

University of California  
San Francisco



School of Medicine

Office of Medical Education  
**Annual Report**  
*2005-2006*



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Annual Report**

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## Executive Summary

During the 2005-06 academic year, the pioneering spirit in medical education continued unabated. We:

- Reorganized the interdisciplinary block courses in the Essential Core following an extensive review that resulted in exchanging Metabolism and Nutrition formerly taught in the second year with the Cancer Course formerly in the first year. The new block rotations were offered in 2006.
- Created two new clerkship pilots – a six month set of rotations at San Francisco General Hospital and at the SFVAMC. A third pilot is being planned for Parnassus to begin in 2007.
- Appointed a new leadership team in Graduate Medical Education
- Planned and conducted the 2006 School of Medicine Leadership Retreat under the theme of “Advancing Inquiry, Discovery and Innovation”. This has launched an educational research initiative and a curriculum development process that will continue to reform undergraduate and graduate medical education at UCSF.

Dr. Bobby Baron served as Interim Associate Dean for Graduate Medical Education in the fall of 2005 and was appointed Associate Dean for GME in February 2006. Under his leadership, a new team of educational leaders is working with program directors to improve the quality of medical education for residents and fellows. In the spring, UCSF was selected to join five other medical schools in an invitational conference sponsored by the AAMC to develop research programs to connect innovations in GME with patient care outcomes. This launched a new line of research that resulted in a major grant application.

This year we welcomed Dr. Patricia O’Sullivan who became the Associate Director for Educational Research in the Office of Medical Education, Co-Director of the Teaching Scholars Program and Director of the Fellowship in Medical Education Research. She has made a significant contribution to the advancement of medical education research at UCSF. The education leadership team, the Teaching Scholars and Academy members published 36 peer reviewed journal articles and 8 chapters; gave 90 presentations at local, regional and national professional meetings; and received 27 honors and awards for teaching. Drs. Molly Cooke and David Irby continued their research on medical education for the Carnegie Foundation for the Advancement of Teaching.

The global leadership of UCSF faculty in education is evidenced by two week-long workshops: one for the health science faculty at MUCHS in Tanzania (led by Drs. Helen Loeser, Susan Masters, Pat O’Sullivan and Kevin Souza and co-sponsored by UCSF Global Health Sciences) and one in Serbia (led by Drs. Igor Mitrovic, Kathy Hyland and Marieke Kruidering-Hall).

Congratulations to all of who have made UCSF an international leader in medical education.

David M. Irby, PhD  
Vice Dean for Education

## **I. Admissions**

- A. Select the most qualified individuals to study medicine.
  - 1. Reviewed a total of 5,574 initial applications, compared with the total of 5,298 initial applications in 2005 (an increase of 5%).
  - 2. Invited 1,610 applicants to submit formal applications and letters of recommendation (an increase of 7.5%).
  - 3. Interviewed 558 candidates (an increase of 4%).
  - 4. Plan to enroll entering class of 141 students at UCSF, including 12 students in the Medical Scientist Training Program (MSTP). An additional 12 students enrolled at the UC Berkeley/UC San Francisco Joint Medical Program.
  - 5. Worked with the MSTP to streamline and facilitate the interviewing, acceptance, and recruitment of outstanding MSTP applicants.
  - 6. Instituted an electronic interview scheduling process and worked on the development of a totally electronic system for reviewing applications.
- B. Develop strategies for recruiting outstanding individuals and maintaining diversity within the entering class.
  - 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. Substantially increased the scholarships available to first-year students and coordinated activities with the office of Student Financial Services such that awards were made in time to influence applicants' decisions.
  - 4. Coordinated activities with the new Director of Outreach and Academic Advancement (Dr. Alma Martinez) to increase participation by the Associate Dean, faculty, staff, and students at premedical conferences, fairs and programs at various undergraduate schools as well as regional and national meetings.
  - 5. Conducted a very successful Accepted Student Weekend at UCSF in April.
  - 6. Improved the Admissions portion of the SOM website.

## **II. Academy of Medical Educators**

- A. Support and reward outstanding teachers.
  - 1. Continued the rigorous, objective membership selection process, and selected fifth group of 13 members, representing seven departments, now totaling 67.
  - 2. Developed more inclusive criteria for membership to include those whose focus is on resident education but who impact medical student education.
  - 3. Rebecca Jackson, MD received the fifth annual Kim Award, \$2000, given 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.
  - 4. Enhanced impact of outstanding performance in teaching and education on academic advancement at UCSF:
    - a. Initiated process to explore making the educator's portfolio a part of the Folio project.
    - b. Continued to promote the use 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. Two educator's portfolio workshops were held.

5. Greatly advanced the matched chair program:
  - a. Chancellor Bishop appointed five Academy members to matched chairs:
    - Anatomy – Kimberly Topp, PhD – Sexton Sutherland Endowed Chair in Human Anatomy
    - Epidemiology & Biostatistics – George Rutherford, MD – Salvatore P. Lucia Chair in Preventive Medicine
    - Family & Community Medicine – William Shore, MD – The Permanente Medical Group Chair in Primary Care
    - Otolaryngology – Head and Neck Surgery – Andrew Murr, MD – Roger Boles, MD Endowed Chair in Otolaryngology Education
    - Urology – Paul Turek, MD – Endowed Chair in Urology Medical Education
  - b. Hideyo Minagi Endowed Chair (Radiology) is currently unfilled following the departure of the chair holder. The chair will be filled on July 1, 2006.
  - c. Orthopaedic Surgery – Academy Chair in Orthopaedic Surgery Education established but not yet filled.
  - d. Five remaining chairs at various stages of process:
    - Cellular & Molecular Pharmacology – Academy Chair in Pharmacology Education
    - Family & Community Medicine – Vitamin Settlement Endowed Chair in Community Medicine II
    - Obstetrics, Gynecology & Reproductive Sciences – Delayed Naming
    - Pediatrics – Abraham Rudolph Chair in Pediatric Education
    - Pediatrics – Academy Chair in Pediatric Education
- B. Foster teaching excellence and build a community of teachers and educators within the School of Medicine.
  1. Strengthened a sense of identity within the Academy:
    - a. Continued to use various identity elements to enhance the “brand” awareness of the Academy including use of an Academy template for presentations.
    - b. Welcomed 13 new members at a celebration with Daniel Federman, MD from Harvard Medical School as the keynote speaker.
    - c. Conducted quarterly meetings of the Academy membership, and in June Academy leaders met with selected outside stakeholders in a strategic planning process.
    - d. Published second “glossy” annual update with many new features and wider distribution.
    - e. Continued to publish electronic updates.
  2. Highlighted school-wide educational activities and provided services useful to all teachers and educators:
    - a. Continued improvement of the Academy website.
    - b. Sponsored the fifth annual “Education Day” on April 17, 2006.
    - c. Continued Faculty Development with TIP/TOP Program.
    - d. Conferred teaching rewards on 62 non-academy faculty members.
    - e. Joined forces with OME in the ESCape series to assist in reviewing education-related presentations, manuscripts, and funding proposals at various stages of development.
  3. Further developed the departmental liaison program:
    - a. Eighteen departmental liaisons appointed
    - b. Continued departmentally based programs including Educator’s Portfolio workshops, mentoring of junior faculty, presentations about AME, teaching skills, and encouragement to apply for Academy membership.
  4. Conducted and supported faculty development efforts relevant to medical education:

- a. In conjunction with OME, conducted two workshops on the educator's portfolio during 2005-06.
  - b. Continued support of 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 05-06 fellows are Michael Rabow, MD and Carrie Chen, MD.
- 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 2005-2006 totaled \$160,360 for the following projects:
    - 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.
  - 2. Selected new projects for funding beginning on July 1, 2006 in the amount of \$252,344.80. Funded projects for the new cycle are:
    - a. Resident Physician and Faculty Members' Ratings of Adequacy of Dermatologic Teaching in Medical School: A Preliminary Study in the Development of a Standardized Dermatology Curriculum.
    - b. Assessing Inter-Professional Communication Skills in Health Professional Trainees.
    - c. Evaluation of a Multimedia Interactive Learning Experience.
    - d. An Interdisciplinary, Relationship-Centers, Cross-Clerkship Curriculum at VAMC SF.
    - e. Self Contained Tutorials of Movement Disorders Using Video Examples.
    - f. Creating and Coordinating for Change: Working Group on Health Disparities Curriculum.
    - g. Vision for Life: Ophthalmology from Preemies to the Elderly.
    - h. Transforming 'Professionalism' from Concept to Practice: Teaching Third-Year Medical Students and Medicine Residents Concrete Professionalism Skills in Provider Transitions of Care.
    - i. A Novel Instructional Approach to Teaching Bedside Abdominal Ultrasonography Using a Self-Directed, Interactive Flash Multimedia Module for Preclinical and Clinical Medical Students.
    - j. Modernizing the UCSF School of Medicine's Teaching on Tobacco Effects and Treatment across Disciplines and All Four Years of Training.
    - k. Can you hear it? Developing a Comprehensive Case-Based Cardiac Physical Exam Curriculum for All Four Years of Medical School.
    - l. Model SFGH: Longitudinal Mentoring, Self Assessment, and Learning.

- m. Improving the Transition to 3rd Year: An Interdisciplinary "Pre-Clerkship" at SFGH.
  - 3. Continued oversight and active support of funded Innovations Funding projects.
  - 4. Maintained tracking database and monitoring system.
- D. Establish outside funding for the Academy of Medical Educators:
  - 1. Secured a second \$50,000 in funding from the Drown Foundation.
  - 2. Continued relationship with Edward Kim who plans to endow the Kim Award. The Academy will fund the award while the endowment is being established.
- E. Strengthened Academy governance and administrative structure to include:
  - 1. Expanded role of Harry Hollander, MD, Associate Director, to oversee working groups and other internal operations, and hired an AAIIL.
  - 2. Executive Committee, comprised of chairs of Academy working groups and three members at large, met monthly to assist in planning and oversight of the operations of the Academy.
  - 3. Established new Educational Policy and Advocacy working group.
  - 4. Re-energized the GME working group to advise on membership criteria and to support residents as teachers.
  - 5. Continued the work of six other active working groups to accomplish the work of the Academy:
    - a. Assessment of Impact
    - b. Communications (with Annual Update, Quarterly Update and Website Sub-Groups)
    - c. Faculty Development
    - d. Innovations Funding
    - e. Membership
    - f. Scholarship
  - 6. Enhanced the role of the Advisory Board, comprised principally of non-Academy members and a second year medical student, in providing input on important issues.

### **III. Continuing Medical Education**

- A. Improve delivery of CME Activities:
  - 1. Presented 128 live courses, 49 regularly scheduled conferences, 5 preceptorships, and 23 enduring materials. Figures for calendar 2005 reflect the following: total enrollment of 21,779, with \$12.4 million in gross revenue and a return of \$1.75 million in surplus revenue to clinical departments. Of the 128 live courses, the Department of Radiology planned 21 and the Department of Anesthesia planned 4. The Office of CME planned 51 courses for the following departments: Anesthesia and Perioperative Care; Epidemiology and Biostatistics; Family and Community Medicine; Neurology; Obstetrics, Gynecology and Reproductive Science; Orthopaedic Surgery; Otolaryngology - Head and Neck Surgery; Pathology; Pediatrics; Psychiatry; Surgery; Urology; and the Dean's Office School of Nursing. Of these departments, Orthopaedic Surgery, Pediatrics and the UCSF Fresno Program worked with OCME for the first time in recent history.
  - 2. The remaining 52 live courses were planned and presented by faculty and staff in the Departments of Anesthesiology & Perioperative Care; Dermatology; Family and Community Medicine (at SFGH); Ophthalmology; Radiation Oncology; 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 School of Nursing; the US Department of Veterans Affairs, the North American Taiwanese Medical Association; the Society for Hospitalized Medicine; Patients out of Time; and Walden House.

3. Continued to offer new and innovative courses. UCSF CME approved several new courses addressing topics over a variety of health issues including: Huntington's disease; risk reduction with beta blockers; depression; breast oncology; image guided adaptive radiotherapy; macular degeneration; innovations in medical and surgical care, and orthopaedic trauma. A number of courses were planned for the first time in recent history through the Office of CME. These included the 39<sup>th</sup> Annual Advances and Controversies in Clinical Pediatrics; 22<sup>nd</sup> Annual Cardiology for the Practitioner, and the 51<sup>st</sup> Annual LeRoy C. Abbott Society Scientific Program and 27<sup>th</sup> Annual Verne T. Inman Lectureship. Radiology continued its international presence with the delivery of a first time course in Australia.
4. Continued work in innovative areas including the expansion of courses offered in geriatrics, specifically live courses in acute care, mental health, a year long faculty scholars program, and a training of trainers conference. In addition, AGRC introduced CME into its online curriculum developed to further enhance lifelong learning in geriatrics. The online medical error case curriculum offered as a partnership between the UCSF Department of Medicine and the Agency for Healthcare Research Quality added several new modules and maintains a robust enrollment. Ob/Gyn again offered its presentation on enhancing teaching skills as a thank you to volunteer clinical faculty; The AETC continued to receive NIH-funding for faculty development in treating and managing HIV/AIDS; HIV/AIDS training for providers in correctional settings. This year was the fifth time OCME collaborated with the State of California and the UCSF School of Nursing in presenting a conference on developmental disabilities. Patients Out of Time, a national medical marijuana advocacy nonprofit group held their fourth annual meeting in California and UCSF was the CME provider.
5. UCSF activities continued to receive outside support. 58% of UCSF CME activities received support totaling \$4.8 million of which \$3.5 million was from commercial interests and \$1.3 million was from government grants. Live conferences received \$3.1 million in commercial support and \$906K in government grants. Regularly scheduled conferences received commercial support totaling \$326K; Enduring materials received government grant support totaling \$404K.
6. As a member of the UC CME Consortium the UCSF CME program continued discussion with Cathryn Nation, MD and Jeffrey Hall of the UC Office of the President's Division of Health Affairs to ascertain how the consortium might assist in meeting patient care and workforce needs in California. Additional discussion was held on how the consortium might facilitate physician learning for legislation, such as AB1195, which requires all California licensed physicians incorporate cultural and linguistic competency as part of their CME learning plan.
7. With the adoption of the revised Standards for Commercial Support, the ACCME requires that providers must identify and resolve potential conflicts of interest as part of the faculty disclosure process. In partnership with the four other UC CME Consortium programs, the Office of CME developed and implemented new procedures over late spring and early summer 2005 to ensure compliance with the new requirements. Training of campus constituents is complete. As part of the revised standards, CME providers are expected to complete the conversion so that course planning for activities presented from November 2006 on meets the new criteria. UCSF CME has successfully implemented its revised planning process and all activities are now compliant with the revised standard, five months ahead of schedule.
8. Captured and analyzed conflict of interest data from the revised faculty disclosure forms. Preliminary data indicated that of the 202 planning committee

- member disclosures, 137 or 68% had no relevant financial relationships to disclose.
- B. Expand marketing efforts to encourage greater awareness of UCSF CME program:
    - 1. Established and implemented the use of a rotating calendar to facilitate the release of standardized UCSF CME email announcements.
    - 2. Issued a 2006 calendar featuring school-wide CME activities and distributed it through direct mail and as a hand-out at live conferences.
    - 3. Improved communication with print and web-based advertising venues to increase the posting of UCSF CME activities.
    - 4. Realized an increase in volume of online registration from 43% for 2004-05 to 50% for 2005-06.
    - 5. Produced the first Office of CME services brochure.
  - 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. Purchased an audience response system for use at live conferences and made it available to other OME units.
    - 3. The Office of CME maintained financial independence for 2005-06 and projects an operating surplus.
    - 4. Received an additional \$20K from the Audio Digest Foundation toward the CME Endowment.
    - 5. Completed the renegotiation of hotel contracts to reduce risk exposure and more realistically align the contracts to program needs.
  - D. Improve UCSF CME program performance:
    - 1. Systematized 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.
    - 2. Analyzed program evaluation data and found that for live courses presented in calendar 2005, 41% had a score of 4.5 overall or better, 54% had a score ranging between 4.0 and 4.49, 1% scored below 4.0, and 4% did not address the question.
  - E. Continue the presence of UCSF leadership in the national CME community:
    - 1. Dr. Baron continued his service as Chair of the University of California CME Consortium.
    - 2. Prepared for an initial discussion between the ACCME and UC CME Consortium to lead a state-wide effort to link state health quality performance data, CME, physician behavior, and patient outcomes.
    - 3. Dr. Baron and Leslie Aguayo authored two articles for publication in *San Francisco Medicine*, the regular magazine of the San Francisco Medical Society. One article addressed CME and online learning and the second addressed cultural and linguistic competency.
    - 4. 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 served as the Program Committee Chair for SACME through 2005-06.
    - 5. Consulted with the Dartmouth CME Office which was interested in using the UCSF CME website as a model for its own redesign process.

#### **IV. Curricular Affairs**

- A. Enhance the quality of undergraduate medical education.
  - 1. Provide management and oversight to the curriculum.

- a. Supported re-location of two courses within the curriculum and quality improvement throughout all themes and disciplines in the Essential Core.
  - b. Supported block-by-block implementation of the Essential Core.
  - c. Consulted regularly with course leaders for Longitudinal Clinical Experience (LCE), working to integrate LCE into pilot clerkships and to develop a reflective component for students.
  - d. Worked with Intersession course leaders to deliver best evaluated course to date for 2005-6, and to develop proposal for fourth week of Intersession for 2006-7.
  - e. Worked with the leaders of the capstone course, Coda, to refine the curriculum and requirements, and to transfer departmental support for the course to Surgery.
  - f. Transformed working group on improving performance of web-based evaluation system for clinical courses and students to an OET service, with consultation as necessary from course directors and administrators.
  - g. Continued development of the Areas of Concentration programs, culminating in a successful cross-class symposium; each AoC now has defined foundational coursework, and leadership.
  - h. Monitored teaching hours by department, generated from Ilios, and reviewed with department chairs.
  - i. 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 of the curriculum and the assessment of students.
    - a. Participated with the Committee on Student Assessment (COSA) on its longitudinal four-year plan for student assessment: developing competencies linked to ACGME's; aligning learning objectives with assessment measures; and recommending future program structure.
    - b. Continued regular schedule of clinical clerkship benchmarking and implemented "stepback" process for improvement planning, within and across clerkships.
    - c. Piloted and implemented hand-held, web-based program, "EncounterIt", to track students' patient encounters & accomplishment of learning objectives.
    - d. Continued work on development of student learning portfolios.
    - e. Continued the expanded Clinical Skills Program in our dedicated Clinical Skills Center (CSC), with mid-year "mini-CPX" for the full MS-3 class, Winter 2006, and the California Consortium's Clinical Performance Exam (CPX) for all rising fourth-year students, June 2006.
    - f. Continued to support and further expand the Standardized Patients (SP) program to advanced interviewing (FPC), PBL cases, and end-of-second year OSCE's, and initiated planning to utilize for integrated assessments.
    - g. Continued successful fundraising for our Clinical Skills Center.
    - h. Maintained integrative exercises utilizing the anesthesia simulator for all first-, second- and third-year students.
    - i. Monitored student interactions with faculty and residents in clinical rotations (cf. OSA section for process re: improving respectful clinical learning environment).
    - j. 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. Participated in preparation and implementation of two-day Dean's leadership retreat on promoting Inquiry, Innovation and Discovery in Education.

- b. Consulted regularly with faculty leadership to pilot subsequent innovation in the Clinical Core, supporting development for 2006-7 Clinical Core students of additional VA-based pilot program, VALOR, as well as implementation of the second run of Model SFGH and ORACLE, a progressive cohort.
  - c. Developed charge and scope for two runs of a pilot “First Clerkship,” and oversaw implementation in April and June, 2006.
  - d. Continued to advance the proposal for new PRIME-US (health care and leadership for urban underserved) program, developing broad-based working groups and leadership, and admitting 10 students to pilot for 2006 from within 153 accepted UCSF and JMP cohort.
  - e. Continued participation on UCSF’s Interprofessions Education Task Force, developing curricular opportunities and material to support cross-school, collaborative and team-learning; planned an orientation day event for September 2006; supported development of a community-outreach nutrition and healthy behavior program; collaborated on development of cross-school curriculum development in clinical research training.
  - f. Supported successful grant applications for enhancing the Social and Behavioral Sciences, geriatrics, and chronic illness care in the curriculum.
- B. Support students’ progress through the curriculum and on to residency training.
- 1. Maintained flexible program options for students experiencing academic or personal difficulties in order to support completion of the Essential Core curriculum and success on the USMLE exams.
  - 2. Supported tutoring services and assessments for students with learning challenges/disabilities.
  - 3. Supported extended study plans for approximately 40% of our students who add an extra year-to-degree to do research; participate in medical education projects; work abroad; take additional clerkships; complete joint degree programs; take time off for personal, health, or family reasons.
  - 4. Produced Dean’s letters of recommendation for 145 students graduating in 2006 – culminating in a remarkably successful match.
- C. Develop and enhance student participation in curriculum development and teaching.
- 1. Coordinated participation of two dozen student ambassadors in curriculum design, resource development and dissemination, and another dozen in small group teaching.
  - 2. Continued support of the elective Medical Scholars Program to complement and enhance students’ success in the Essential Core courses.
  - 3. Standardized structure for student teachers in many essential Core courses, either as part of Med. Ed. Elective, as part of Med Ed. AoC, or as “Course Leadership” interns.
  - 4. Supported and mentored one Med. Ed fellow for the 2005-6 year.
  - 5. Recognized MS-4 teaching quality at Essential Core teaching awards.
- D. Strengthen connections with related UCSF and external peer programs.
- 1. Supported increased MSTP class size and related requisite administrative and curricular creativity and flexibility.
  - 2. Strengthened connections with Joint Medical Program at UC Berkeley:
    - a. Supported and provided oversight to JMP, assessing students arriving for 2006-7 clinical core.
    - b. Participated in JMP orientation to the clinical core year and student thesis presentations.
  - 3. Provided oversight of 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 curriculum development mini-retreat at Fresno for clinical course innovation at that site.
  - 4. Continued OMFS (Oral and MaxilloFacial Surgery) program:
    - a. Continued collaboration with program leadership to optimize experience and opportunities for participants in this joint MD-DDS program.
  - 5. Supported Santa Rosa Family and Community Medicine Clerkship; Salinas FCM and Ob/Gyn clerkships:
    - a. Provided support to enhance communications and housing options for students, and participated in departmental site director development.
  - 6. Provided director to 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.
  - 7. Consulted with peer institutions nationally and internationally regarding the curriculum change process: University of Arizona; UC Davis; Brown; University of Queensland, Australia; Muhimbili University College of Health Sciences (MUCHS) in Dar es Salaam, Tanzania; University of Kragujevac, Serbia
- E. Provide staff development and training.
  - 1. Continued the model of service excellence for staff interactions 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, community service, interest groups and other curricular and extra-curricular activities.
  - 3. 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 to 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.

## V. Educational Technology

### A. Learning Technologies

- 1. Released Version 5 of Ilios, our curriculum management tool. ISU implemented the following Version 5 features:
  - a. **Wizards** – Modifications to allow more fluid flow between the wizards.
  - b. **Learning Materials** – Links converted to encrypted IDs rather than object names.
  - c. **OCBE Data Integration** – The functionality to create, associate, and display OCBE Preceptorships information into Ilios and the Ilios Calendar.
  - d. **Rollover** – Modifications to the rollover process to handle groups.
  - e. **Groups & Enrollment** – Introduce functionality for the creation and management of student groups and their membership as well as course enrollment into Ilios.

- f. **Ilios Public Start Page** – New start page added to Ilios that matches UCSF School of Medicine look and feel.
  2. Licensed Ilios Version 2 to the University of California, Davis School of Medicine and School of Veterinary Science.
  3. Released Version 3 of the Learning Materials 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 and negotiated lower cost package deals with Dell and Apple, as well as the UCSF Technology Store.
  6. Partnered with the Library to staff a student computing help desk.
  7. Provided faculty development on WebCT training for over 100 faculty and small group leaders in the Essential Core. Average instructor evaluation rating was 4.4/5.0.
  8. Developed and offered Faculty Development Workshops on the following topics:
    - a. Teaching with Multimedia Cases in Medical Education
    - b. Preparing your Digital Learning Materials for National Peer Review
    - c. "Hey that's mine!" Fair Use and Copyright in Education
  9. Developed and offered Teaching Scholars Workshops on:
    - a. Storyboarding as a method for project planning
    - b. Technology to support curriculum development
    - c. Technology in Teaching and Learning
  10. Offered a special seminar through the Library's Center for Instructional Technology on Delivering Assessments Online: The Pros and Cons, Successes and Pitfalls of Online Quizzes & Assignments
  11. Implemented 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. The system, named [EncounterIT](#) was launched in April 2006.
  12. 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.
  13. Continued running and managing online exams for Integration and Consolidation, Surgery 110 and a fourth-year radiology elective.
  14. Worked with the Student Computing Committee under the charge of the Academic Computing Committee.
  15. Developed joint student computer hardware and software requirement with nursing, pharmacy and dental schools.
  16. Wrote a follow-up to the 2004 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. Pilot projects have included:
    - a. Project presentations by Curriculum Ambassadors
    - b. Development of learning plans for students reviewing their CPX Videos
    - c. Advised on the redevelopment of LCE portfolio
- B. Educational Data
1. Working with the Information Services Unit (ISU) we completed version 1 of 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. <http://medschool.ucsf.edu/isis>
  - 2. Implemented 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. Revised a procedure for requesting ad hoc reports and education data sets.
  - 4. Streamlined the process for developing reports of instructor teaching hours for distribution to department chairs.
- C. Evaluation and Surveys
- 1. Evaluate teaching and courses.
    - a. Supported the use and improvement of E\*Value, a web-based evaluation system.
    - b. Initiated a new working group to oversee clerkship evaluation policies.
    - c. Supported and trained faculty and staff on evaluation-related issues.
  - 2. Enhance Clinical Performance Assessment in the fourth year.
    - a. 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.
    - b. 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.
    - c. Implemented online reporting to students on the CPX and mini-CPX scores.
  - 3. Conduct educational evaluation.
    - a. Conducted program evaluation activities throughout the year.
  - 4. Formalize and streamline processes.
    - a. Created and implemented online request forms for educational data requests, survey creation, and educational research and evaluation consulting.
    - b. Established the format, content and publication schedule for the alumni, post match, transitional, advisory colleges, well being, PGY-1, and certain advanced studies courses.
    - c. Created plan including the development of measurement instruments for the evaluation of the clinical electives.
    - d. Working with ECCC and CCOC, streamlined the course and clerkship evaluation forms.
  - 5. Create and disseminate evaluation policies.
    - a. Formalized, standardized, and published evaluation policies governing student, faculty and course evaluation procedures.
    - b. Lifted the N=1 evaluation rule. This included the troubleshooting and subsequent implementation of changes in the entire School of Medicine (i.e. across all clinical departments including the curriculum in the first 2 years).
    - c. Drafted comprehensive clerkship evaluation plan.
    - d. Drafted Essential Core theme evaluation plan that will be implemented beginning Fall 2006.
  - 6. Provide grant support:
    - a. Edward J. Stemmler Fund for Medical education of the National Board of Medical Examiners - 2 grants
    - b. National Institutes of Health - 2 grants: SBS and Cancer Survival
    - c. Josiah Macy Jr Foundation - 1 grant for a study of clinical skills examinations
    - d. HRSA - 1 grant for the Family Medicine

## **VI. Educational Research and Faculty Development**

- A. Conduct and support educational research.
  - 1. 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
  - f. portfolio and their use for reflection
  - g. student knowledge of cancer prevention, geriatrics, complementary and alternative medicine, and culture and behavior
  - h. effectiveness of surgical skills curriculum
  - i. use of simulation such as mock codes in pediatrics training
  - j. peer assessment
  - k. physical assessment acquisition
2. Directed the Carnegie Foundation for the Advancement of Teaching's national study of medical education (M. Cooke and D. Irby)
  3. Mentored/consulted for approximately 55 faculty members on their educational research.
- B. Conduct faculty development workshops.
1. Held a series of seven faculty development workshops for 161 faculty.
  2. Conducted 11 training workshops for 113 small group leaders in Essential Core Courses and Intersession in 05-06.
  3. Conducted Northern California Faculty Development Program for a dozen faculty.
- C. Conduct Teaching Scholars Program.
1. Conducted year-long Teaching Scholars seminar series for ten individuals:
    - a. Ellen Chen, M.D.
    - b. Eva Chittenden, M.D.
    - c. Audrey Elizabeth Foster-Barber, M.D., Ph.D.
    - d. Jonathan Garber, M.D.
    - e. Chuanyi M. Lu, M.D., Ph.D.
    - f. Karim M. Mansour, M.D.
    - g. Chandler Hooven Mayfield
    - h. Bridget O'Brien, Ph.D.
    - i. Christopher C. Stewart, M.D.
    - j. Elisabeth B. Wilson, M.D.
- D. Conduct Medical Education Research Fellows Program, a two-year funded and mentored fellowship for two faculty members:
- a. Carrie Chen
  - b. Mike Rabow
- E. Hold weekly Educational Scholarship and Consultation (ESCAPE) sessions
- a. Reviewed 7 research articles
  - b. Critiqued ideas, proposals, abstracts and manuscripts for 27 faculty members and students

## **VII. External Programs**

- A. Develop strategies for maintaining diversity within the entering class for 2004.
1. Hosted Accepted Student Weekend for 26 underrepresented minority admitted students and 89 non-minority admitted students.
  2. Conducted the Post Baccalaureate Program. Fifteen participants completed the program held during the 2005-06 academic year. Eleven Students from years 2002-03 to 2004-05 applied to medical school this year, all received acceptances and will be matriculating in the fall. The remainder will apply in the coming year. This brings the overall program total of acceptances to 94.93 percent since 2000.

Fifty-six percent of those are in California medical schools; 46 percent are in UC medical schools. Twenty-one of our former students have graduated from medical school. Ten are engaged in primary care residencies—family medicine, internal medicine, pediatrics, and ob/gyn. Two students are doing residencies in emergency medicine, and seven students are engaged in specialty residencies ranging from psychiatry and surgery to urology. Two students are taking a year off and will match next spring. Thirteen of the nineteen are currently in residency programs in California.

3. Hosted the eighth annual medical school admissions workshop for 223 attendees from all over California.
4. Conducted workshops/talks on site at four local community colleges.
5. 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.
6. UIM (Under-represented in Medicine) Mentoring Program: Supported UIM mentoring program for UCSF minority medical students, residents, and faculty members. Hosted six workshops from September 2005 to March 2006. Workshops included: Medical School: Navigating the Maze; Culture Shock: Entering the World of Medicine; Family Affairs: Medicine's Effect on Personal Life; Personal Freedom, Cultural Loyalty and New Possibilities; Torn in Too Many Directions: Minorities in Medicine. Attendance by students and faculty ranged from 31 attendees to 72 attendees per session.
7. The Pre-Med Group Visit program, in which undergraduate clubs and organizations may visit the School of Medicine and receive a tour and talk by a staff member or a faculty member; hosted eight participating schools groups, serving more than 100 students.

## **VIII. Graduate Medical Education**

### **A. Administration**

1. Associate Dean
  - a. Dr. Susan Wall stepped down as Senior Associate Dean for GME in July 2005 and returned to the GME Office in November 2005 to serve in an advisory role until May 2006. Dr. Robert Baron, MD was appointed as Interim Associate Dean for GME and Chair of the GMEC in September 2005. He was officially appointed as the Associate Dean for GME as of February 1, 2006.
2. GME staff
  - a. Recruited and trained four new staff including the new director of operations Lorenzo Woo.
3. New Faculty Positions
  - a. Four new faculty positions have been created for 2006-07 which include Director of Resident/Fellow Affairs, Director of Curricular Affairs, Director of Quality Safety Initiatives and Director of Internal Reviews. These positions will be held by Drs. Mary McGrath, Lee Learman, Arpana Vidyarthi and Claire Brett respectively.
  - b. Staff: A Finance Analyst position has been created for 2006-07. This person will work closely with Terrence Ireland, GME Finance Manager.

### **B. Financial**

1. The GME finance unit worked with the UCSF Medical Center, affiliates and Departments to implement the \$500/month housing allowance for eligible residents and fellows.

2. Implemented new fund to centralize billing for housestaff rotations at Kaiser and Shriners Medical Centers.
  3. Worked with VA Medical Education leadership and staff to prepare for an Office of Inspector General (OIG) audit of the VA affiliation and disbursement agreement. Provided OIG auditors with comprehensive explanation of billing and reconciliation processes.
- C. Accreditation
1. Institution
    - Accreditation Status: Continued Accreditation
    - Effective: October 19, 2005
    - Last Review Date: April 5, 2005
    - Next Review Date (approximate): October 1, 2010
    - a. Overall, the ACGME institutional review letter dated December 21, 2005 was outstanding. "The Institutional Review Committee (IRC) noted the vigorous and well-supported effort to maintain the quality and effectiveness of institutional oversight of graduate medical education. The Committee commends the institution and the Designated Institutional Official in this effort."
- D. Programs
1. Current Program Sponsorship
    - There are currently 68 ACGME-accredited programs at UCSF. This included the addition of a new program in Colon and Rectal Surgery, the withdrawal of an existing program in Addiction Psychiatry, and a new program application was submitted for a residency in Emergency Medicine, with a proposed start date of July 2007.
  2. RRC Program Notification Letters
    - All program notification letters from the RRCs were reviewed and tracked. 29 letters were received in 2005-06. Responses to citations were reviewed and approved by the GMEC prior to submission to the RRCs.
  3. Internal Reviews
    - Internal reviews were conducted on all programs at or near their mid-cycle review dates. These included: Family and Community Medicine, General Surgery, Internal Medicine, Neurological Surgery, Otolaryngology, Psychiatry, Child and Adolescent Psychiatry, Forensic Psychiatry, Geriatric Psychiatry (scheduled for July 2006), and Urology.
  4. Duty Hours
    - Duty hours monitoring is conducted by the programs on an ongoing basis.
  5. Moonlighting
    - Each training program must develop a policy regarding moonlighting.
  6. GME Database
    - Improvements and enhancements were made to the GME database, a system which tracks program information, including correspondence to/from the RRC, accreditation information pulled directly off the ACGME web accreditation system (WebAds), internal review data, program policies, etc.
- E. Resident/Fellow Affairs
1. An enhanced appointment process was developed for 2005-06.
    - a. MSO Update, a program previously managed by the UCSF Medical Center Medical Staff Office, was turned over to the GME Office to manage. This system is used to generate provider IDs for residents and fellows, as well as assign appropriate clinical competencies by program and PGY-level.
  2. Licensure
    - a. Two license fairs were held this year, with a combined attendee list of 150 participants out of a total of 250 that needed to be licensed. This was double the attendance from the previous year.

- b. 2111 Site Visit
 

2111 is a medical licensure exception for international medical graduates who wish to pursue training in a non-ACGME fellowship program. It allows for trainees to participate in patient-care activities incidental to their training/research, under the direct supervision of an assigned faculty member. UCSF was the first of UC campuses to undergo a routine site visit by the Medical Board of California.
  - 3. Residents' Council
    - a. Housing allowance request made the year prior was granted. An additional increase of 3-4% was initiated in July '06.
    - b. Resident well-being survey was conducted by John Chi, MD and Vivek Jain, MD, Co-Chairs for the Residents' Council. The results of this survey were instrumental in helping to identify the needs of the residents and fellows.
- F. New GME Initiatives
  - 1. Diversity
    - a. SNMA 41st Annual Medical Education Conference was held April 13-16, 2006 in Atlanta, Georgia. Through the coordinating efforts of Rene Salazar, MD and Michelle Guy, MD, GME sponsored three residents to participate.
  - 2. Chief Residents' Orientation
    - a. Held on May 9, 2006 at the Faculty Alumni House. Curriculum included leadership, teaching, problem solving, teamwork, time management and patient safety. A follow-up session with this group will be held in November or December.
  - 3. GME Management Systems/Single Payer
    - a. The UCSF Medical Center and GME Office have teamed up to look at ways to create a single-entry process for managing resident rotation data, duty hours data, timekeeping/paychecks, Medicare cost reporting, and other GME duties and tasks.
  - 4. UCSF School of Medicine Leadership Retreat
    - a. The 2006 leadership retreat focused on GME. Entitled "Focus on Education: Creating a Culture of Inquiry, Innovation, and Discovery," the retreat proposed new programs to enhance flexibility and innovation in GME and greater emphasis on scholarship in residency and fellowship programs, improved well-being programs, and cross-departmental curriculum. A task force has been created to continue this work. Dr. Baron serves on the Executive Committee.
  - 5. RFS Attestation Process
    - a. A monthly rotation verification process was developed as a way to help gather accurate rotation data for Medicare cost reporting purposes. The GME Office worked closely with the Medical Center to help develop and manage this process. This process has achieved 100% adherence.
  - 6. Resident Teaching Workshops
    - a. Three new workshops are planned for Fall 2006.
- G. Ongoing GME Programs
  - 1. New Resident/Fellow Orientation (held twice in June)
  - 2. Chief Residents' Dinner (held monthly)
  - 3. Grand Rounds (held monthly)
  - 4. Graduate Medical Education Executive Committee (held monthly)
  - 5. Graduate Medical Education Committee (held monthly)
  - 6. Lunch with the Associate Dean (approximately 20 per year)
  - 7. Program Coordinator Quarterly Meetings

## **IX. 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 27 applications for summer 2005 funding, funded 27, and awarded \$32,000 for summer 2005. Reviewed 40 applications for quarterly funding from September 2005 through June 2006; funded 32 students for a total of \$32,600 during this period.
  2. Instituted co-funding agreement with Office of Student Research (OSR), whereby 100% of the total grant amount is paid by OSR, 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 2006.
  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 two UCSF students to participate in the UC-Mexico Student Exchange Program in Cuernavaca, Mexico.
  7. Conducted two, two-part workshops on preparation for study abroad, incorporated into the Winter Elective in International Health.
  8. Conducted elective course: Topics in International Health, Epi 180.10, completed by 53 medical students, and 16 students from Pharmacy, Nursing, Dentistry and Graduate programs.
  9. Offered backup support for the 4<sup>th</sup>-year core course for the Area of Concentration in Global Health in collaboration with UCSF Global Health Sciences
  10. Developed a two-year pilot exchange program with Sun Yat-sen University (SYSU) after receiving a \$50,000 grant from a UCSF Alumnus. Made a site visit to SYSU in February 2006 to set this up and develop a letter of agreement. First two UCSF students were selected and were sent to SYSU in June 2006. Two SYSU students will rotate through UCSF from September and October 2006.
- 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. Students are now able to submit their trip reports on line, as well as search trip reports submitted by other students, and data is now accessible by ad-hoc query.
  3. Selected and coached one students to provide an oral presentation at AoC Symposium on April 26, 2006,
  4. Convened with UCSF Global Health Sciences the 4th Annual UCSF Global Health Symposium on April 24, 2006. Selected three student winners of \$200 best abstract prize to present their recent international research projects, two winners of the Best Poster contest. Developed and awarded a new Global Health Mentor of the Year Award (won by Grant Dorsey).
  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, Intersession, and Career Day.

- 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 two UCSF students.
  3. Developed new rotations at Sun Yat-sen University for two students
  4. Developed rotation in Rio de Janeiro for one student.
  5. Supported fellowship applications for students for the NIH Fogarty International Program, the Rotary International Ambassador Program, the Fulbright Fellowship, and the Institute for Global Conflict and Cooperation Dissertation fellowship.
- D. Build a cohesive global health community at UCSF and beyond.
  1. Supported the 8<sup>th</sup> Annual International Health Conference at UC Davis on April 10, 2006, and the Bay Area International Health Interest Group.
  2. 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.
  3. Participated in the UC International Leaders Committee to address issues of international education across the UC system. Established and chaired Health Sciences Subcommittee
  4. Participated in the Steering Committee of the Institute for Global Conflict and Cooperation. This funds dissertations and faculty research applicable to Global Health Sciences.
  5. Assumed leadership of UCSF Global Health Sciences Education activities. This provides cross-campus activities including areas of concentration in global health for residents and PhD students. Developing an MS in Global Health that will be available to medical students in 2007.

## **X. 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 281 individual sessions, 15 couples sessions, 35 group sessions, 31 consultation and referrals, and 17 medication evaluation and psychopharmacologic treatments.
  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, giving talk on working with students with characterologic disorders.
    - b. Promoted cultural competence in medical school through workshops on diversity for 140 participants.
    - c. Coordinated "Partners in Medicine", a social and educational program to address the stress of medical education on relationships (20-40 participants).
    - d. Conducted on-going discussion groups for students to address reactions to the process of becoming a physician.

- e. Participated in curriculum retreats to facilitate integration of well-being topics into the curriculum
- 2. For First-Year Students
  - a. Offered “Linked sessions”, one hour course teaching practical applications of topics taught in curriculum (Managing Moods—linked to BMB lecture on depression, Stress Reduction—linked to Cardiovascular lecture).
- 3. 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.
  - b. Conducted workshop for ORACLE students on giving feedback.
  - c. Developed “Off-Doctoring”, discussion group to support students during their year off from medical school.
- 4. For Fourth-Year Students:
  - a. Facilitated adjustment to internship for fourth-year medical students through session in Coda course entitled “Coping with Internship.”
  - b. Offered Partners program to address impact of relocation on relationships, “Managing Moves in Medicine.”
  - c. Served as advisor for Global Health Area of Concentration.
- 5. For Students Under Represented In Medicine(UIM):
  - a. Consulted with Mentorship Program for UIM students to provide mentoring relationships between UIM physicians and UIM students.
  - b. Served as consultant for six part monthly series entitled, “Keys to Professional Success for Minority Students,” as part of the Mentorship Program for UIM Students.
  - c. Revised and taught courses “Women Physicians of Color” and “Male Physicians of Color” as an elective for first- and second-year students in the winter.
- 6. Programs under development for 06-07 year.
  - a. Developing Lending Library for students to read personal accounts of famous people with mental illness, to help facilitate coping in students and destigmatize mental illness.
  - b. Collaboration with Homeless Clinic—offering opportunities for support, debriefing and teaching to help optimize student experience of volunteer work.
  - c. Planning program to be implemented during Mental Health Awareness Week, October 2006.
  - d. Expansion of Stress Rounds to be available for individual meetings.
  - e. Program to facilitate adjustment of MSTP students.
- C. Consultation to campus community on Well-being topics
  - 1. Presentation to Faculty Life committee with proposal for Faculty Well-being Program
  - 2. Consultation with Patty Robertson regarding Chancellor’s committee on the adequacy of mental health services at UC.

## **XI. Student Affairs**

- A. Develop and improve student programs.
  - 1. Advisory Colleges
    - a. Continued to refine the activities of the Advisory Colleges to align with the objectives of the program and reduced the number of Colleges from five to four.
    - b. Hired two new mentors: Drs. Kevin Mack and John Stein.

- c. Sponsored the first Advisory College Olympics, which occurred during the Accepted Student Weekend. The impact on recruitment of accepted students appears to be substantial.
  - d. For the first time, mentors met individually with all mid second year students to advise and sign off on student choices for Longitudinal Clinical Experience (LCE) preceptor assignments as well as the choice of the clerkship schedules.
  - e. Offered the following Advisory College Activities:
    - Career Workshops
    - Workshops for Med 2s
    - Workshops during Intersessions I, II and III for Med 3s
    - Summer Opportunities workshops for Med 1s
    - Dinner with the Dean for Med 1s
    - Step 1 USMLE Board Prep panels for Med 2s
    - Faculty panel (mentors) to speak on interview skills and personal statement writing for Med 4s
  - f. Organized and funded the following social events:
    - Orientation lunches
    - Vertical dinners and wine & cheese events for each college: Hughes/Everson (2); Miller/Diab (2); Murr/Navarro (3); Nobay/Jain (7)
  - g. Maintain Advisory College website
2. Student health services
- a. Student Well-being Services report to the Associate Dean for Student Affairs. Regular communication regarding preventive services.
  - b. Provided a liaison function with Student Health Services (SHS) and worked to expand student health insurance coverage as a member of the SHS Advisory Committee.
  - c. Supported student involvement in wellness activities and co-sponsored the Mental Health Awareness Week (October) and the Redfield Group.
  - d. Served as the link to the campus-wide Bioterrorism Communicable Disease and Emergency Preparedness efforts.
- B. Student career advising programs.
- 1. 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.
  - 2. Supported Student Faculty Liaison Committee's "Career Fair."
  - 3. Facilitated student use of ERAS (Electronic Residency Application Services) and achieved successful NRMP match.
  - 4. Expanded web site with student manuals and information.
  - 5. Compiled aggregate data on predictors of students' successful match to competitive subspecialties.
  - 6. Administered to the MS4s a Post-Match Survey in order to provide better data to students who are applying to residency programs.
  - 7. Supported Dean Kessler's breakfast/dinners on career specialties for third and fourth year students. Attendees also included department chairs, career advisors, and program directors.
  - 8. Organized the residency information meetings for Medicine, Psychiatry, Pediatrics, Anesthesia, Dermatology, Urology, Emergency Medicine, Radiation Oncology, Family medicine, ENT, Ophthalmology, Orthopedics, OB-GYN, Neurosurgery, Neurology, Surgery, Pathology, and Diagnostic Radiology.

- C. Professionalism Evaluation System
  1. Oversaw the professionalism evaluation system and directed remediation efforts for all students who received a physicianship evaluation report.
  2. Continued collaborative research with the American Board of Internal Medicine on the evaluation of professionalism.
  3. Developed a research collaboration with Dr. Kevin Eva, McMaster's University, on the assessment of professionalism for medical school applicants.
  4. Continued collaborative research with Dr. Harrison Gough, UC Berkeley.
- 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. Senior Convocation and Teaching Awards
- F. Administrative support services for students
  1. Wrote all letters of recommendation from the Dean's Office that are needed by students:
    - a. Who are applying for scholarships
    - b. Who need nomination letters for programs and awards
  2. Updated and maintained Student Affairs, Student Well-being and Professional Development websites
  3. Maintained the students' events calendar and announcement section on the main page of the med student portal, including the summer opportunities website.

## **XII. 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 fifth year of Clinical Research Fellowships for nine students through funding from the Doris Duke Charitable Foundation and integration of the Pathway to Careers in Clinical and Translational Research (PACCTR).
  3. Increased number of students funded to conduct research:
    - a. 57 Dean's Summer Fellowships.
    - b. 12 Genentech Fellowships.
    - c. 56 Quarterly Research Fellowships.
    - d. 19 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. Six students graduated with the "The Science of Medicine and the Physician-Investigator" Area of Concentration in 2006+.
  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 18 students with completion of the MD with Thesis Program; enrolled 29 students in MD with Thesis Program for 2007.
8. Received renewal of \$78,500 grant from Genentech Foundation for Student Research Program and Diversity Encore Program. Submitted renewal application for 2007.
9. Enabled 18 students to successfully complete the first year of 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.

### **XIII. Scholarship in Medical Education**

- A. Published Educational Research in peer-reviewed journal articles, abstracts and editorials** (published by the education leadership team, Teaching Scholars, and Academy Members).
1. Beck C, Heacock P, Mercer S, Doan R, O'Sullivan P, Stevenson J, Schnelle J, Hoskins J. Sustaining a Best Practice in a Nursing Home. *Journal for Healthcare Quality on Healthcare Quality Research*. 2005 27, 5-16.
  2. Bharel M, Jain S. A longitudinal curriculum to improve resident teaching skills. *Med Teach*. 2005 27 (6): 564-6.
  3. Bland C, Irby D. Frank T. Stritter, PhD Educationist: Teacher, Coach and Researcher. *Advances Health Sci. Educ*. 2005 10(2):157-167.
  4. Chou C, Topp K, O'Sullivan P. Multidisciplinary teaching of the musculoskeletal physical examination. *Medical Education*. 2006 40: 481-482.
  5. Chou C. Physical examination teaching curriculum for senior medical students. *Medical Education*. 2005 39: 1151.
  6. Cogbill K, O'Sullivan P, Clardy J. Residents' perception of effectiveness of twelve evaluation methods for measuring competency. *Academic Psychiatry*. 2005 29, 76-81.
  7. Haber R, Bardach N, Vedanthan R, Gillum L, Haber L, Dhaliwal G. Preparing fourth year students to teach during internship. *JGIM*. 2006 21: 518-20.
  8. Haidet P, Kelly P, Bentley S, Blatt B, Chou C, Fortin A, Gordon G, Gracey C, Harrell H, Hatem D, Helmer D, Paterniti D, Wagner D, Inui T. Not the same everywhere: hidden curricula at nine medical schools. *JGIM*. 2006 21: 405-409.
  9. Hauer K, Alper E, Clayton C, Hershman W, Whelan A, Woolliscroft J. Educational responses to declining student interest in internal medicine careers. *Am J Med*. 2005 Oct;118 (10):1164-70.
  10. Hauer K, Hodgson C, Kerr K, Teherani A, Irby D. A National Study of Medical Student Clinical Skills Assessment. *Acad Med*. 2005 80(10):S25-S29.
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14. Johnston C. Ethics cases for medical students. Published on POGOe (portal for on-line geriatrics education), 2006.
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  21. Means K, Rodell D, O'Sullivan P. Balance, Mobility, and Falls among Community-Dwelling Elderly Persons. *American Journal of Physical Medicine & Rehabilitation.* 2005 84, 238-250. (selected for the 2005 ERF Best Research Paper Award, Foundation for PM&R)
  22. Muller J, Irby D. Practical Teaching: How to Lead Effective Group Discussions. *Clin. Teacher.* 2005 2(1):10-15.
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  26. Petty M, Allen R, O'Sullivan P, Heard J. (2005) Facilitating curricular change: An institutional approach to aiding residency program directors' efforts with ACGME competencies. *Annals of Behavioral Science and Medical Education.* 11, 114-118.
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  31. Remen N, Rabow M. The Healer's Art: Professionalism, Service and Mission. *Med Educ.* 2005 39:1172.

32. Richards KC, Beck C, Shue V, O'Sullivan P. Demographic and sleep characteristics in cognitively impaired nursing home residents with and without severe sleep/wake pattern inefficiency. *Issues in Mental Health Nursing*. 2005 25, 751-769.
33. Tabas J, Rosenson J, Price D, Rohde D, Baird C, Dhillon N. A Comprehensive Unembalmed Cadaver-based Advanced Emergency Procedures Course for Medical Students. *Acad Emerg Med*. 2005 Aug;12(8):782-5.
34. Teherani A, Hodgson C, Banach M, Papadakis M. Domains of unprofessional behavior during medical school associated with future disciplinary action by a state medical board. *Acad Med* 2005 80 (10 Suppl): S17-20.
35. Thrush C, O'Sullivan P, Clardy J, Vander Putten J, Kamin C. Portfolio assessment and self-directed learning. *Academic Exchange Quarterly*. 2005 9(3), 240-244.
36. Wamsley M. Objective Structured Teaching Evaluation (abstract). *Medical Education*, Nov 2005.

#### **B. Publications in Press**

1. Cooke M, Irby D, Sullivan W, Ludmerer K. American Medical Education One Hundred Years After the Flexner Report. *NEJM*.
2. Fernandes R, Shore W, Muller J, Rabow M. "What it's really like": The complex role of third year medical students in end-of-life care. *Teach Learn Med*. Submitted.
3. Grumbach K, Chen E. The effectiveness of University of California Post Baccalaureate Pre-Medical Programs in Increasing Medical School Matriculation for Minority and Disadvantaged Students. Submitted for publication, 2006. [data and information from the UCSF Post Baccalaureate Program; Valerie Margol quoted in article. Submission to JAMA 06]
4. Gruppen L, Simpson D, Searle N, Robins L, Irby D, Mullan P. Educational Fellowship Programs: Common Themes and Overarching Issues. *Acad Med*. (In Press).
5. Hauer K, Teherani A, Kerr K, O'Sullivan P, Irby D. The Impact of USMLE Step 2 CS on Medical School Clinical Skills Assessment. *Acad Med*. (In Press).
6. Kamin C, O'Sullivan P, Deterding R, Younger M, Wade T. A case study of teaching presence in virtual problem-based learning groups. *Med Teach*. (In Press).
7. Kamin C, Souza K, Heestand D, Moses A, O'Sullivan P. Educational Technology Infrastructure and Services to Support the Medical Education Continuum. *Acad Med*. (In Press).
8. Loeser H, O'Sullivan P, Irby D. Leadership Lessons from Curricular Change. *Acad Med*. (In Press).
9. Moseley T, Wiggins M, O'Sullivan P. Effects of presentation modality on the understanding of informed consent. *British Journal of Ophthalmology*. (In Press).
10. Moses A, Heestand D, Doyle L, O'Sullivan P. Impact of a Teaching Scholars Program. *Acad Med*. (In Press).

11. Muller J, Irby D. Developing Educational Leaders: The Teaching Scholars Program at the University of California San Francisco. *Acad Med.* (In Press).
12. Novotny T. Education and Careers in Global Health. In submission, *JAMA*
13. Safar M, O'Sullivan P, Ray L, Hutchins L, Mehta P. Editorial clubs as a new teaching tool in postgraduate training. *Journal of Cancer Education.* (In Press).
14. Satterfield J, et al. Educational Objectives for a Cultural Competence Curriculum Addressing Health Disparities" (submitted to *Acad Med*).
15. Sobel R, Kavanagh M, O'Brien J, Fredrick D: Ophthalmologic fund of knowledge in U.S. medical school graduates. Abstract, American Academy of Ophthalmology (submitted 2006)
16. Stern D, Papadakis M. The developing physician. *NEJM* 2006. (In Press).
17. Wang, B, Dhaliwal, G, Sleisenger, MH. Great Progress and Great Changes at the Bedside over Six Decades in Medicine. Accepted for publication by *Pharos*.

### **C. Chapters and Books**

1. Fukagawa M, Kurokawa K, Papadakis MA. Fluid and Electrolyte Disorders in Current Medical Diagnosis & Treatment. ed Tierney L, McPhee S, Papadakis, M. Lange Medical Books/McGraw-Hill. New York, New York 2006.
2. Hauer K, Irby D. Effective Clinical Teaching in the Inpatient Setting. *Hospital Medicine*, Second Edition. 2005. Wachter R, Goldman L, Hollander H, ed. Philadelphia: Lippincott Williams & Wilkins.
3. Novotny T. Public health infrastructure and leadership for preparedness. Proceedings of the Global Health Summit, 2005. Dios R, Lundy D, Malia J (Eds.) Washington, DC: George Washington University Department of Global Health, 2006.
4. Novotny T. Education and Careers in Global Health. In, Markle W, (ed). *Global Health: A Textbook for the Health Professions.* McGraw-Hill 2007.
5. Papadakis M, Loeser H. Using Critical Incident Reports and Longitudinal Observations to Assess Professionalism, in D. Stern, ed. *Measuring Medical Professionalism.* Oxford University Press. 2005
6. Papadakis M, McPhee S, editors. *Current Consult Medicine.* McGraw-Hill, New York, New York 2006.
7. Tabas, J, Promes S. Evaluation of Chest Pain. In *Introduction to Clinical Emergency Medicine.* Mahadevan SV, Garmel GM (eds). Cambridge University Press. 2005
8. Tierney L, McPhee S, Papadakis M, editors. *Current Medical Diagnosis & Treatment.* Lange Medical Books/McGraw-Hill, New York, New York 2006.

### **D. Presentations at local, regional or national meetings, and at other universities**

1. Aagaard, E. GEA/GSA Mini-Workshop: Building a Continuum for Medical Education Training: Cultivating Skills in Medical Students, Residents, Fellows, and Faculty, AAMC National Meeting, Washington, D.C, 2005.

2. Adler S, Hughes E, Scott R. The Student "Mole": Revealing the Hidden Curriculum. Society for General Internal Medicine, poster (SBS).
3. Adler S, Hughes E, Scott R. The Student "Mole": Revealing the Hidden Curriculum. Medical Education. Society for Behavioral Medicine. May 2006 Paper (SBS).
4. Carroll P, O'Sullivan P, Wheeler G. (poster) Using a Video Problem-based Learning on Adolescent Obesity: A Comparison of Dietetic Interns and Medical Students." Food and Nutrition Conference 7 Expo, St. Louis, MO. October 2005.
5. Chen H, Fulton T, Hyland K, Kruidering M, and Mitrovic I. International Faculty Development Experiences in Serbia and Montenegro. Poster presentation at annual IAMSE meeting, San Juan, Puerto Rico. 2006.
6. Choi G, Shu R, Huang D, Yu A, Establishing a permanent student-run, community-based, hepatitis B clinic: the UCSF experience. American Medical Student Association, 56th Annual Convention, Chicago, Ill. March 30, 2006, poster.
7. Clardy J, Mercado C, Moses A, Thrush C, O'Sullivan P. (poster) Are resident perceptions of their program indicators of success as measured by ACGME review cycle lengths? AAMC Annual Meeting, Washington, DC. November 7, 2005.
8. Cooke M, Irby D, O'Brien B. Clinical Education in Medicine: The Struggle for Integration in the Third Year of Medical School. American Educational Research Association, San Francisco, CA. April 2006.
9. Dannefer E, Henson L, Davis M, O'Sullivan P. (small group discussion) Portfolios: Tools for promoting reflective practice. Association of American Medical Colleges, Washington, D.C., November 8, 2005.
10. Fernandez A, Wang F, Braveman M, Finkas L, Hauer K. Student Ethnicity and Scores on the Communication Portion of a Comprehensive Clinical Performance Examination. Society of General Internal Medicine Annual Meeting, 2006.
11. Ferris F, von Gunten C, Rabow M, Citko J, Auerbach A, Pantilat S. Evaluating the California Hospital Initiative in Palliative Services (CHIPS). American Association for Cancer Education Annual Meeting, Cincinnati, Ohio; September 16, 2005.
12. Garrett B, Shore W. Workshop: Preceptor Education Project. AAFP Annual Assembly: September 21, 2005.
13. Grant J, Miller B, McCullough M, Gesundheit N, Hauer K, Loeser H, Srinivasan M, Arnall J. Innovations in collaborative, multi-institution standardized patient training and exam administration. WGEA annual meeting, oral presentation and poster. May 2006
14. Hauer K, Teherani A, Kerr KM, O'Sullivan P, Irby D. Impact of the USMLE Step 2 CS Exam on Medical School Clinical Skills Assessment. UCSF Medical Education Day, 2006.
15. Hauer K. Clinical Skills Remediation after Standardized Patient Examinations. (Workshop presenter). Association of Academic Medical Colleges, 2005.
16. Hauer K. Teaching Strategies for New Clerkship Directors. (Precourse presenter). Clerkship Directors in Internal Medicine Annual Meeting, 2006.

17. Hauer K. Making it Count Twice: Translating Educational Work into Educational Scholarship. Thriving as a Clinician Educator at UCSF workshop, Academy of Medical Educators. 2005.
18. Holt Z, Nishimura S, Charo I, Hamilton S, Aagaard E. Integrating Basic Science into the Clinical Curriculum. Poster Presentations WGEA Annual Meeting and UCSF Medical Education Day, 2006.
19. Irby, D. AAMC/AHRQ invited meeting, Leadership in GME, Richmond VA, May 16-18, 2006.
20. Irby D. Invited Discussant for Shulman L. The Role of Evidence in the Development of Medical Education: Scholarships of Teaching and Learning on the Shoulders of Flexner. American Educational Research Association, San Francisco, CA, April 2006.
21. Jarvis R, Clardy J, Norris R, Gathright M, O'Sullivan P. (poster) Portfolio Entries: Do Wise Choices Relate to Performance? AAMC Annual Meeting, Washington, D.C., November 7, 2005.
22. Jarvis R, O'Sullivan P. (poster). Portfolio Entries: Do wise choices relate to performance? AAMC Annual Meeting, Washington, DC, November 7, 2005.
23. Lai C, Nye H, Bookwalter T, Hauer K. An Interdisciplinary Curriculum with Post Discharge Patient Visits for Third-year Medical and Pharmacy Students during an Inpatient Medicine Clerkship. UCSF Medical Education Day, 2006.
24. Loeser H, Navarro R. UCSF Faculty and Academic Affairs Workshop for mid-career faculty development: Break-out session on work-life balance April 2006
25. Loeser H, Pardo M. Academy of Medical Educators Workshop on professional development for junior faculty. Break-out session: "Succeeding in Educational Administration" September 2005
26. Loeser H. Academy of Medical Educators Workshop on professional development for junior faculty. Break-out session: "Time management – finding work/life balance"
27. Loeser H. Grand Rounds, Department of Pediatrics, Kaiser San Francisco, "Rethinking Clinical Education." January 2006.
28. Loeser H. Leader for UCSF team participation in developing Educational Collaborative with Muhimbili University College of Health Sciences (MUCHS). Organizer, MUCHS faculty site visit to UCSF. UCSF team leader for faculty development workshops at MUCHS
29. Loeser H. Speaker, Leadership Development Program; Office of Human Resources Services, UCSF School of Medicine, April 2006.
30. Loeser H. The Academy: A Medical Education Community. Oral presentation. UCSF MUCHS Medical Education Conference, Dar Es Salaam, Tanzania. March, 2006
31. Masters S, Loeser H, Hickson G, Omer S. Prepare, Deliver and receive Feedback on a mini-Lecture. Workshop. UCSF MUCHS Medical Education Conference, Dar Es Salaam, Tanzania. March, 2006.
32. Masters S, Loeser H. Students to Enhance Learning and Teaching Resources. Workshop. UCSF MUCHS Medical Education Conference, Dar Es Salaam, Tanzania. March, 2006.
33. Muller J, Irby D, Souza K. Faculty Development for Small Group Leaders at UCSF. WGEA Regional Conference of AAMC, Pacific Grove, CA, May 2006.

34. Muller J, Shore W, Fernandes R, Rabow M. It's OK to Cry: A Comprehensive End-of-Life Curriculum for Preclinical Students. 32nd Annual Society of Teachers of Family Medicine Predoctoral Education Conference, Charleston, SC; February 4, 2006.
35. Muller J, Souza K. Faculty Development for Small Group Leaders at UCSF. Poster, Medical Education Day. 2006
36. Muller J, Souza K. Faculty Development for Small Group Leaders at UCSF. Western Group on Educational Affairs, Asilomar, CA. May 1, 2006.
37. Muller J. The Case of Mr. Chen: Using a Video case to teach Medical Students Communication Skills. Congreso Internacional PBL 2006 ABP. Lima, Peru: July 19-21, 2006.
38. Novotny T. An Area of Concentration in Global Health. Midwest Regional Global Health Conference. University of Nebraska Medical Center. September 9, 2005.
39. Novotny T. Developing a Global Health Workforce. Session B3. 15th Annual GHEC Conference: Crossroads in Global Health: The Dual Burden of Infectious and Chronic Diseases, Toronto, ON. April 19-21, 2006.
40. Novotny T. Global Health Education. UC Irvine International Health Student Interest Group Invited Speaker. December 6, 2005.
41. Novotny T. A Mini-Course on Designing Clinical Research. Kragujevac Medical School, Serbia, May 25, 2006.
42. Novotny T. Course Coordinator and Lecturer. UCSF-University of Zagreb, Andrija Stampar School of Public Health: Designing Clinical Research in the Balkans: A Course for New Post-doctoral Researchers. Cavtat, Croatia, June-21-June 27, 2006.
43. Novotny T. Lecturer. UCSF-Thai Center for Disease Control and Prevention, Field Epidemiology Training Program, Scientific Writing Seminar. Bangkok, Thailand, January 30-February 10, 2006.
44. O'Sullivan P, Kamin C, Chauvin S. (2006). Dissemination of Virtual Problem-based learning Cases. American Educational Research Association, San Francisco, CA, April 10, 2006.
45. O'Sullivan P. AAMC/AHRQ invited meeting, Graduate Medical Education and Quality of Patient Care, Richmond VA, May 16-18, 2006.
46. O'Sullivan P. Using Portfolios for Transitional Year Residents. American Association of Hospital Medical Education and the Association of Osteopathic Directors of Medical Education, Tucson, AZ, 2005.
47. O'Sullivan P. Program Director's Guide to Academic Success, American Society of Clinical Oncology, Oncology Program Directors, Atlanta, GA, 2005.
48. O'Sullivan P. Portfolios and Assessing Competency. Systems-Based Practice Day, University of New Mexico, College of Medicine, Albuquerque, NM, 2005.
49. O'Sullivan P. Six Steps to Developing a Portfolio Assessment." Systems-Based Practice Day, University of New Mexico, College of Medicine, Albuquerque, NM, 2005.
50. O'Sullivan P. Resident Evaluation: What Next? Faculty Development Series, Eastern Virginia Medical School, Norfolk, VA, 2006

51. O'Sullivan P. External consultant for portfolios to Cleveland Clinic Learner College of Medicine, November 11-12, 2004, November 3-4, 2005.
52. O'Sullivan P. Medical Education Research Certificate Workshop Facilitator. "Asking Questions" Association of American Medical Colleges, November 2004; Southern Group on Educational Affairs, April 2005; Western Group on Educational Affairs, April 2006. "Data Basics" Southern Group on Educational Affairs, April 2005; Western Group on Educational Affairs, April 2006. "Program Evaluation" Pediatric Academic Societies, April 2006
53. O'Sullivan P. Presentation on Portfolios to UCLA Curriculum Committee, School of Medicine, January 11, 2005
54. O'Sullivan P. Workshops Portfolios: How to Develop one that Meets your Needs and Program Evaluation, Eastern Virginia Medical School, May 18, 2006
55. Papadakis M. Invited Presentation—AAMC Stemmler Fund's Festschrift 2005
56. Papadakis M. Invited Presentation—Ackerman Symposium, Harvard Medical School 2005
57. Papadakis M. Invited Presentation—American Dental Education Association Annual Meeting 2005
58. Papadakis M. Invited Presentation—Yale University School of Medicine 2006
59. Papadakis M. Keynote or Plenary Speaker Dean's Distinguished Lecture, University of Chicago 2005
60. Papadakis M. Keynote or Plenary Speaker Washington University School of Medicine 2005
61. Papadakis M. Named Lectureship: Jack McGovern Lecture, Baylor College of Medicine 2005
62. Papadakis M. Keynote or Plenary Speaker University of Florida College of Medicine 2005
63. Poncelet A, Tong L, Using educational principles to design an effective one-day program to prepare medical students for their role as clinical clerks. Western Group Educational Affairs (WGEA), Pacific Grove, California, 2006.
64. Rabow M, Remen R. "The Healer's Art: An Innovation in Professionalism Education." Society of General Internal Medicine Annual Conference, Los Angeles, CA, April 28, 2006.
65. Rabow M, Wrubel J, Remen R. "The Healer's Art: Authentic Community in the Development of Professional Identity." Haile T. Debas Academy of Medical Educators' Education Day, San Francisco, CA, April 17, 2006.
66. Rabow M, Wrubel J, Remen R. The Formation of Authentic Community as an Educational Strategy for Professional Development and Identity. Society of General Internal Medicine Annual Conference, Los Angeles, CA; April 27, 2006.
67. Rabow M, Wrubel, J, Remen, R. The Formation of Authentic Community as an Educational Strategy for Professional Development and Identity, Society of Teachers of Family Medicine Annual Conference, San Francisco, CA; April 29, 2006.
68. Rabow M. Do as I Say: Differences Between What is Taught about End-of-Life Care in the Classroom and How It is Practiced on the Wards.

- American Association of Hospice and Palliative Medicine Annual Assembly, Nashville, TN; February 11, 2006.
69. Robertson P. Lesbian, Gay and Transgender Health Curriculum: Knowledge and Attitude Outcomes Among Second Year Medical Students at UCSF. Annual Meeting of the Association of Professors in Obstetrics and Gynecology in Salt Lake City, Utah, 2005.
  70. Shore W, Hauer K, Do S, Braveman M. Working with Interpreters: A longitudinal curriculum and evaluation. STFM Annual Meeting. April 30, 2006.
  71. Shore W. STFM 32nd Annual Predoctoral Education Conference "They Help Me Create Learning." Charleston, South Carolina. February 2-5, 2006.
  72. Sobel R, Kavanagh M, O'Brien J, Fredrick D: Ophthalmologic fund of knowledge in U.S. medical school graduates. Education Day, Haile T. Debas Academy of Medical Educators and Office of Medical Education, University of California, San Francisco. 2006.
  73. Sobel R, Kavanagh M, O'Brien J, Fredrick D: Ophthalmologic fund of knowledge in U.S. medical school graduates. Abstract and poster, UCSF AME Education Day.
  74. Souza K, Loeser H. Tips and Tricks with Powerpoint. Workshop. UCSF MUCHS Medical Education Conference, Dar Es Salaam, Tanzania. March, 2006
  75. Souza K, Moses A, Kamin C. Educational Technology: Services and Organizational Models. Group on Educational Affairs Discussion Session. Moderator: P. O'Sullivan. AAMC 2005 Annual Meeting, Washington, DC., November 7, 2005.
  76. Stringer J, Heine N, Drummer J, Souza K. Technical Support and Management of Clinical Skills Centers. Western Group on Educational Affairs Annual Meeting, Asilomar, Pacific Grove, CA. May 1, 2006.
  77. Tabas J. A comprehensive, unembalmed cadaver-based course in advanced emergency procedures for medical students. Poster presenter. 3rd Mediterranean Emergency Medicine Congress, Nice, France.
  78. Tabas J. Learning to teach approaches to improving teachers' abilities on an individual and institutional level. Grand Rounds at University of Hawaii Dept of Pediatrics & Grand Rounds at Stanford Department of Emergency Medicine.
  79. Tabas J. Use of vascular ultrasound with a cadaver model for central venous access education. Poster presenter. 3rd Mediterranean Emergency Medicine Congress, Nice, France.
  80. Tan J, Reavie K, Muller J, Chen C. The Library's Role in Integrating Information Retrieval and Management Skills into a Problem-Based Learning Medical Curriculum, Poster, Medical Education Day. April 2006.
  81. Tan J, Reavie K, Muller J, Chen C. The Library's Role in Integrating Information Retrieval and Management Skills into a Problem-Based Learning Medical Curriculum, Poster, Western Group on Educational Affairs, Asilomar, CA. May 1, 2006.
  82. Teherani A, Aagaard E, Morrison E, Irby D. A Comparison of Learner and Teacher Perceptions of the One-Minute Preceptor Model for Teaching in Ambulatory Care Settings presented at the annual American Educational Research Association meeting, Montreal, QC, April 2005.

83. Thrush C, O'Sullivan P, Wheeler J, Nesmith J, Blaszak R, Kamin C. (poster) Using Video Problem Based Learning to Improve Student Attitudes and Beliefs about Pediatric Obesity. AAMC Annual Meeting, Washington, D.C., November 7, 2005.
84. Van Dyke C, Poncelet A, Tong L, Berger O. Case based learning on the web. 18th World Congress on Psychosomatic Medicine, Kobe Japan, 2005.
85. Wamsley M. Objective Structured Teaching Evaluation. AAMC 2005, SGIM, Spring 2006.
86. Wamsley M. Teaching Observation Program. AAMC 2005, SGIM, Spring 2006.
87. Yu A, Asian American Pacific Islanders Health Disparities: An Interdisciplinary, Community Advocacy, Service-Learning Preclinical Curriculum, Society of Teachers in Family Medicine Predoctoral Education Conference, Charleston, SC. February 2, 2006. Poster.
88. Zheng J, Aagaard E, Chen H, Loeser H, O'Sullivan P. Learning about learning across professions. UCSF AME Medical Education Day. Oral Presentation. 2006.
89. Zheng J, Chen H, Lyss P, Loeser H, Aagaard E. Becoming a More Effective Learner: A Course for Health Professional Students. Poster Presentation, WGEA Annual Meeting May 2006, Oral Presentation, UCSF Medical Education Day 2006.
90. Zheng J, Chen H, Lyss-Lerman P, Loeser H, Aagaard E. Becoming a more effective learner: A course for Health Professional students. UCSF AME Medical Education Day. Oral presentation; and WGEA annual meeting, Poster. Spring 2006

#### **E. National Awards, Recognition and Leadership**

1. Aagaard E. Class of 2006 Excellence in Teaching Award
2. Aagaard E. Kaiser Award for Excellence in Outpatient Teaching
3. Autry M. Best Oral Presentation (Research). AAMC Western Group on Educational Affairs
4. Basbaum A. Named a Fellow of the Royal Society
5. Chen C. Elected to Alpha Omega Alpha (alumni member) UCSF
6. Ciccarone D. Class of 2009 Outstanding Foundations of Patient Care Facilitator
7. Fulton T. Long Award for Teacher of the Year – School of Pharmacy, Class of 2008
8. Haber R. Elected as Honorary Member of the UCSF Gold Headed Cane Society May 2006
9. Jain S. Invited speaker, UCSF School of Medicine White Coat Ceremony
10. Jain S. Invited to recite Oath of Lasagna at UCSF School of Medicine graduation (2006)
11. Learman L. Best Oral Research Presentation, 2006 AAMC Western Group on Educational Affairs Meeting
12. Loeser H. Nominee, Ambulatory Pediatrics Association's Miller-Sarkin Mentoring Award
13. Mitrovic I. Class of 2009 Inspirational Teacher
14. O'Sullivan P. 2005-06 Research in Medical Education Planning Committee Past chair
15. O'Sullivan P. 2006 ACGME Portfolio Advisory Committee

16. O'Sullivan P. 2006 AERA Division of Professions Education Vice President
17. Pantilat S. Class of 2008 Outstanding Lecture Series
18. Papadakis M. Councilor, National AOA 2004-present
19. Papadakis M. PI of a project entitled "Predictors of disciplinary actions in medical internal medicine residents". In collaboration with the American Board on Internal Medicine Foundation. Manuscript ready for submission in the fall of 2006.
20. Papadakis M. National Board of Medical Examiners Advisory Board for Educational Research 2006.
21. Robertson P. Elected as Honorary Member of the UCSF Gold Headed Cane Society. May 2006
22. Tabas J. National Faculty Teaching Award of the American College of Emergency Physicians. 2005
23. Topp K. Class of 2009 Commitment to Teaching
24. Topp K. Kaiser Award for Excellence in Teaching in the Classroom Setting
25. Wamsley M. Class of 2006 Excellence in Teaching Award
26. Yu A. Class of 2009 Outstanding Contribution to an Elective
27. Zimmerman L. Class of 2008 Commitment to Teaching