Community Medicine
 - g. Kuo, Anda, Department of Pediatrics
 - h. Lai, Cindy J, Department of Medicine – DGIM
 - i. Lockspeiser, Tai M
 - j. Nagappan, Ramu, Dean`s Office/Med Ed
 - k. Shunk, Rebecca L, Department of Medicine - VAMC
 - l. Stuart, Elizabeth J, Department of Psychiatry
 - m. Vidyarthi, Arpana R, Department of Medicine - Hospitalists

VII. Educational Technology

A. General

1. The Office of Educational Technology was reorganized into three functional areas: Learning Technologies, Evaluations and Surveys and Educational Data.

B. Learning Technologies

1. Released Version 4 of Ilios, our curriculum management tool. Version 4 adds a more flexible calendar, with daily, weekly and monthly views, a PDA calendar download for Mac users, as well as numerous bug and user interface fixes and improvements.
2. Licensed Ilios Version 2 to the University of Arizona, University of Colorado, and University of California, San Diego.
3. Released Version 2 of the Learning Materials Toolbox developed by medical student Nardine Saad and OET. http://missinglink.ucsf.edu/lm/lm_toolbox
4. Supported 20 technology-based Curriculum Ambassador projects, which utilized students' experience in online learning to develop effective web-based resources.
5. Supported the computer requirement for incoming medical students. <http://medschool.ucsf.edu/irocket>
6. Partnered with the Library to staff a student computing help desk in S-165 and S-166.
7. Provided faculty development on WebCT training over 200 faculty and small group leaders in the Essential Core. Average instructor evaluation rating was 4.4/5.0.
8. Developed and offered a three hour Faculty Development Workshop on the use of digital teaching cases in various educational settings.
9. Developed and offered a three hour Faculty Development Workshop on the new peer review process of digital scholarship in education.
10. Completed a successful Academy of Medical Educators funded PDA Pilot

Project entitled “Enhancing undergraduate medical education using handheld computing: a pilot program during the UCSF Clinical Core curriculum.

11. Selected technologies from ArcStream Solutions, Inc and iAnywhere, to provide a patient encounter solution to allow medical students to track clinical experiences and measure encounter thresholds for competency-based education.
12. Developed a new iROCKET course to support the Areas of Concentration. This course serves as the primary point of integration and communication among the six areas of concentration.
13. Developed or supported the following electives or courses: Creative Writing, MSP, Coda, Topics in International Health, UTEACH: A Unique Experience About Childbirth & Health, Dental Ergonomics, Anatomy and Medical Evaluation of Musculoskeletal Disorders, Homeless Clinic/Homeless Health Elective, Neurology Resident Teaching Resources, Post Baccalaureate Program, Preceptorship in Emergency Medicine, Health Policy: Intro & Current Topics.
14. Continued running and managing online exams for Integration and Consolidation, Surgery 110 and a fourth-year radiology elective.
15. Finalized a set of nationally recognized peer review criteria for digital learning materials and established peer review processes for AAMC’s MedEdPortal and HEAL, working through the AAMC and HEALcentral.org.
16. Working with the Student Computing Committee under the charge of the Academic Computing Committee:
 - a. Developed joint student computer hardware and software requirement with nursing, pharmacy and dental schools.
 - b. Migrated all students to Microsoft Exchange mail with UCSF Information Technology Services (ITS).
 - c. Facilitated a strategic visioning retreat for UCSF student computing. Priorities are being developed for funding and implementation.
17. Developed pilot exercises for an ePortfolio system that includes a partnership with the Carnegie Foundation for the Advancement of Teaching to use their Keep ToolKit for documenting medical student projects and experiences.
18. Managed the content development and video production for the redesigned Admissions website. This included production of short streaming videos to be used as website features.
19. Revised the animated curriculum demo developed in FLASH, used on the School of Medicine’s curriculum and admissions websites.
20. Launched a new Office of Educational Technology website that reflects its new broader mission of a) learning technologies, b) evaluations and educational research, and c) management of educational data.
21. Participated in the development of the following UCSF School of Medicine Websites:
 - a. Admissions
 - b. Visiting Students
 - c. Professional Development
 - d. Facilitated Wellness project additions to Well-Being Site

C. Educational Data

1. Working with the Information Services Unit (ISU) we completed a high-level project plan for ISIS, the SOM’s new Integrated Student Information System. The goal of ISIS is to develop and provide medical education administration

- with a comprehensive interface for management of student data.
2. Began development of a data model to allow UCSF to inherit all medical student data from the Advanced Informatics E*Value application. This data migration will allow the school to manage and query evaluation data in-house.
 3. Developed and implemented a procedure for requesting ad hoc reports and education data sets.

D. Evaluations and Surveys

1. Completed an analysis of the E*Value implementation and developed a plan for improving the management of E*Value and improving customer satisfaction. This plan included:
 - a. Establishment of an Evaluations Help Desk with phone and email service.
 - b. Centralization of user management
 - c. Replacement of monthly users meetings with a regular newsletter to E*Value coordinators and establishment of a Coordinators Development Series.
 - d. Closed all outstanding E*Value technical issues that were tracked and managed by the CCOC appointed E*Value Working Group. This group's charge was ended.
 - e. Centralized management of E*Value user data.
 - f. Recharged the members of the E*Value Working Group to become the Evaluations Policy Working Group.
2. Established the format, content and publication schedule for clerkship benchmarking and essential core reports.
3. Formalized the setup of CPX activities in WebSP and established protocols for analyzing CPX data.
4. Developed and implemented consultation procedures for educational research projects, including the design of educational instruments, data collection and advice of data analysis.

VIII. External Programs

- A. Develop strategies for maintaining diversity within the entering class for 2004.
 1. Appointed Alma Martinez, MD to be Director of Outreach and Academic Advancement.
 2. Hosted Accepted Student Weekend for 21 underrepresented minority admitted students and 72 non-minority admitted students.
 3. Conducted the Post Baccalaureate Program. Ten participants completed the program held during the 2004-05 academic year. Two applied to medical school this year and both will be matriculating in the fall. The remainder will apply in the coming year. This brings the overall program total of acceptances to 92.75 percent since 2000. Fifty-seven percent of those are in California medical schools; 48 percent are in UC medical schools.
 4. Hosted the seventh annual medical school admissions workshop for 215 undergraduate students/advisors from all over California.
 5. Conducted workshops/talks on site at three local community colleges.
 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.

7. URM Mentoring Program: Supported URM mentoring program for UCSF minority medical students, residents, and faculty members. Hosted six workshops from September 2004 to March 2005. Workshops included: Mentoring and Community Building, Medical School Changes and Challenges, Culture Shock—Preserving Your Identity in the Culture of Medicine, All in the Family—Medicine’s Effect on Personal Life, Expectations of Minorities: Invisible Weight, and Community Practice: Freedom of Choice & Obligations. Attendance by students and faculty ranged from 23 attendees to 69 attendees per session.
8. In fall 2004, developed and implemented a formal Pre-Med Group Visit program in which undergraduate clubs or organizations may visit the School of Medicine, receive a tour and talk by staff member or faculty member. Faculty were recruited to serve on a speaker list from the Academy of Medical Educators. Student groups must be sponsored by a premed advisor or undergraduate school faculty member.

IX. Graduate Medical Education

A. Comply with ACGME Requirements

1. Successfully completed an ACGME Institutional Reaccreditation.
2. Improved compliance with Duty Hours; continued monthly GMEC reviews of Internal Medicine, Pediatrics and Surgery.
3. Conducted faculty development sessions on the ACGME Six General Competencies regarding “Best Practices- How I do it.” Published information on this session on the GME website.
4. Reviewed all programs in regards to the General Competencies
5. Developed Phase III of GME computer database to track Program Director attestations of Duty Hours
6. Attended and represented Dean’s Office at Residency Review Committee site visits for program reaccreditation.
7. Revised and conducted web based Annual Resident Survey for all 72 accredited programs.
8. Updated Tracking Documents of comments/citations by Residency Review Committees, Internal Reviews, and Lunch With the Senior Associate Dean.
9. Instituted new program named “Annual Program Review” in which the Senior Associate Dean meets with the Program Director of each residency program and the Department Chair for tailored review of each residency.
10. Reviewed and updated each of the GME Institutional policies.

B. Support the Resident Council

1. Activities by the Resident Council included:
 - a. Hosting monthly dinners, appointed co-chairs and created listserv.
 - b. Successfully proposing a Housing Allowance for ACGME residents and fellows \$500/month.
 - c. Adopting a new policy to allow housestaff access to long white coats.
 - d. Proposing for Ombudsperson for housestaff.

C. Promote diversity among Housestaff

1. Named Margaret Wheeler, MD as the new Chair of the GMEC subcommittee diversity with focus on recruitment of and support for underrepresented minority housestaff.

D. Enhance Graduate Medical Education programs School-wide

1. Created new lecture series on “Resident Well-Being” organized with Andrew Parker, PhD, FSAP counselor that continued the focus on “Resident Well-Being”
2. Revised, updated and conducted new resident and new fellow orientations (two days).
3. Facilitated Patient Care Fund working directly with UCSF Medical Center administration and Residents Committee.
4. Continued publication on “Residents Report” newsletter.
5. Created Resident Well-Being proposal.
6. Continued Program Coordinators Quarterly Meetings (PCQM), hosted by Director of Operations for GME.

E. Ensure compliance with guidelines, rules, and regulations of the University of California, and various regulatory agencies.

1. Revised and implemented new “Annual Update” of 72 ACGME training programs.
2. Conducted Internal Review of 60 accredited programs as required by ACGME and revised and implemented ACGME Internal Review Protocol.
3. Revised and conducted web based Annual Resident Survey.
4. Reorganized system of annual resident/fellow appointment and reappointment. Trained Program Coordinators (72) in the new system.
5. Revised monitoring system of assurance of timely California State medical licensure for each trainee.
6. Implemented and revised UCSF policy and requirement regarding foreign trainees.
7. Revised and improved recharge system for resident/fellow salaries from affiliated hospitals and retrieved outstanding balances.
8. Revised Clinical Competencies for each training program and posted on UCSF Medical Center Intranet.
9. Renegotiated annual benefits package (health insurance, etc) for residents and fellows with Medical Center, Human Resources and benefits vendors.
10. Assisted UCSF Medical Center with implementation of new Housing Allowance for housestaff.

X. The Haile T. Debas Academy of Medical Educators

A. Support and reward outstanding teachers:

1. Recognized outstanding performance as a teacher and educator through Academy membership:
 - a. Continued the rigorous, objective review process, including the addition of one nationally recognized external reviewers for a total of eleven.
 - b. Selected fourth group of 12 members, representing eight departments,

- three of which were currently unrepresented.
- c. Three members accepted positions outside the university, one member chose not to continue membership due to other commitments; membership now totals 57.
2. Twenty-two Academy members honored with teaching awards.
 3. Issued fifth call for applications for membership. Fifth group to be inducted September 19, 2005.
 4. Announced the fourth annual Kim award, \$2000, awarded annually to 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. This year's recipient is Maria Wamsley, MD who plans to enjoy a family vacation at Legoland.
 5. Enhanced impact of outstanding performance in teaching and education on academic advancement at UCSF:
 - a. Expanded meetings to describe selection process to include chiefs at SFGH and SFVAMC in addition to department chairs, departmental promotions committees, Vice Dean for Academic Affairs, and Committee on Academic Personnel (CAP).
 - b. Continued to promote the institutionalization of the educator's portfolio to document work as teacher/educators among faculty and departments with the introduction of the E*Value component of the workshops. Three educator's portfolio workshops were held. Appointed Marty Bogetz to represent the Academy in Educator's Portfolio work within the School of Medicine.
 - c. Expanded the number of those trained to give educator's portfolio workshops.
 6. Advanced the matched chair program:
 - a. Chancellor Bishop appointed four Academy members to matched chairs:
 - i. Dermatology – Timothy Berger, MD - Endowed Chair in Dermatology Medical Student Education
 - ii. Neurology – Ann Poncelet, MD - Mr & Mrs. David George Rowe & Stephen W. Rowe Endowed Chair for Teaching Neurology
 - iii. Pathology – Henry Sanchez, MD - Endowed Chair in Pathology Medical Student Education
 - iv. Radiology – James Rhea, MD - Hideyo Minagi Endowed Chair
 - b. The Sexton Sutherland Endowed Chair in Human Anatomy, established as of June 21, 2004, remains unfilled.
 - c. Six additional chairs shepherded through various stages of the approval process:
 - i. Epidemiology & Biostatistics – Salvatore P. Lucia Chair in Preventive Medicine (chair exists; will become an Academy chair)
 - ii. Family & Community Medicine – The Permanente Medical Group Teaching Chair in Primary Care
 - iii. Family & Community Medicine – Vitamin Settlement Endowed Chair in Community Medicine II
 - iv. Obstetrics, Gynecology & Reproductive Sciences – Delayed Naming
 - v. Otolaryngology – Head & Neck Surgery – Endowed Chair in Otolaryngology Education
 - vi. Urology – Endowed Chair in Urologic Medical Education (Jack W. McAninch End Chair in Med Ed eventually)
 7. Developed and managed a process for the distribution of the remaining chairs. In addition to Otolaryngology mentioned above, the remaining chairs

are promised to Cellular & Molecular Pharmacology, Orthopaedic Surgery, and Pediatrics (2).

8. Clarified expectations governing the uses of endowment funding.
9. Established the expectation that endowed chair holders will function as liaisons to their departments.

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. Continued to use various identity elements to enhance the “brand” awareness of the Academy.
 - b. Welcomed new members with a celebration that included nationally known scholar Ken Bain, PhD, author of *What the Best Teachers Do* and a dinner at the World Trade Club.
 - c. Conducted quarterly meetings of the Academy membership. A model has been established of combining Academy business with some form of development. In October, the focus was on well-being, led ably by Bill Clark and Hanna Sherman from the American Academy on Physician and Patient. In January, Manny Pardo hosted a gathering at SFGH for a simulator learning experience. In March, we met at the zoo where Sophia Vinogradov and Maria Wamsley introduced observer training for the Teacher Observer Project (TOP). In June at our Annual Retreat, the agenda included more TOP training and an overview in aiding the troubled resident given by Harry Hollander.
 - d. Under the efficient leadership of Communications working group chair, Lowell Tong, published our first hard copy, “glossy” annual update to rave reviews.
 - e. Published quarterly updates with a new look using HTML.
2. Highlighted school-wide educational activities and provided services useful to all teachers and educators:
 - a. Enhanced the Academy website under the creative management of Office Manager Christine Khuu and established the Website Division of the Communications working group to better monitor the site in an effort to update regularly.
 - b. Sponsored the fourth annual “Education Day” April 18, 2005 featuring:
 - i. Presentations of 48 education projects conducted by medical students, residents and faculty members
 - ii. Guest speaker Price Kerfoot, MD from the Academy at Harvard Medical School
 - iii. Other presenters were Tai Lockspeiser, Medical Education Fellow; Cindy Lai, MD, Medicine; Nripendra Dhillon, MBBS, Anatomy
 - iv. Offered four workshops including:
 - Giving a Dynamic Lecture by Susan Masters, PhD and Dan Lowenstein, MD
 - Advising the Troubled Student by Carol Miller, MD
 - The Resident as Teacher by Maria Wamsley, MD, Margo Vener, MD, and Kathy Julian, MD
 - Learning Principles: Translating Theory into Practice by Jo Shapiro, MD our second guest from Harvard

- v. This year was our second year of an exchange between Harvard Medical School and UCSF. Other workshops In October 2004 Manuel Pardo, MD and Sharad Jain, MD traveled to Harvard for their Education Day.
- c. Re-energized the Faculty Development working group under the direction of Maria Wamsley, MD and Sophia Vinogradov, MD. Projects launched by this group include:
 - i. The TIP/TOP program which encourages faculty to observe master teachers and be observed by trained Academy members. Most Academy members have been trained. Observation of teachers requesting supportive and formulative feedback has begun. Nine consultation have been performed to date.
 - ii. A teaching awards program that focuses on different domains of teaching. The first group of sixty-five were honored for their excellence in direct teaching.
 - iii. An Outreach program in which Academy members speak with non-Academy faculty who have been identified as having a strong interest in education.
 - iv. Expanded website with links to other faculty development resources in process.
- d. Further utilized the Assessment of Impact working group. Under the able direction of Dan Lowenstein, this working group surveyed all the teaching faculty to assess knowledge of and attitude towards the Academy and perceptions of climate for teachers and teaching in the School of Medicine. The group also analyzed the CVs of Academy members to determine the impact of membership on the careers of members.
- e. Developed a successful Works-In-Progress series to assist in reviewing education-related presentations, manuscripts, and funding proposals at various stages of development.
- 3. Developed and implemented departmental outreach program:
 - a. Twenty departmental liaisons appointed (nine out of nine matched endowed chairs plus 11 others).
 - b. Departmentally based programs include Educator's Portfolio workshops, mentoring for junior faculty, and presentation about AME initiated.
- 4. Conducted and supported faculty development efforts relevant to medical education:
 - a. Conducted three workshops on the educator's portfolio during 2004-05, with an E*Value segment with the help of the Office of Medical Education.
 - b. Supported the two-year, mentored fellowship in medical education research in conjunction with the Office of Medical Education. This fellowship provides intellectual and salary support to promising faculty members while they are establishing a program of medical education research and/or curricular development and evaluation. The current fellows are Michael Rabow, MD and Carrie Chen, MD.

A. 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 2004-2005 totaled \$222,408 for the following projects:

- a. Assessing and Enhancing Students' Interviewing Skills with interpreters in the Mini-CPX
 - b. Deepening and Expanding the Concept of Professionalism: An Intensive Healer's Art Retreat for 3rd and 4th-year Medical Students on Service, Values, Relationships, Commitment, and Meaning in Medicine.
 - c. Developing an Observed Structured Teaching Exam at UCSF
 - d. Developing Community Partners for the Area of Concentration in Community Health and Advocacy
 - e. Enhancing Undergraduate Medical Education Using Handheld Computing: A Pilot Program During The UCSF Clinical Core Curriculum
 - f. Integration of Health Policy into Medical School Curriculum: Theme and Area of Concentration.
 - g. Medical Education Elective as the First Elective in the Medical Education Area of Concentration
 - h. Teaching the Musculoskeletal Exam: A Pathophysiology-Focused Approach
 - i. Teaching the Sexual Interview through Interactive Videotapes
 - j. Third Year Medical Student Review of Basic Anatomy During the Surgery 110 Rotation
2. Selected new projects for funding beginning on July 1, 2005 in the amount of \$160,360. Funded projects for the new cycle are:
 - a. A Collaborative Approach to the Advanced Studies Curriculum for 4th-Year Medical Students Interested in Careers in Emergency Medicine, Radiology, or Neurology
 - b. Interdisciplinary Chronic Disease Education: Introducing Third-Year Medicine and Pharmacy Clerkship Students to Chronic Illness Management through an Inpatient Curriculum and Patient Follow-Up Visits
 - c. Rethinking Genetics in Medical Education: An Innovative, Integrated Medical Genetics Curriculum
 - d. A Longitudinal Evaluation Plan for Area of Concentration Participants
 - e. A Curriculum for Integrating Incarceration Health Studies and Public Health for Multidisciplinary Students and Community Preceptors: A Proposal under the Area of Concentration in Community Health and Advocacy
 - f. Creating and Coordinating for Change: Working Group on Health Disparities Curriculum
 - g. Developing the Social Sciences Track of the Newly Reconfigured Area of Concentration in the Humanities and Social Sciences in Medicine
 3. Significantly enhanced oversight and active support of funded Innovations Funding projects.
 4. Established tracking database and monitoring system.

XI. International Programs

- A. Administer programs that prepare students for global health careers and support the pursuit of their interests while insuring adequate supervision and safety.
 1. Administered selection process for Study Abroad Funding. Reviewed 58 applications for summer 2004 funding, funded 45, and awarded \$30,900 for Summer 2004. Reviewed 31 applications for quarterly funding from

September 2004 through June 2005; funded 28 students for a total of \$23,405 during this period.

2. Instituted co-funding agreement with Office of Student Research, whereby 50% of the total grant amount is paid by each office, allowing for appropriate international preparation, record-keeping and liability measures to be taken for international research recipients.
3. Administered selection process for Rainer's Fund Travel Grants (\$18,000) and funded six students from Schools of Medicine and Nursing for summer 2005.
4. Selected four UCSF medical students to travel to China with the UCSF-Peking Union Medical College Student Exchange Program in March-April 2006.
5. Hosted four students from Peking Union Medical College while they completed rotations at UCSF as part of the UCSF-PUMC Exchange Program.
6. Conducted interview process to select one UCSF and one JMP student to participate in the UC-Mexico Student Exchange Program in Cuernavaca.
7. Conducted two, two-part workshops on preparation for study abroad.
8. Conducted elective course: Topics in International Health, Epi 180.10, completed by 47 medical students and 25 students from Pharmacy, Nursing, and Dentistry.
9. Offered backup support for the 4th-year core course for the Area of Concentration in Global Health in collaboration with the Department of Epidemiology

B. Publicize opportunities and support for global health education programs and careers for students.

1. Maintained Office of International Programs website with postings of international placement opportunities for students, funding sources, ongoing event announcements, International Health courses, policies, and other resources.
2. Worked with Information Services Unit developers to build database of student experiences and opportunities, now in testing phase. Students are now able to submit their trip reports on line, as well as search trip reports submitted by other students.
3. Selected and coached a student to provide oral presentation at AoC Symposium on April 27, 2005 and recruited three students to show posters on their upcoming summer projects.
4. Convened the 3rd Annual UCSF Global Health Symposium on April 28, 2005. Selected three student winners of \$200 best abstract prize to present their recent international research projects, and three winners and three "honorable mention" in the International Photography Contest.
5. Presented overview of International Programs at UCSF Accepted Students Weekend, attended by more than 80 potential incoming students, and also presented at Orientation, re-Orientation and Intersession.

C. Develop opportunities and support for global health education programs and careers for students.

1. Facilitated student placements in Uganda (two students at a time).
2. Created a funded summer research fellowship position in Croatia for one

UCSF student.

D. Build a cohesive global health community at UCSF and beyond.

1. Chaired the program committee and hosted the 14th Annual IHMEC Conference in San Francisco on March 30 - April 1, 2005 after a full year of planning.
2. Hosted the 7th Annual International Health Conference at UCSF on April 2, 2005
3. Met with representatives from Nursing, Pharmacy and Dentistry regarding cooperation on events and programs for students to study abroad, and to identify areas where we can work together.
4. Participated in the UC International Leaders Committee to address issues of international education across the UC system. Established and chaired Health Sciences Subcommittee
5. Convened two meetings of the International Programs Advisory Committee (IPAC), a faculty and student advisory body to the Office of International Programs.
6. Collaborated with contacts at Harvard Medical School to share ideas about the administration of the PUMC Student Exchange Program.

XII. 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 including individual and couples treatment, consultation and referral, medication evaluation and psychopharmacologic treatment.
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 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. Conducted on-going discussion groups for students to address reactions to the process of becoming a physician.
2. For Third-Year Students:
 - a. Conducted 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.
- 3. For Fourth-Year Students:
 - a. Facilitated adjustment to internship for fourth-year medical students through session in Coda course entitled "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. Coordinated and implemented 5 part monthly series entitled, "Keys to Professional Success for Minority Students," as part of the Mentorship Program for Minority Medical Students.
 - c. Revised and taught course "Women Physicians of Color" and "Male Physicians of Color" as an elective for first- and second-year students in the winter.
 - d. Served as advisor and consultant for Office of External Programs.

XIII. Student Affairs

- A. Develop and improve student programs.
 - 1. Continued to expand the activities of the five Advisory Colleges to reach out to students who have academic difficulties.
 - 2. Committed the Advisory Colleges to advise students on the new curriculum initiatives of the Areas of Concentration and to sign off on student choices for Longitudinal Clinical Experience (LCE) preceptor assignments
 - 3. Offered the following Advisory College Activities:
 - a. Career Workshops
 - b. workshops for Med 2s
 - c. workshops during Intersessions I, II and III for Med 3s
 - d. Summer Opportunities workshops for Med 1s
 - e. Dinner with the Dean for Med 1s
 - f. Step 1 USMLE Board Prep panels for Med 2s
 - g. Faculty panel (mentors) to speak on interview skills and personal statement writing for Med 4s
 - 4. Organized and funded the following social events
 - a. Orientation lunches, holiday party in December, three vertical event dinners per college, Teaching Award dinners, end of year farewell for 4th year students, end of first year picnic
 - 5. Provided a liaison function with Student Health Services and worked to expand student health insurance coverage.
 - 6. Supported student involvement in community service and co-sponsored visiting professorship in Fall 2004 (Dr. Kay Redfield Jamison)
 - 7. Targeted student mistreatment as an area of improvement.
 - a. Centrally oversaw data concerning "Respect" questions on student evaluations of housestaff and faculty
 - b. Communicated with clerkship directors and department chairs about residents and faculty with high rates of mistreatment of students
 - c. Met individually with faculty to provide remediation regarding student mistreatment.
 - d. Made presentations to faculty on an appropriate educational climate
 - 8. Served as the link to the campus-wide Bioterrorism and Communicable Disease effort

B. Expand student career advising programs.

1. Supported the training of five Advisory College mentors on a two-day Careers in Medicine (AAMC) program
2. Conducted career advising services for all third year students during Intersessions as well as first and second year students. Further career advising services were offered through department faculty advisors, career choice workshops, Career Fairs, AAMC Careers in Medicine 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.
7. Administered to the MS4s a Post-Match Survey in order to provide better data to students who are applying to residency programs.
8. Dealt with the Committee and Human Research (CHR) over questions of whether the AAMC Graduation Questionnaire (GQ) needed CHR approval. Obtained CHR approval to administer the AAMC GQ.
9. Held Residency Information Meetings with Dean Kessler, department chairs and career advisors for Medicine, Psychiatry, Pediatrics, Anesthesia, Emergency Medicine, Radiation Oncology and Family Medicine.

C. Professionalism Evaluation System.

1. Oversaw the professionalism evaluation system and counseled all students who received a physicianship evaluation report.

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

XIV. Student Research

A. Promote student research.

1. Promoted further interest in research among students through presentations

- at Accepted Student Weekend, informational meetings twice during the school year, and numerous one-on-one meetings with students to discuss research opportunities and facilitate linkage with potential faculty mentors.
2. Successfully completed a fourth year of Clinical Research Fellowships for five students through funding from the Doris Duke Charitable Foundation.
 3. Increased number of students funded to conduct research:
 - a. 77 Dean's Summer Fellowships.
 - b. 12 Genentech Fellowships.
 - c. 33 Quarterly Research Fellowships.
 - d. 14 year-long fellowships (HHMI, Cloisters, Doris Duke, Fulbright, independently funded through investigator or multiple fellowships/scholarships).
 4. Organized Research Day Poster session with research prize ceremony, and included Joint Medical Program students.
 5. Implemented the "The Science of Medicine and the Physician-Investigator" Area of Concentration, and had 4 graduating students complete the program.
 6. Provided support to allow the weekly "Student Research Journal Club" (a student-led journal club meant for both MSTP students as well as any other students with an interest in research) to continue through the summer.
 7. Assisted five students with completion of the MD with Thesis Program; enrolled 19 students in MD with Thesis Program for 2006.
 8. Received renewal of \$77,000 grant from Genentech Foundation for Student Research Program and Diversity Encore Program. Submitted renewal application for 2006.
 9. Established the "Certificate Program in Biomedical Research (CPBR)," which is designed to promote year-long, full-time research by students. Formally approved by Graduate Council in 5/05. Also, received a \$100K/year x three-year commitment from the SOM to pay for most or all of the CPBR fees.

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 EM, Hauer KE. A cross-sectional descriptive study of mentoring relationships formed by medical students. *Journal of General Internal Medicine*. 2003 Apr, 31 (2): 61-7.
 2. Aagaard EM, Irby DM, Teherani A. Teaching points identified by preceptors observing one-minute preceptor and traditional preceptor encounters. *Acad Med*. 2004 Jan; 79(1):50-5.
 3. Aagaard EM, Irby D, Teherani A. Effectiveness of the one-minute preceptor model for diagnosing the patient and the learner: proof of concept. *Acad Med*. 2004 Jan; 79(1):42-9.
 4. Alper EJ, Clayton CP, Hauer KE, Hershman WY, Whelan AJ, Woolliscroft JO. Educational responses to declining student interest in internal medicine careers. *In revision, American Journal of Medicine*.
 5. Baird CH, Dhillon N, Price DD, Rohde D, Rosenson J, Tabas JA. A comprehensive unembalmed cadaver-based advanced emergency procedures course for medical students. *Academy of Emergency Medicine*. Accepted March, 2005.
 6. Buchanan D, Glick SB, Jain S, Kehoe L, Rohr L. Changing attitudes towards

- homeless people: a curriculum evaluation. *J Gen Int Med* 2004; 19 (5 Pt 2): 566-8.
7. Chen HC, Kamei RK, Loeser, H. Residency is Not a Race: Our 10-year Experience with a Flexible Schedule Residency Training Option. *Academic Medicine* 79(2004);447-452
 8. Cooke M, Irby DM, Lowenstein D, Richards B. Academies: A structural approach to reinvigorating the educational mission. *Academic Medicine* 2004; 79:729-36
 9. D'Alessandro DM, Johnson-West J, Kingsley P, Kreiter CD, Peterson MW. An Analysis of Patient Care Question of Pediatricians at an Academic Medical Center. *Amb Pediatrics*. Jan-Feb; 4(1):18-23, 2004.
 10. D'Alessandro DM, Kinzer SL, Kreiter CD, Peterson, MW. A Randomized Controlled Trial of an Information Prescription for Pediatric Patient Education Information on the Internet. *Arch Peds*. 158(9):857-62, 2004.
 11. D'Alessandro DM, Kreiter C, Peterson MW. An evaluation of information seeking behaviors of general pediatricians. *Pediatrics* 113(1): 64-69, 2004.
 12. Drey E, Landy U, Learman L, Lewis R, Steinauer J. Obstetrics and gynecology resident satisfaction with an integrated, comprehensive abortion rotation. *Obstetrics and Gynecology* 2005; 105(6).
 13. Elliot S, Ferguson K, Peterson MW, Kreiter C. Computer-based testing: initial report of extensive use in a medical school curriculum. *Teach. Learn Med*. 16(1):51-9, 2004.
 14. Flanders S, Hauer KE, Wachter RM. "Hospitalists in Medical Education." In: *Program Manual, Association of Program Directors in Internal Medicine (APDIM)*, 8th Edition, 2004.
 15. Greenberg L, Loeser H, Morgenstern B. Untimely Loss, Lasting Legacy. *J Pediatr* 2005; 146:299-300
 16. Hauer KE & Irby DM. "Effective Clinical Teaching in the Inpatient Setting." In: *Hospital Medicine, 2nd edition*. Wachter, Robert M, ed. Lippincott Williams & Wilkins. 2005.
 17. Hodgson CA, Kohatsu ND, Papadakis MA, Teherani A. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. *Acad Med* 2004; 79:244-249 and reprinted in the *Journal of Medical Licensure and Discipline* 2004; Vol. 90, No. 1.
 18. Irby D, Kuo A, Loeser H. Does Direct Observation Improve Medical Students' Clerkship Experiences? *Medical Education* 2005; 39: 518
 19. Kreiter C, Mandel J, Peterson MW, Rowat J. Medical students' use of information resources: Is the digital age dawning? *Acad. Med*. 79(1): 89-95, 2004.
 20. Papadakis MA. Perspective. Clinical Skills Examination. *New Engl J Med* 2004; 350: 1703-1705
 21. Patterson P, Rosenson J, Tabas JA. Teaching invasive procedures to medical students. *JAMA*. 2004 Jan 7; 291(1):119-20.
 22. Persily G, Reavie KT, Souza KH. Integrating Medical Informatics into the School of Medicine Curriculum. In *A Guide to Developing End-User Education Programs in Medical Libraries*. Edited by Elizabeth Connor. Binghamton, NY: Haworth Press, Inc. 2005.
 23. Satterfield, J.M. Behavioral and social science education in the medical school curriculum at the University of California, San Francisco. In *Institute of Medicine (Ed.), Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula* (pp.36-37). Washington,

D.C., National Academies Press. (2004).

24. Topp K. Prosection versus dissection: the debate continues, for the *Anatomical Record*; 281B:12-14, 2004.

B. Publications in Press

1. Aagaard EM, Dechet, A, Hauer KE, Teherani A. Characterizing medical student mentoring relationships: a focus group study. *Medical Teacher*.
2. Aagaard EM, Julian K, Perez-Stable EJ. Factors affecting medical students' choice of Internal Medicine residency: do minority applicants differ from majority applicants? *JNMA*.
3. Auerbach AD, Hauer KE, McCulloch CM, Wachter RM, Woo G. Effects of hospitalist attendings on trainee satisfaction with attending teaching and internal medicine rotations. *Archives of Internal Medicine*, 2004; 164:1866-1871.
4. Banach M, Hodgson CA, Papadakis MA, Teherani A. Domains of unprofessional behavior during medical school associated with future disciplinary action by a state medical board. *Acad Med* 2005.
5. Bharel M, Jain S. A longitudinal curriculum to improve resident teaching skills. *Medical Teacher*.
6. Hauer KE, Hodgson CS, Irby DM, Kerr KM, Teherani A. A National Study of Medical Student Clinical Skills Assessment. *Academic Medicine*. 80 (2005): S25-29S
7. Hauer KE, Ratanawongsa N, Teherani A. Experiences with death and dying during the third year medicine clerkship: a qualitative study of the informal curriculum. *Academic Medicine*. 80 (2005): 641-647
8. Loeser H, Papadakis MA. Using critical incident reports and longitudinal observations to assess professionalism. In *Assessing Professionalism. A Source Book*. ed. DT Stern. Oxford Press.

C. Presentations at regional or national meetings, and at other universities.

1. Aagaard EM, Baron RM, Burkholder L. Strengthening geriatric competencies of primary care residents: enhancements in curriculum, clinical experiences and evaluation. *Poster presentation given at SGIM Regional Meeting. May 2001*.
2. Aagaard EM, Baron R, Lai C. An Evaluation of Reading Habits of Primary Care Internal Medicine Residents While on Ambulatory Care Rotation. Poster Presentation at SGIM Annual Meeting, May 2005; Oral presentation UCSF Medical Education Day 2005.
3. Aagaard EM, Chen HC. Cultivating the Medical Educators of Tomorrow: A Medical Education Elective and Program for Students. Poster Presentations at Society of General Internal Medicine, May 2005; Pediatric Academic Societies' Annual Meeting, May 2005; Western Graduate Education Association, April 2005; UCSF Medical Education Day 2005.
4. Aagaard EM, Chen HC, Loeser H, Lyss PJ. Introductory Course for the Medical Education Area of Concentration. *Poster Presentations, WGEA, April 2005, UCSF Medical Education Day, 2005*.
5. Aagaard EM, Chen HC, Loeser H, Lockspeiser T. Grooming the Next Generation of Medical Educators: Use of the Educator's Portfolio. COMSEP Annual Meeting, Greensboro NC April 2005. Poster

6. Aagaard EM, Chen HC, Loeser H, Lyss P. Introductory Course for the Medical Education Area of Concentration. WGEA annual meeting, and UCSF AME Medical Education Day, April 2005. Poster
7. Aagaard EM, Irby D, Teherani A. A Comparison of Learner and Teacher Perceptions of the One-Minute Preceptor Model for Training. *Poster Presentation, AERA Annual Meeting, April 2005.*
8. Aagaard, E, Chen HC, Lockspeiser T, Loeser H. The Educator's Narrative: Use of the Educator's Portfolio in a Medical Education Elective. *Poster Presentation, WGEA, April 2005; COMSEP, May 2005. Oral Presentation at UCSF Medical Education Day 2005.*
9. Aagaard EM, Chen HC, Cooke M, Croughan M, Irby D, Loeser H, Tuttle D. *Creation of the Medical Education Area of Concentration* – poster presentation. Western Group on Educational Affairs and Western Group on Student Affairs joint meeting, Asilomar CA 2004
10. Autry M, Jackson R, Learman LA. *Re-defining professionalism in the era of duty-hour restriction.* Abstract Presentation. CREOG/APGO 2005 Annual Meeting, Salt Lake City, Utah.
11. Basaviah P, Chen C, Chou C, Muller J, Shore W, Tong L. A Clinical Interlude: Introducing First Year Students to Inpatient Settings. STFM Predoctoral Education Conference, January 30, 2005
12. Basaviah P, Chen HC, Chou C, Muller J, Shore W, Tong L. *A Clinical Interlude: Introducing First-year Students to Inpatient Settings* – oral presentation. (presented by Muller and Shore at the Predoctoral Education Conference) Society of Teachers of Family Medicine, New Orleans LA, 2005
13. Basaviah P, Chen HC, Khayam-Bashi S, Plank R, Youmans S. InTICE: Innovative Transitional Inter-professional Clinical Education. Medical Education Day, April, 2005, UCSF
14. Basaviah P, Chen HC, Khayam-Bashi S, Plank R, Youmans S. InTICE: Innovative Transitional Inter-professional Clinical Education. Harvard Macy Program for Health Science Educators. May, 2005, Harvard School of Medicine.
15. Basaviah P, Chen HC. Transitional Curricula in the Pre-Clinical Setting. CCEP Retreat, 2005, UCSF
16. Basaviah P, Fang M, Vidyarthi A. Surviving and Succeeding as a Young Academic Hospitalist. UCSF Hospital Medicine CME, San Francisco, CA 2004
17. Braveman M, Hauer KE, Lindsay J, Loeser H. Assessing and Enhancing Students' Interviewing Skills with Interpreters in the Mini-CPX. UCSF AME Medical Education Day, April 2005. Poster.
18. Brohi K, Campbell AR, Cohen MJ, Dhillon N, Hodgson C. "Integrated Clinical Anatomy Education: An Effective Multimedia Course for third year students". The Haile T. Debas Academy of Medical Educators sponsored; UCSF's Fourth Annual Medical Education Day, April 18. 2004(invited speaker).
19. Brohi K, Campbell AR, Cohen MJ, Dhillon N, Hodgson C. "Clinical relevant anatomy review: A new model for Clinical Teaching". Western Groups on Educational Affairs' Regional Conference; Denver, CO; April 1, 2005 (poster presentation).
20. Brohi K, Campbell AR, Cohen MJ, Dhillon N, Hodgson C. "Integrated clinical anatomy education: Multimedia course for the surgical clerkship". Association for Surgical Education 25th Annual Meeting, New York, NY April

- 30, 2004 (poster presentation).
21. Chen HC, Ermoian R, Hauer KE, Learman L, Loeser H, Satterfield J. Committee on Student Assessment: Aligning Skill Acquisition and Evaluation. UCSF AME Medical Education Day, April 2005. Poster
 22. Chen HC, Gonzalez JL. *Beyond the One Minute Preceptor: Improving Learner Diagnostic Skills* – workshop. Innovations in Medical Education Conference, University of Southern California, Los Angeles, CA
 23. Chittenden E, Jain S, Wilson M. “Designing an Experiential Elective on Supportive Care for Dying Patients.” Society of General Internal Medicine Annual Meeting, May 2005
 24. Cicoletti C, Hauer K, Loeser H, Mayfield CH, Souza KH. “A Visual Game Plan for making Electronic Portfolios a Reality” 29th Annual Innovations in Medical Education Exhibits. Association of American Medical Colleges Annual Meeting, Boston, MA. November 5-10, 2004.
 25. Cooke M, Cornett P, Jain S. “Getting Credit for What You Do: Designing an Educators Portfolio.” Association of Program Directors in Internal Medicine Annual Meeting, April 2005
 26. Ermoian R, Haber R, Shore W, Vener M, Wilson E. *Model San Francisco General: A Pilot Project for the 3rd Year Curriculum*, Poster at UCSF Medical Education Day, 2005.
 27. Ermoian R, Loeser H, Nagappan R, Souza K. Curriculum Ambassadors as Agents for Change: the First Five Years. UCSF AME Medical Education Day. Poster
 28. Fernandes R, Rabow MW, Remen RN. “Deepening and Expanding the Concept of Professionalism: The Development of an Intensive Healer’s Art Retreat for 3rd and 4th Year Medical Students on Service Values, Relationships, Commitment and Meaning in Medicine.” Poster presented at the UCSF Academy of Medical Educators’ Education Day, April 16, 2005, San Francisco, CA.
 29. Fernandes R, Rabow MW. “What it’s Really Like: A Panel Discussion Addressing the Hidden Curriculum in End-of-Life Care on the Wards.” Poster presented at the UCSF Academy of Medical Educators’ Education Day, April 16, 2005, San Francisco, CA.
 30. Fulton TB, Hyland K, and Kruidering-Hall M. (2005) Practice makes perfect: Early feedback from a ‘mock’ small group teaching session drives teaching improvement. Poster presentation at UCSF Education Day.
 31. Fulton TB, Hyland K, Kruidering-Hall M, Masters S. (2004) Basic science postdoctoral fellows are effective small group leaders. Poster presentation at International Association of Medical Science Educators meeting, New Orleans, LA.
 32. Fulton TB, Hyland K, Kruidering-Hall M, Masters S. (2004) Postdoctoral fellows from basic sciences are effective small group leaders for medical students. Poster presentation at UCSF Education Day.
 33. Fulton TB, Hyland K, Kruidering-Hall M. Closing the gap: opportunities to actively implement feedback reduce the difference in ratings for overall effectiveness between novice and experienced small group leaders. Poster, to be presented at International Association of Medical Science Educators meeting, Los Angeles, CA. (2005)
 34. Goldberg H. Fleischner. Lecture at Harvard Medical School - Changes in Medical Student Experiences in Radiology 1960’s to Present
 35. Guiton G, Hauer KE, Hodgson CS. Standardized Patient Examination

- Performance and Specialty Choice among Fourth-Year Medical Students at Two Medical Schools. American Educational Research Association Annual Meeting, 2005. (oral abstract)
36. Hauer KE, Teherani A. Effects of student gender and standardized patient gender on clinical performance examination scores. Clerkship Directors in Internal Medicine Annual Meeting, 2004. (poster)
 37. Hauer KE. *Seventh Annual Review of Medical Education*, Clerkship Directors in Internal Medicine Annual Meeting. 2004
 38. Hauer KE. *Teaching Strategies for New Clerkship Directors*, Clerkship Directors in Internal Medicine Annual Meeting. 2005
 39. Hauer KE. *Getting Started in Qualitative Research, Workshop Co-Coordinator*, Clerkship Directors in Internal Medicine Annual Meeting. 2004
 40. Hauer KE. *Utilizing Hospitalists in Teaching Hospitals*, Plenary speaker, AAIM Forum for Chiefs and Chairs of Departments of Internal Medicine. 2004
 41. Hodgson CS, Rabow MW. "Learning in the Shadow of Death: The Hidden Curriculum in End-of-Life Care." Poster presented at the Annual Meeting of the American Educational Research Association: April 14, 2005, Montreal, Canada.
 42. Hughes E. Complementary and Alternative Medicine Curriculum: Perspectives on Integration of Key Elements from Three Academic Medical Institutions with NIH R25 Grants, co-presented with Drs. Anne Nedrow and Rita Benn at the national meeting of the American Association of Medical Colleges, 11/04.
 43. Hughes E. Invited speaker at the educational symposium "Technology and Humanism in Medicine" at UC Fresno 4/05: "Humanism in Medicine".
 44. Irby D, Jain S, Loeser H, Muller J. Varying Perceptions of Integration in a New Medical School Curriculum. WGEA annual meeting 2004. Plenary presentation.
 45. Irby D, Kuo AK, Loeser H, Miller CA. Does Direct Observation Improve the Medical Student Clerkship Experience? Pediatric Academic Societies annual meeting 2004. Poster.
 46. Jain S, Wortis N. "Designing an Area of Concentration in Community Health and Social Advocacy." Society of General Internal Medicine Annual Meeting, May 2005
 47. Julian K, Morrison E, Vener M, Wamsley M. *Objective Structured Teaching Evaluation*, Poster at the Society of General Internal Medicine Spring Conference, 2005.
 48. Julian K, Morrison E, Vener M, Wamsley M. *Objective Structured Teaching Evaluation*. Poster at UCSF Medical Education Day, 2005.
 49. Julian K, Shore W, Vener M, Wamsley M. *Longterm Outcome from an Objective Structured Teaching Evaluation*, Presented at the Society of Teachers of Family Medicine Predoctoral Conference, May 2005.
 50. Khayam-Bashi S. *The Joys and Challenges of Caring for the Underserved*, published in San Francisco Medicine, September 2004 Issue
 51. Khayam-Bashi S. *Spirituality & Cancer*, Cancer Awareness Resources and Education (C.A.R.E.) patient groups, SFGH
 52. Muller J. *Developing a Curricular Theme in Sociocultural and Behavioral Sciences: The Experience of One Medical School.*, Society of Teachers of Family Medicine Predoctoral Education Conference, Albuquerque, NM, 2005

53. Muller J. *Innovative Student Facilitation in a Clerkship Family Medicine Seminar*. Society of Teachers of Family Medicine Predoctoral Education Conference, Albuquerque, NM, 2005
54. Novotny TE, Osmond D. Second Generation Behavioral Surveillance Training. Andrija Stampar School of Public Health, Zagreb, Yugoslavia, June 2004.
55. Novotny TE, Rutherford GW. Training in Clinical Research—Focus on HIV/AIDS. Andrija Stampar School of Public Health and the University Hospital for Infectious Diseases, Cavtat, Croatia, June 2004.
56. Novotny TE. Careers in International and Public Health—Focus on Activism. AMSA National Meeting, San Francisco, November 20, 2004.
57. Novotny TE. Meeting the Educational Challenge for Global Health. International Health Medical Education Consortium Plenary Panel Speaker. San Francisco, CA April 1, 2005.
58. Novotny TE. New Trends in Global Health Education—The UCSF Area of Concentration. International Health Medical Education Consortium Panel Speaker. San Francisco, CA April 1, 2005
59. Papadakis MA. Grand Rounds. Medical Grand Rounds, SFVAMC, December 2004
60. Papadakis MA. Invited Presentation. Ackerman Symposium, Harvard Medical School, April 2005
61. Papadakis MA. Invited Presentation. American Dental Education Association Annual Meeting, Baltimore, March 2005
62. Papadakis MA. Keynote Speaker. American Association of Medical Colleges Society for Academic Continuing Medical Education November 2004
63. Papadakis MA. Keynote Speaker. American Association of Medical Colleges Group on Student Affairs November 2004
64. Papadakis MA. Keynote Speaker. Harvard Medical School Academy Education Day October 2004
65. Papadakis MA. Keynote Speaker. University of Florida, Miami, February 2005
66. Papadakis MA. Named Lecture. Jack McGovern Lecture, Baylor College of Medicine, February 2005
67. Pardo M. Poster presentation (and first author on abstract) on Educational Scholarship at UCSF, 2004 AAMC meeting, Innovations in Medical Education Exhibit
68. Pardo M. Poster presentation on Handheld computing Innovations Funding project at 2005, UCSF Medical Education Day
69. Pardo M. Poster presentation on simulator program at 2005 International Meeting on Medical Simulation
70. Rabow MW. From the Blackboard to the Bedside: An Empiric Assessment of Correlates of the Hidden Curriculum in End-of-life Care Medical Education [Abstract]. *J Gen Intern Med*. 2005; 20, S1:156. Also presented as a poster at the Society of General Internal Medicine National Conference, May 14, 2005, New Orleans, LA.
71. Rabow MW. Learning in the Shadow of Death: Medical Student Training Experiences and Role Modeling in End-of-Life Care [Abstract]. *J Gen Intern Med*. 2005; 20, S1:159. Also presented as a poster at the Society of General Internal Medicine National Conference, May 12, 2005, New Orleans, LA.
72. Robertson P. *Teaching LGBT Primary Care Health Issues to Medical*

- Students: the UCSF Experience*, Women in Medicine Conference (Lake Lanier, Georgia), 2005.
73. Robertson P. *Teaching Strategies to Maximize Medical Student Education* Panel for Core Resident Lecture Series”, UCSF, 2005.
 74. Robertson P. *Web-Based Evaluation of Medical Students on the Third Year Obstetrics and Gynecology Rotation* for the Deans of Medical Schools in Vietnam within the week-long course “Vietnam Curriculum Reform and Reproductive Health Course at UCSF, (San Francisco, CA), 2004, 2005.
 75. Tabas J. *ultrasound Guidance facilitates learning of Arterial Blood Gas Sampling*. Society for Academic Emergency Medicine, Orlando, FL. 2004.
 76. Yu A. *A Longitudinal Third-Year Medical Student Curriculum in Community-Oriented Primary Care*, Seminar, The 31st STFM Predoctoral Education Conference, Albuquerque, NM, January 2005

XVI. National Awards, Recognition and Leadership

1. Novotny TE, Hall T. Velji AM. Conference Co-chairs. Annual meeting of the International Health Medical Education Consortium. San Francisco, CA, March 31-April 1, 2005.
2. Novotny TE. UCSF Representative, UC Senior International Leaders Council; Chairman, Health Sciences Subcommittee
3. Novotny TE. UCSF Representative on UC-wide Steering Committee, Institute for Global Conflict and Cooperation (Dissertation Funding Application Reviewer)
4. Papadakis, MA. Chair, Western GSA 2004-2005
5. Papadakis, MA Councilor, National AOA 2004-
6. Irby, D, NBME, Board Member