OFFICE OF MEDICAL EDUCATION

ANNUAL REPORT

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Executive Summary

UCSF’s strong leadership in medical education is based upon our culture of innovation, scholarship and collaboration that is evident in everything we do. During the 2006-2007 academic year, a remarkable number of new academic programs were initiated and a record number of milestones achieved.

New Developments

We launched the pilot of the Program in Medical Education for the Urban Underserved (PRIME-US) and increased class size for the fall of 2007 by 6 at UCSF and 4 at UC Berkeley. This is the first medical student class size increase in decades.

The Pathways to Discovery program was designed following guidance derived from the 2006 School of Medicine leadership retreat. This new elective educational program, which will incorporate undergraduate and graduate medical education and all schools at UCSF, will focus on inquiry, discovery and innovation. This will extend the highly successful Areas of Concentration program in UME and Areas of Distinction program in GME. The planning team submitted a proposal to the dean, which was subsequently funded. Pathways to Discovery will be the topic of the 2008 Leadership Retreat and will premier in 2008-2009.

Program planning for the new classroom, clinical skills/simulation and telemedicine space in the library was completed in preparation for architectural review. Proposition 1D funding for the Program in Medical Education (PRIME) capital expansion and telemedicine provided the funding for this project.

The final course revisions to the MD curriculum were completed with the launch of Cancer: Bench to Bedside and the Transition to Clerkship courses in the second year. Innovations in the clerkships continued with implementation of the Parnassus Integrated Clerkship Experiences (PISCES), an innovative, year-long longitudinal clinical experience.

Program Milestones

The Admissions Office reviewed 5,600 applications and selected 147 entering medical students for 2007. The Office of External Programs, working with Admissions, was able to help recruit the most diverse class in decades with 35% under-represented in medicine.

The Office of Educational Technology provided podcasting of lectures, upgraded Ilios (our curriculum database management system), supported 30 technology-enhanced curriculum projects, and participated in major campus planning initiatives related to educational information systems.

The Office of Graduate Medical Education sponsored 71 ACGME accredited programs and supported the creation of a new emergency medicine residency program. New initiatives included diversity recruitment programs, chief resident orientation and development, and the selection of a new GME management information system.
The Office of Continuing Medical Education offered 144 live courses with enrollment of 23,600 and gross income of $11.5 million.

Scholarship of Teaching and Learning

The scholarship of teaching and learning continues to grow at UCSF with the publication of 32 peer reviewed journal articles, 43 submitted and in-press peer reviewed journal articles, 11 chapters, and 189 presentations on education at local, regional and national professional meetings by faculty, students, residents, fellows and staff members.

An increasing number of students were funded to conduct research: 72 Dean’s Summer Fellowships, 12 Genentech Fellowships, 22 Quarterly Research Fellowships, and 24 year-long fellowships. In addition, six students completed the Area of Concentration in the Science of Medicine and the Physician-Investigator, 19 students completed the MD with Thesis Program and 12 students successfully completed the year long Certificate Program in Biomedical Research.

The Haile T. Debas Academy of Medical Educators inducted 10 new members and filled three matched endowed chairs in the departments of Cellular and Molecular Pharmacology (Susan Masters, PhD), Family and Community Medicine (Margo Vener, MD), and Radiology (Richard Webb, MD); conducted faculty development workshops and coached numerous faculty members on teaching improvement, supported 14 curricular innovation projects totaling $252,000; and secured 10 years of funding.

To strengthen teaching and educational scholarship, we conducted 22 faculty development workshops, the Teaching Scholars Program and the Fellowship in Medical Education Research for faculty members plus the Area of Concentration and the Area of Distinction programs in medical education for students and residents.

Honors and Awards

Our faculty received numerous honors for distinguished teaching, educational research and leadership in medical education. Examples include: Dr. Molly Cooke who received the AOA Robert J. Glasser Distinguished Teacher Award from the AAMC, Dr. David Irby who received the Distinguished Service Award from Graceland University and the John E. Chapman Award from Vanderbilt School of Medicine for seminal and transformative contributions to biomedical education, and Dr. Pat O’Sullivan who received the Established Investigator Award from the American Educational Research Association. In addition, Dr. Helen Loeser received the Holly Smith Award for Exceptional Service to the School of Medicine.

Conclusion

Congratulations to all who continue to make sustained contributions to the advancement of medical education and health worldwide.

David M. Irby, PhD
Vice Dean for Education
UCSF School of Medicine
I. Admissions
   A. Select the most qualified individuals to study medicine.
      1. Reviewed a total of 6,232 initial applications, compared with the total of 5,574 initial applications in 2005 (an increase of 12%).
      2. Invited 1,610 applicants to submit formal applications and letters of recommendation (an increase of 10%).
      3. Interviewed 528 candidates (a decrease of 5%).
      4. Plan to enroll entering class of 147 students at UCSF, including 12 students in the Medical Scientist Training Program (MSTP) with the class size increase of 6 students entering the PRIME-US program. An additional 16 students enrolled at the UC Berkeley/UC San Francisco Joint Medical Program.
      5. Continued development of a totally electronic system for reviewing applications. The applicant interface is complete and in operation. The administrative console will be rolled out this year (2007-08), and complete access for committee members will be ready for 2008-09.
   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. Increased diversity in the incoming class from 18% UIM in 2005-06 to 28% UIM in 2006-07.
      4. Awarded scholarships 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.
      5. Conducted a very successful Accepted Student Weekend in May.

II. The Haile T. Debas Academy of Medical Educators
   A. Support and reward outstanding teachers:
      1. Recognized outstanding performance as a teacher and educator through Academy membership:
         a. Selected sixth group of 10 members, representing 7 departments with a total membership of 71.
      2. Announced the sixth annual Kim Award, $2000, given annually to an Academy member to be used for personal renewal and recreation; Patricia Robertson, MD was this year’s recipient.
      3. Advanced the matched chair program:
         a. Three Academy members were appointed to matched chairs:
            • Cellular & Molecular Pharmacology – Susan Masters, PhD – Academy Chair in Pharmacology Education
Family & Community Medicine – Margo Vener, MD – Vitamin Settlement Endowed Chair in Community Medicine II
Radiology – W. Richard Webb, MD – Hideyo Minagi Endowed Chair

b. Orthopaedic Surgery – Academy Chair in Orthopaedic Surgery

Education established but not yet filled.

c. Three remaining chairs at various stages of process.
   • 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. Highlighted school-wide educational activities and provided services useful to all teachers and educators:
   a. Continued improvement of the Academy website.
   b. Sponsored the sixth annual “Education Day” on April 23, 2007 that included 49 abstracts covering a variety of important issues in undergraduate, graduate and post-graduate medical education, a 50% increase from 2006. The AME Cooke Awards for the Scholarship of Teaching and Learning given to projects in two categories: outstanding curriculum development project and outstanding hypothesis-driven educational research project. Award nominations were made to top scoring projects following blinded peer review of all education day abstract submissions. This year’s winners were: Judith J. Prochaska, MD, MPH and Eva H. Chittenden, MD. Again offered 4 workshops at Education Day.
   c. The second group of ninety-one were honored for their excellence in direct teaching and mentoring.
   d. Continued work in Faculty Development.
      i. Conducted the annual Faculty Development Workshop focused on Mentoring.
      ii. Academy members presented workshops in the inaugural Faculty Welcoming Week, September 18-22, 2006 sponsored by the Chancellor’s Council on Faculty Life (CCFL).
      iii. Individual teachers in Prologue, Brain, Mind and Behavior, Metabolism and Nutrition, and Life Cycle blocks have been TOPped (observed by a trained observer) at the request of the block directors. Several individual consultations not in these blocks have been performed, and several small groups in Prologue were also TOPped. TOPping for residents was also introduced this year, with 10 residents observed, and several others have been paired with mentors who will observe them in the fall of 2007.
   e. Joined forces with Office of Medical Education in the ESCape series to assist in reviewing education-related presentations, manuscripts, and funding proposals at various stages of development.
2. Continued development of the departmental liaison program
   a. 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.

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 in 2006-2007 totaled $252,344.80 for the following projects:
      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-Centered, Cross-Clerkship Curriculum at VAMC SF
      e. Self Contained Tutorials of Movement Disorders Using Video Examples
      g. Vision for Life: Ophthalmology from Preemies to the Elderly
      h. Transforming 'Professionalism' from Concept to Practice
      i. Teaching Third-Year Medical Students and Medicine Residents Concrete Professionalism Skills in Provider Transitions of Care
      j. A Novel Instructional Approach to Teaching Bedside Abdominal Ultrasonography Using a Self-Directed, Interactive Flash Multimedia Module for Preclinical and Clinical Medical Students
      k. Modernizing the UCSF School of Medicine’s Teaching on Tobacco Effects and Treatment across Disciplines and All Four Years of Training
      l. Can You Hear it? Developing a Comprehensive Case-Based Cardiac Physical Exam Curriculum for All Four Years of Medical School
      m. Model SFGH: Longitudinal Mentoring, Self Assessment, and Learning
      n. Improving the Transition to 3rd Year: An Interdisciplinary "Pre-Clerkship" at SFGH
   2. Selected new projects for funding beginning on July 1, 2007 in the amount of $149,888.00. Funded projects for the new cycle are:
      a. Creation and Application of Interactive Computer-based 3D Modules for the Teaching of Anatomy to Medical Students and Postgraduate Trainees
      b. Assessment of Neurologic Reflex Skills in Medical Students and Residents at Various Levels of Training
      c. An E-Portfolio Tool to Foster Formative Evaluation of Independent Projects
      d. Improving Small Groups: Videos for Faculty Development and Student Instruction
      e. Maternal, Child and Family Health; Model Longitudinal Integration at UCSF Fresno
      f. Comprehensive Student Assessment for the One-Year Integrated Clerkship Pilot at Parnassus

D. Expand funding for the Academy of Medical Educators:
1. Secured additional funding in the amount of $100,000 from the Drown Foundation.
2. Endowment of the Kim Award by Edward Kim. The Academy will fund the award while the endowment is being established.
3. Received a 10 year commitment to fund the Academy from Dean’s Office and the Office of Medical Education.

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.
   2. Executive Committee, comprising 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. Continued the work of seven working groups:
      a. Communications (with Annual Update, Quarterly Update and Website Sub-Groups
      b. Educational Policy and Advocacy
      c. Faculty Development
      d. Innovations Funding
      e. Membership
      f. Scholarship
      g. GME
      h. Continued to develop the role of the Advisory Board. The current board has a broad representation of non-member stakeholders, including department chairs, non-member faculty educators, trainees, vice deans representing various constituencies, and an emeritus faculty member and benefactor.

III. Continuing Medical Education

A. Improve delivery of CME Activities:
   1. Increased the number of activities presented. Numbers for all activity types including live conferences, regularly scheduled conferences (RSD) and enduring materials are as follows:

<table>
<thead>
<tr>
<th>Activity Summary</th>
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</thead>
<tbody>
<tr>
<td>Live Confs.</td>
</tr>
<tr>
<td>144</td>
</tr>
</tbody>
</table>

   Total enrollment: 23,631
   Gross revenue: $11.5 million
   Surplus returned to clinical departments: $2.29 million

   Of the 144 live courses, the Office of CME planned 56 courses for the following departments: Anesthesia and Perioperative Care; Community Health Systems (School of Nursing); Epidemiology and Biostatistics; Family and Community Medicine; Neurology; Obstetrics, Gynecology and Reproductive Science; Medicine; Orthopaedic Surgery; Otolaryngology - Head and Neck Surgery; Pathology; Pediatrics; Psychiatry; Surgery; and Urology. The Department of Radiology planned 26 live courses and 40 visiting tutorials. The remaining 46 live courses were planned and presented by faculty and staff in the Departments of Anesthesiology &
Perioperative Care; Family and Community Medicine (at SFGH); Neurology; Neurological Surgery; Obstetrics, Gynecology and Reproductive Science; Orthopaedic Surgery; Otolaryngology - Head and Neck Surgery; Pathology; Pediatrics; Psychiatry; Surgery; and Urology and with other UCSF partners that include the Academic Geriatric Resource Center; the California Geriatric Education Center; the Center for Infectious Disease Preparedness; the Gladstone Institute; the Osher Center for Integrative Medicine, the UCSF Medical Center Heart and Vascular Center; the Institute for Health Policy Studies; the Monterey Bay Geriatric Education Center; the Pituitary Network Associates; the Society for Hospitalized Medicine; the State of California Department of Disability Services; Walden House.

2. Continued to offer new and innovative courses. UCSF CME sponsored several new courses addressing topics across a variety of health issues including: adult congenital heart disease; frontotemporal dementias; glaucoma; HIV resistance; intracranial atherosclerosis; mental health leadership; pituitary disease; prostate cancer; responding to public health emergencies; sports medicine; and women’s reproductive issues and environmental factors.

3. Continued work in innovative areas including the reintroduction of a healthcare disparities course; annual offerings of two osteoporosis courses; and the first-time offering of a glaucoma course. Web M&M, a nationally recognized patient safety and quality improvement case curriculum offered as a partnership between the UCSF Department of Medicine and the Agency for Healthcare Research Quality, added several new modules and had a very robust enrollment or 8,000 registrants. Ob/Gyn again offered its presentation on enhancing teaching skills to volunteer clinical faculty. The AIDS Education Training Center 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. The course was nominated for a Best Collaborative CME Activity Award offered by the Alliance for CME. The Department of Psychiatry again partnered with Walden House on a smoking cessation program for persons with dual diagnosis.

4. UCSF activities continued to receive substantial grant funding. 55% of UCSF CME activities received support. A breakdown by broad activity type is shown below:

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Government Grant</th>
<th>Commercial Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Conferences</td>
<td>$509K</td>
<td>$3.1 Million</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>$0</td>
<td>$265K</td>
</tr>
<tr>
<td>Enduring Materials</td>
<td>$97K</td>
<td>$0</td>
</tr>
<tr>
<td>Total UCSF</td>
<td>$606 K</td>
<td>$4.1 Million</td>
</tr>
</tbody>
</table>

5. Developed and launched podcasts of selected recordings of UCSF CME content.

6. As a member of the UC CME Consortium (the consortium of five UC medical school CME programs) the UCSF CME program continued discussion with the UC Office of the President’s Division of Health Affairs to address statewide CME needs. The consortium developed standards.
to address the requirements for cultural and linguistic competency under AB 1195 and each of the five campuses implemented the use of the same tools to manage and track data. UC CME also worked to help California physicians meet the requirements of AB 487, AB 1820 and AB 1195 (Pain Management Care of the Terminally Ill, Geriatric Medical Training Act of 2000 and Cultural and Linguistic Competency in Continuing Education). For AB 487 the five campuses provided CME for approximately 30% of the state’s physicians.

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

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

D. Improve UCSF CME program performance:
   1. Analyzed program evaluation data and found that for live courses presented in calendar 2006, 41% had a score of 4.5 overall or better on a 5-point scale, 54% had a score ranging between 4.0 and 4.49, 1% scored below 4.0. 4% did not address the question.
   2. Completed the ACCME Self-Study and hosted the site survey for purposes of reaccreditation. Feedback from the reviewers was positive with particular emphasis on the high level of engagement demonstrated by the UCSF CME Governing Board.

E. Continue the presence of UCSF leadership in the national CME community:
   1. Dr. Baron continued his service as President of the University of California CME Consortium.
   2. Discussed with the ACCME and UC CME Consortium a program to lead a state-wide effort to link state health quality performance data, CME, physician behavior and patient outcomes.
   3. Provided leadership for and/or participated in Society of Academic CME, American Association of Medical Colleges, Alliance for CME and Food and Drug Law Institute meetings and discussions. Leslie Aguayo, administrative director, was elected to a one year term as the Western Regional Representative for Society for Academic CME effective March 30, 2007. Kolette Massy, accreditation manager was named the chair-elect of the Membership Committee for Society for Academic CME, effective March 30, 2007.
   4. Provided consultation to other prominent universities’ CME program (Stanford, Cleveland Clinic) regarding administrative policies and procedures.

IV. Curricular Affairs

A. Enhance the quality of undergraduate medical education.
   1. Provide management and oversight to the curriculum.
      a. Supported restructuring of the final course in the Essential Core to improve the review and consolidation aspects into an Epilogue;
      b. Oversaw an initial evaluation and reporting process for thorough review of themes and disciplines.
      c. Supported block-by-block implementation of the Essential Core; oversaw ongoing quality improvement process with special attention on the first run of the newly placed “Cancer Bench to Bedside”.
      d. Consulted with course leaders for Longitudinal Clinical Experience (LCE), working to integrate LCE into pilot clerkships and to develop student and preceptor accountability for meeting learning objectives.
e. Met regularly with new course director for Intersession, participated with theme leaders to deliver highly evaluated course for 2006-7, and to deliver the first 2-week long Intersession #3 with great success.
f. Worked with the leaders of the capstone course, Coda, to refine the curriculum and requirements, and to implement the first year with departmental support from Surgery.
g. Worked with OET team to define the structure, communications and oversight for program and student evaluations.
h. Continued development of the Areas of Concentration programs, culminating in a highly successful cross-class symposium with at least 60 students participating; each AoC now has defined foundational coursework, and leadership.
i. Monitored teaching hours by department, generated from Ilios.
j. 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. Transformed the process and product from COSA (Committee on Student Assessment) into the Program in Student Assessment (PISA); establish reporting relationships across the curriculum and set year’s goals.
b. Undertook pilot implementation of “coaching” program with MS-1s to improve small group learning skills, self-and peer assessment.
c. Initiated planning for future decreases in small group size in EC
d. Continued regular schedule of clinical clerkship benchmarking and initiated process for defining (ACGME-related) competencies, within and across clerkships.
e. Continued development and implementation of hand-held, web-based program, “EncounterIt”, to track students’ patient encounters & accomplishment of learning objectives.
f. Continued development of student learning portfolios, charging and overseeing two working groups on technical and educational standards, and identifying pilot opportunities.
g. Expanded the Clinical Skills Program in our dedicated Clinical Skills Center (CSC), introducing and experimenting with several formats for an early-third-year formative “mini-CPX-1”; continued the successful mid-year “mini-CPX-2” for the full MS-3 class; delivered the California Consortium’s Clinical Performance Exam (CPX) for all rising fourth-year students, June 2007; participate in leadership for CCACC
h. Continued to support and further expand the Standardized Patients (SP) program in the Essential Core - for advanced interviewing (Foundations of Patient Care,) PBL cases, and end-of-first and end-of-second year OSCEs, as well as for in-progress skills assessment.
i. Continued successful fundraising for our Clinical Skills Center; participated in successful fundraising for a new Simulation Center.
j. Maintained integrative exercises utilizing the anesthesia simulator for all first-, second- and third-year students.
k. Monitored student interactions with faculty and residents in clinical rotations including improving respectful clinical learning environment.
I. Supported the continuation and development of many student-initiated electives and interest groups, e.g. continuation of the successful physician-scientist lecture series and journal club, and initiation of a clinical science version; support for working groups developing elective programs such as addressing health disparities, the interface of medical and legal aspects of homelessness, ethics and health systems.

3. Support curricular innovation and program development.
   a. Participated in leadership group overseeing development of Pathways to Discovery; charged and coordinated seven subcommittees; co-hosted a mini-retreat on advancing inquiry, innovation and discovery in education through PTD program development.
   b. Consulted regularly with faculty leadership to continue to innovate in the Clinical Core: supporting the second run of VALOR, the VA-based program at 3 times the size; implementing the third run of Model SFGH and expanding some core program resources to all students; defining ORACLE, a progressive cohort, as the mainstream for students; and launching PISCES (Parnassus Integrated Student Clerkship Experience).
   c. Transformed the traditional Prep for Clerkships to a new Transitional Clerkship, incorporating the First Clerkship.
   d. Launched the pilot year for the new PRIME-US (health care and leadership for urban underserved) program with 10 students from within the 153 accepted UCSF and JMP class of 2010; admitted 10 additional students to increase class size in September 2007.
   e. Participated in development and oversight of grant-supported curriculum enhancement in the Social and Behavioral Sciences, Geriatrics, and Chronic Illness.
   f. Continued participation on UCSF’s Interprofessional Education Task Force, developing curricular opportunities and material to support cross-school, collaborative and team-learning; implemented the first annual Interprofessional Education Day during orientation for all incoming professional students; supported cross-school curriculum development in clinical research training.
   g. Represented the School of Medicine in the Western Association of Schools and Colleges (WASC) accreditation preparation process, aligning goals to campus strategic plan.

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. Worked with student, staff and faculty to enhance sensitivity to and skills for working with issues of diversity; implemented additional “diversity” workshop for MS-2s.
   3. Supported tutoring services and assessments for students with learning challenges/disabilities.
   4. 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.
5. Produced Dean’s letters of recommendation for 146 students graduating in 2007 – culminating in a remarkably successful match.

C. Develop and enhance student participation in curriculum development and teaching.
   1. Coordinated participation of 20 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 full-time (Melanie Dance) and two part-time (Duncan Henry and Pamela Lyss-Lerman) MS-4 Med. Ed fellows for the 2006-7 year.
   5. Celebrated 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.
      c. Worked closely w/ JMP leadership on developing PRIME-US program
   3. Provided oversight of UCSF Fresno:
      a. Strengthened UCSF Fresno education programs, conducting regular meetings with leadership of student programs in Fresno; focus (w/ OSA) on improving learning environment.
      b. Supported visits by UCSF clerkship directors to Fresno clerkship sites, and review of Fresno site performance.
   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 support for director, 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. Led searches for faculty leadership for Intersessions, the Medical Education Area of Concentration, and PRIME-US.
8. Consulted with peer institutions nationally and internationally regarding the curriculum development, the change process and/or specific program components: UCLA; UC Merced; Stanford; Touro; Mount Sinai School of Medicine; University of Southern Florida; University of Alabama; Muhimbili University College of Health Sciences (MUCHS) in Dar es Salaam, Tanzania.

9. Traveled to Cuba to learn about their innovative medical education and global health programs.

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 additional training to provide high-quality service and enhance their professional development.
6. Provided staff training to department administrators to enhance their skills in coordinating the Essential Core courses.
7. Employed and adapted the highest levels of technology in the delivery of student services: ISIS introduced.

F. Improve facilities for education
1. Participated in planning committee for auditorium and education space in the Institute for Regenerative Medicine (stem cell) building.
2. Participated in system-wide and state-level meeting to develop program for PRIME-US and telemedicine capital funding.
3. Participated in campus planning committee for repurposing library space for education; focused on launching simulation center, space and program.

V. Educational Technology
A. Completed Projects on Learning Technologies, Evaluation and Data
1. ePIC and ePortfolios
   a. Drafted one year charge for ePortfolio Implementation Committee (ePIC) which consisted of three working groups: Leadership, Educational Standards and Technical Standards
   b. Summarized committee's work in the Electronic Portfolio Business Analysis, which details requirements, standards, infrastructure, stakeholders, functionality and implementation plan for electronic portfolios in the School of Medicine.
2. Conducted an IT Planning Retreat with the Information Services Unit in preparation for a new strategic plan for technology in education
3. Supported Mini-CPX I, Mini-CPX II and CPX
4. PISCES Support (see respective areas of OET for detail)
5. Co-authored the Prop 1D Telemedicine and PRIME proposal for technical and curricular implementation of telemedicine training at UCSF
6. Co-chaired the Simulation/Clinical Skills Center programming team
7. Planned and conducted a strategic planning retreat for the Academy of Medical Educators
8. Planned and conducted a strategic planning retreat for WGEA Computer Resources in Medical Education SIG
9. Completed the merger of staff and budget management for offices of educational technology and medical education

B. Learning Technologies
2. Authored the Learning Spaces Report which outlined six key recommendations for educational leadership to consider in the creation of new educational learning spaces. This report has been submitted to key individuals and committees both within the school and campus. It has been incorporated into the UCSF Strategic Planning process.
3. Deployed audio lecture recording program for the Essential Core curriculum, making all lectures in the first two years of medical school available via mp3 audio files to all students anytime, anywhere.
   a. Created an evaluation program to determine audio recording efficacy. Initial data show almost 70 percent of medical students used audio lectures, with 20 percent being heavy users. Many students download the audio and review the lectures while driving or working out.
4. New Laptops for the Mobile Computing Program: With donor support from the Class of 1952, the loaner laptop program has been updated with 20 new Dell laptops for use in the medical school curriculum. The mobile computing program seeks to facilitate teaching and learning through improved access to technology.
5. Overhauled first year technology orientation: The Class of 2010 technology orientation in the Fall of 2006 was redesigned to include presentations, as well as hands on workshops on getting students connected and started with key technology services at UCSF, including email, wireless network access and information security applications.
6. Created a Customer Satisfaction Evaluation for the Essential Core iROCKET Online courses to facilitate formalized feedback and create benchmarks.
7. Improved iROCKET Help Desk services through the creation of help desk resources.
8. Enhanced Summer Curriculum Ambassador Program Media Training & Technical Support through the creation of formalized workshops and curriculum and greater project planning and management.
9. Supported the development of 30 technology-enabled curriculum projects for medical education, which utilized students’ and faculty experiences in online learning to develop effective web-based resources.
   a. Examples include: The use of video to show clinical cases, others use RSS for news and theme maps, graphics/rollovers in Mitosis, and Josephine Tan used the program Captivate™ to teach clinical research design. Jacque Moro perfected her video shooting skills and worked with Dr. Kim Topp to produce high quality videos to teach
10. Released Ilios v.5.5 with several upgrades and fixes.

11. EncounterIt: Tracking and Documenting Medical Student's Clinical Experiences - an infrastructure to enable a transition towards competency-based assessment and the monitoring of student clinical experience across courses, sites and settings
   a. Implemented EncounterIt, a web- and pda-based system for medical students to document clinical encounters across all required Clinical Core clerkships in the third year.
   b. Participated in a panel entitled, "Capturing medical students' patient encounters in clerkships: Multi-institutional approaches and outcomes," at WGEA 2007 spring meeting.

12. 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.

13. Partnered with the Library to staff a student computing help desk.

14. Launched Medstudent Portal Redesign in summer of 2007, which paves the way for future personalization and adds support for new technologies such as RSS.

15. Provided faculty development on WebCT™ training for over 100 faculty and small group leaders in the Essential Core.

16. Worked with the Medical Center and PISCES longitudinal clerkship leadership to deploy and customize features of UCare, including the creation of student patient panels and a patient pager/email notification system.

17. Developed and offered Faculty Development Workshops on the following topics:
   a. Preparing your Digital Learning Materials for National Peer Review
   b. "Hey that's mine!" Fair Use and Copyright in Education
   c. Technology in Teaching and Learning

18. Developed and offered Teaching Scholars Workshops on:
   a. Storyboarding as a method for project planning
   b. Technology to support curriculum development

19. Developed or supported the following electives or courses: 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, Health Policy: Intro & Current Topics.

20. Developed joint student computer hardware and software requirement with nursing, pharmacy and dental schools and graduate division.


22. Developed new iROCKET courses for Teaching Scholars Program, PISCES longitudinal clerkship, PRIME-US, and the Curriculum Ambassador Program.
23. Partnered with the Library to pilot the Confluence wiki application to support online collaboration. Wiki spaces have been established for PiSA, PISCES and PRIME, as well as working groups such as ITEC and ePIC.
24. Co-chartered the UCSF Interschool Technology in Education Committee which fosters the exchange of educational technology information between the five schools for the optimum application of educational technologies in support of our students, our courses, and our faculty.
25. Developed and piloted a Hypertension video-based online case module designed to teach students in the Family Medicine clerkship the basics of managing the hypertensive patient.
26. Supported the creation of curriculum theme web sites for genetics, ethics and tobacco control. These sites centralized information about the theme, including general resources and information on research and mentoring opportunities, and provides longitudinal graphic maps of how the theme integrates into the curriculum. These theme sites, and the others currently under development, are brought together in a Curriculum Theme iROCKET course which increases the themes visibility and allows students to explore the themes at their convenience.

C. Educational Data
1. SOM’s 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
   a. In Fall 2006, we implemented our Integrated Student Information System (ISIS). ISIS users can search/view student contact information; search students by program, status, and educational activity; create rosters, photo sheets, and other reports; and view clerkship schedules. Access to ISIS is role-based, providing appropriate levels of access and security depending on user's role: dean, staff, mentor, scheduler. Certain roles can view event and assessment data and create confidential meeting notes. In Spring 2007, an application update was released that incorporated feedback from users as well as necessary corrections and desired modifications to functionality. As of June 2007, there are 125 trained ISIS users.
   http://medschool.ucsf.edu/isis
   b. In November 2006, work began on ISIS Phase II, which will build on existing ISIS functionality by providing online electronic forms and workflow to accept and track student applications to medical school programs, such as summer research, international programs, etc. The system will provide flexibility to allow Program Administrators to create and manage new programs at any time. With ISIS Phase II, a student role will be enabled, allowing students to view and modify appropriate information about their activities while in medical school. ISIS Phase II is targeted for a February 2008 release.
   c. Established processes to load and maintain the ISIS assessment archive, which includes MCAT and USMLE scores, essential core exam grades, clinical rotation evaluations, CPX and Mini CPX scores.
2. Ad hoc Data Integration & Reporting: Continued to provide reports and data linking across multiple data sources and databases: admissions data, clerkship & essential core scheduling data, ISIS data, evaluation
data, survey data, assessment data, patient encounter database, campus personnel database, Registrar's database, WebSP™ data, and others.

3. E*Value™: Continued to refine the data model of 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. In addition to ad hoc reporting, some of the data needs met utilizing this data source are:
   a. Analysis of "respect" responses to track educators with low-score respect evaluations
   b. Extract of Summary Comments for inclusion in the Medical Student Performance Evaluation (aka Dean's letter)
   c. Facilitation of account conversion of SOM graduates remaining at UCSF for residency training.

4. UCare/CADE: Streamlined the process for creation of necessary Med Center accounts for rising third-year students to gain training and access to patient information database

5. EncounterIt: Working with evaluation staff and course directors, developed custom and ad hoc reporting of the patient encounter data

6. Admissions application re-engineering; served on ongoing committee creating the paperless Admissions application; provided input and feedback during development phase

7. LCME/UME Institutional Benchmark: In order to maintain a position of LCME audit readiness, have convened a committee to analyze each LCME standard and itemize target objectives, actions required, and data sources needed to demonstrate UCSF’s performance toward the LCME standards. Created a database to house and document our work and findings.

8. Registrar/Admissions: Facilitated a process to obtain preferred first name from admissions data in advance of matriculation account creation. This avoids the effort and confusion of name changes after account creation.

D. Educational Evaluation

1. Evaluate teaching and courses
   a. Design and implement evaluation for the UCSF SOM undergraduate medical education curricula
      - Assign evaluations for the essential core and some of the clinical core and advanced studies.
      - Oversee evaluations including policy and implementation for the clinical core within each department and pilot programs
      - Designed and implemented unique evaluation plan for evaluating four new clinical innovations
      - Designed and implemented unique evaluations of:
        o Comprehensive disciplinary themes in the essential core
        o The audio-recording of essential core lectures
        o Learning technology services
        o Video recording of lectures
        o The newly merged Epilogue/Life Cycle course, Board Prep Review, PRIME program and Transitional Clerkship
      - Re-assessed and re-designed format for conducting the essential core block feedback sessions
      - Conduct analyses and reporting on all core UCSF SOM curricula
• Designed and conducted ePIC Educational Standards group focus group on learner artifacts
• Made new revisions, streamlined, and shortened course, clerkship and teacher rating (small group leader and lecturer) evaluation forms for the essential and clinical core.
• Drafted and conducted new comprehensive clerkship evaluation plan which assesses multiple data points among clerkships and sites and includes but is not limited to student satisfaction data
• Continued collecting evaluation data from organizations (AAMC GQ and MSQ; AMA Physician master file) as well as internally (Post-match transitional surveys, advisory college evaluations, alumni survey, well being survey; PGY-1 survey)

b. Supported the use and improvement of E*Value™, a web-based evaluation system.
   • To increase the accuracy of evaluations, Course Directors have requested to have photographs of all instructors in E*Value™. Students will now see an instructors photograph when completing an evaluation.
   • Improved system for evaluating lecturers who lecture less than three hours in E*Value™ by incorporating lecture topic, date, and faculty photo for each lecture evaluation
   • Daily in-use monitoring of functionality enhancements generated by E*Value™ this year (in response to our needs) to provide developmental feedback to E*Value™ (e.g., improved seek/response time for searches; use of 'sticky' function for settings in the scheduling process)
   • Ongoing assessment of how iROCKET data could inform, enhance, or simplify the scheduling process within E*Value™
   • Upgraded essential core small group evaluation scheduling with the use of team scheduling
   • Increased the use of timeframe groupings for greater efficiency
   • Joe Crawford was acknowledged on E*Value™ website for beta-testing of new scheduling interface made available in January 2007
   • Released over 54,000 SOM evaluations via E*Value™ (Aug 06—Jun 07)

c. Supported and trained faculty and staff on evaluation-related systems.
   • Provided data extract and analysis for special core curricular evaluation projects
   • Trained faculty and staff in use: global health sciences, accepted students weekend, AME Tip Top program, ophthalmology
   • Provided evaluation training and support to the Academy of Medical Educators for application and status renewal of members
   • Provided evaluation training and support to clerkship directors and clerkship administrators (new and established)

2. Learner Assessment
   a. Enhance Clinical Performance Assessment in the third & fourth year.
      • Supported online data entry and reporting system, WebSP™, for the Clinical Performance Exam (CPX) and the "mini CPX1" and "mini CPX2" for mid-third-year students.
- 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.
- Online reporting to students on the CPX and mini-CPX scores.
- Design and conduct requested statistical analyses of examinations to determine validity and reliability
- Design, implement, and conduct assessments for CPX interstations exercises and annual/unique surveys
- Create and disseminate evaluation policies.

b. Examination scoring and performance reporting
- Scan and score examinations for the essential and clinical core and report individual as well as group performance and item analyses to stakeholders
- Created new policy and guidelines for clerkship evaluation scoring
- Stabilized the work flow for the essential core exams
- Scan and score objective structured clinical exam (OSCE) for second year students
- Design and conduct requested statistical analyses of examinations to determine validity and reliability

3. Survey Design and Creation
   a. Oversee design and implementation of evaluation and research surveys for student and faculty projects
   b. Create surveys using scanning and online technologies:
      - 21 surveys created with Remark software (apprx.130 hrs.)
      - 40 surveys created with Ultimate Survey software (apprx.100 hrs.)
   c. Design and conduct appropriate statistical analyses for survey data collected

4. Formalize and streamline processes
   a. Created, implemented and revise 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.

5. Oversee teaching awards planning, process and implementation for the essential core and Kaiser teaching awards
   a. Enhanced selection process by making electronic nominations available to students and residents
   b. Started a process of review and reorganization for all teaching awards

6. Provide curriculum grant support: National Institutes of Health: Social and Behavioral Sciences

VI. Educational Research and Faculty Development
A. Educational Research Program
   1. Consultation
      a. Consulted with (30) faculty members, (5) fellows, and (18) students on their educational research
      b. Consulted in the following educational research areas
         - professionalism
• clinical teaching
• assessment
  o Clinical Assessment Performance Examination
  o Portfolio and reflection
  o Simulation
• Curricular impact
  o Instructional approaches (e.g. clinical education innovations, skills instruction, use of web-based instruction, integration of physical assessment and clinical reasoning)
  o Specific instructional topics (e.g. cancer prevention, social and behavioral sciences)

2. Medical education research funding
   a. Developed guidelines for annual competition for small seed grants for faculty to promote educational research

3. Medical education research fellowships
   a. Sponsored two faculty medical education research fellows
      • Eva Chittenden, MD
      • Audrey Foster-Barber, MD, PhD
   b. Directed a medical student education fellow
      • Melanie Dance, MD
   c. Directed a medical student in educational research
      • Brian Niehaus

4. Medical education support services
   a. Provided editing services for manuscripts and abstracts
   b. Provided statistical analyses for educational research projects

5. Directed the Carnegie Foundation for the Advancement of Teaching’s national study of medical education (M. Cooke and D. Irby)

B. Faculty development
1. Conducted 11 faculty development workshops in the Key Educational Skills series for 275 faculty members
2. Conducted a weekly educational scholarship conference (ESCape)
   a. Conducted 8 “journal club” sessions on peer-reviewed articles or other topics.
   b. Conducted 46 consultations on scholarly manuscripts, abstracts, presentations, posters or funding proposals by students and faculty for Education Day, AAMC/RIME, WGEA and AME Innovations Funding, and others.
3. Conducted Teaching Scholars Program for 14 scholars.
   a. Jeffrey Belkora, Ph.D.
   b. Lee-May Chen, M.D.
   c. Kerry Cho, M.D.
   d. Melanie Dance, M.D.
   e. Joan Etzell, M.D.
   f. Badrinath Konety, M.D.
   g. John Maa, M.D.
   h. Edward McNulty, M.D.
   i. Leila Alpers Moore, M.D.
   j. Ayman Naseri, M.D.
   k. Selma Omer, Ph.D.
   l. Steve Polevoi, M.D.
m. Rene Salazar, M.D.
n. Frank Tendick
C. Provided service to national educational research community
   1. Edited educational research series for the New England Journal of Medicine (D. Irby)
   2. Served as vice president for division of professions education for the American Educational Research Association (P. O'Sullivan)
   3. Served as review editor for Medical Education Online (P. O'Sullivan)
   4. Served on editorial board for MedEdPortal (P. O'Sullivan)
   5. Served as reviewer for educational research manuscripts (D. Irby, P. O'Sullivan, A. Teherani)

VII. External Programs
A. Develop strategies for maintaining diversity within the entering class for 2007.
   1. Hosted Accepted Student Weekend for 49 underrepresented minority admitted students and 79 non-minority admitted students.
   2. Conducted the Post Baccalaureate Program. Sixteen participants completed the program held during the 2006-07 academic year; 15 will apply for 08 matriculation. Sixteen students from years 2003-04 to 2005-06 applied to medical school this year, fourteen received acceptances and will be matriculating in the fall. The one remaining student will apply in the coming year. This brings the overall program total of acceptances to 92.70 percent since 2000. Fifty-seven percent of those are in California medical schools; 49 percent are in UC medical schools. Thirty-four of our former students have graduated from medical school. Fifteen are engaged in primary care residencies—family medicine, internal medicine, pediatrics, and ob/gyn. Two students are doing residencies in emergency medicine, and eleven students are engaged in specialty residencies ranging from anesthesia, psychiatry and surgery to urology. One student will engage in a masters in public health program. To date, five students have not reported their match information. Twenty-one of the twenty-seven respondents are currently in residency programs in California.
   3. Hosted the ninth annual medical school admissions workshop for 221 attendees from all over California.
   4. Conducted workshops/talks on site at five local community colleges. One hundred and six students were served.
   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 (Underrepresented in Medicine) Mentoring Program: Supported UIM mentoring program for UCSF minority medical students, residents, and faculty members. Hosted six workshops from September 2006 to March 2007. Workshops included: Annual Welcome Dinner; Community Activism: What, How and Why; Emotional Empowerment: Head and Heart; Community Practice: Many Doctors, Many Choices; Men of Color/Women of Color: Inspiration as Medicine; Academic Medicine: Everything You Wanted to Know But Were Afraid to Ask. Attendance by students and faculty ranged from 31 attendees to 77 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 four participating schools groups, serving 55 students.

VIII. Graduate Medical Education
A. Administration
1. GME Faculty
   Rene Salazar, MD was hired (.10FTE) to serve as the Director of Diversity, charged with enhancing minority recruitment programs for graduate medical education at UCSF. Dr. Salazar is an Assistant Clinical Professor in the Department of General Internal Medicine.

B. Financial
1. The GME Finance Unit has been expanded to include a Finance Manager (Daniel Brauner) for managing GME-managed funds for resident and clinical fellow salaries and benefits, and a Finance Analyst (Liza Asato) for managing the GME unit budget and expenditures.

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

2. Programs
   a. Current Program Sponsorship
      There are 71 ACGME-accredited programs at UCSF. Two new programs for this year include: Transplant Hepatology and Emergency Medicine. Transplant Hepatology is a one-year fellowship program with 2 trainees under the direction of Nathan Bass, MBChB, PhD. Emergency Medicine is a four-year residency program with 48 trainees under the direction of Susan Promes, MD. The EM program will be recruiting this fall for its first class of incoming PGY-1s starting on July 1, 2008. The Psychosomatic Medicine Program voluntarily withdrew as an ACGME-accredited program effective 6/30/06.

   b. RRC Program Notification Letters
      All program notification letters from the RRCs were reviewed and tracked. Fifteen letters were received in 2006-07. Responses to citations were reviewed and approved by the GMEC prior to submission to the RRCs.

   c. Internal Reviews
      Claire Brett serves as Director of Internal Reviews. Twenty-two Internal Reviews were conducted in 2006-07 at or near the mid-cycle review dates.

   d. Duty Hours
      Duty hours monitoring is conducted by the programs on an ongoing basis. The GME office requires programs to report duty hour violations on a semi-annual basis via the GME web-based duty hours tracking system. During the most recent analysis, the GME Committee judged all duty hour violations to be minor.

   e. Moonlighting
      Each training program must develop a policy regarding moonlighting.
The Program must state whether moonlighting is or is not allowed. For 2006-07, Neonatal-Perinatal Medicine submitted policies allowing for moonlighting.

f. 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.

g. Annual Program Director’s Update
The Annual Program Director’s Update for 2006-07 will be distributed to Program Directors in August ’07 via Ultimate Survey. This new electronic format will help streamline the process for completing this comprehensive data report.

D. Resident/Fellow Affairs
1. Appointments
Appointment of new and continuing residents and fellows were completed on schedule. One major improvement to this year’s process included collaboration with Employee Health to establish after-hours PPD testing and reading. These extra clinics allowed trainees to gain improved access to PPD testing services which significantly reduced delays in completing appointment paperwork. Additional enhancements included: streamlined appointment forms, training sessions for Program Coordinators, and rolling deadlines for submitting completed appointment packets.

MSO Update, the system used by the UCSF Medical Staff Office and GME Office for generating provider IDs for residents and fellows, as well as assigning appropriate clinical competencies by program and PGY-level, has several system limitations. As a result, MSO Update will be replaced by a web-based system. This will occur sometime during the 2007-08 academic year.

2. Licensure
Two license fairs were held this year, with a combined attendee list of over 200 participants out of a total of 250 that needed to be licensed. In 2004-05, the attendance was 75. In 2005-06, the attendance was 150. All but 2 continuing residents that were required to be licensed by July 1st were licensed. The two exceptions were due to applicant errors.

3. Salaries and Benefits
a. Salary increases
The revised salary scale for residents and clinical fellows, effective on July 1, 2007, will bring UC’s house staff salary levels to the Council of Teaching Hospitals (COTH) 50th percentile for 2006-07 plus an additional 3.3% for all levels. The revised scale is also intended to assure that UC salary scales are adjusted in parallel with national trends for physician training programs.

b. Health benefits changes
Although HMO, PPO, and Dental costs went up for 2006-07, the benefit offerings remained the same, with no additional costs to the residents and fellows. HMO mental health visits were increased from 20 to 30 visits, and dental continues to be the best coverage available with 90% coverage for major dental procedures. UCSF will absorb
these increases for '07-'08, however alternatives will need to be developed for FY '08-'09.

4. Residents Council
Residents Council’s request for financial support to cover license and USMLE Step 3 application fees were approved by the UCSF Medical Center, VA, SFGH, and affiliates. The reimbursement process was administered by the GME Office Finance Unit.

5. Resident and Fellow Affairs Committee
A new committee chaired by Dr. Mary McGrath will coordinate and enhance resident and fellow well-being. The committee will review all aspects of resident and fellow policies and develop new programs.

E. New GME Initiatives
   1. Diversity
      GME organized a series of activities for underrepresented minority fourth year medical students applying to various residency programs at UCSF over a “second-look weekend.” During the second look, several URM applicants were invited back to spend time with various departments, each of which organized specific activities including rounding with teams, social networking, and interacting one on one with housestaff. GME held a panel discussion with current housestaff from Family and Community Medicine, Internal Medicine, OB-GYN, and Pediatrics that was well received. More than 25 applicants from across departments attended the discussion and a reception following at Circolo in San Francisco. GME sponsored an exhibitor booth at the annual meeting of the National Hispanic Medical Association (NHMA) in San Antonio, Texas on March 23-25, 2007. In addition, the Student National Medical Association (SNMA) 42nd Annual Medical Education Conference was held April 4-8, 2007 in San Francisco. Through the coordinating efforts of Rene Salazar, MD and Michelle Guy, MD, GME sponsored 3 residents to participate.

   2. Chief Resident Orientation and Development
      Chief Resident Orientation was held on May 16, 2007 at the Faculty Alumni House. This second annual event was coordinated by Arpana Vidyarthi, MD and Dr. Baron. Curriculum included leadership, teaching, problem solving, teamwork, time management and patient safety. Follow-up sessions with this group will be held quarterly.

   3. GME Management Systems/Single Payer
      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. Three vendors responded to UCSF’s Request for Proposal (RFP), including: Advanced Informatics (E*Value and E*GME), New Innovations, and Verinform. A single vendor will be selected in August '07 and implementation will begin in September ‘07. This project will be funded by the UCSF Medical Center, UCSF School of Medicine, and ASAC Quick-Win award.

   4. Faculty Development Workshops.
      Twelve workshops combining skill development in GME and UME were held in 2006-07. Of particular note were two focusing exclusively on GME issues:
         a. Teaching and Evaluating Competencies – Lee Learman, MD, PhD
b. Preparing for an ACGME Site Visit – Robert B. Baron, MD

5. Resident Teaching Workshops.
78 trainees participated in three 4-hour workshops taught by faculty from multiple departments and specialties. The workshops were planned by GME and the Academy of Medical Educators.

6. UCSF Clinical Housestaff Incentive Program
7. An innovative financial incentive program was developed in January ’07. Housestaff at UCSF were incentivized to improve patient satisfaction, multiple quality and safety goals, and multiple medical record documentation goals. One of these goals were met (quality goals) and eligible residents received $300 each. New goals are being developed for 2007-08.

8. Curricular Affairs
Lee Learman, MD, PhD serves as Director of Curricular Affairs. A new Curricular Affairs Committee has been formed to enhance teaching of competencies, evaluation of competencies, common program requirements, and other new curricular initiatives.

9. Pathways to Discovery
The Pathways to Discovery Program is a coordinated effort by UME and GME to enhance “discovery” in all aspects of the educational continuum. Pathways are being developed in global health, medical education, health systems and leadership, social sciences and humanities, clinical and translational research, basic science research, and community medicine and advocacy. Dr. Baron joined Dina Halme, Dan Lowenstein, and Helen Loeser, MD on the Pathways Executive Committee.

10. Resident Research Course
Led by CTST, this year will be the initial offering of a month long, all-department, Resident Research Course. Led by Douglas Bauer, MD, Lee Learman, MD, PhD, and Emily VonSheven, MD, this intensive course will provide a core curriculum for clinical research. In addition to being a useful stand-alone course, it will also serve as the entry course for the Advanced Training in Clinical Research Program offered by the Department of Epidemiology and the Clinical and Translational Research Training (CTST) Program. The course will be taught in August and February.

F. 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)
   Members include: Bobby Baron, MD, Claire Brett, MD, Lee Learman, MD, PhD, Mary McGrath, MD, Rene Salazar, MD, Arpana Vidyarthi, MD, Patricia Cornett, MD, John Engstrom, MD and Lorenzo Woo
5. Graduate Medical Education Committee (held monthly)
6. Lunch with the Associate Dean (approximately 20 per year)
7. Program Coordinator Quarterly Meetings (held quarterly)

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 40 applications for summer 2006 funding, approved 34, and eventually reimbursed 31, for a total of $35,400 awarded for summer 2006. Reviewed 57 applications for quarterly funding from September 2006 through June 2007; approved 51, and eventually reimbursed 45 students for a total of $47,200 during this period, spending a total of $82,600 on student travel for the year.

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 release forms to be signed for international research recipients.

3. Administered funding process for Rainer’s Fund Travel Grants ($18,000) and funded six students from Schools of Medicine and Nursing for summer 2006. This will be discontinued after 2007-2008.


5. Selected four UCSF medical students to travel to China with the UCSF-Peking Union Medical College Student Exchange Program in March-April 2007.

6. Hosted four students from Peking Union Medical College while they completed rotations at UCSF as part of the UCSF-PUMC Exchange Program.

7. Site visit to Peking Union Medical College made under Pacific Rim Research Program Grant in May 2007 to discuss exchange program and expansion to faculty exchanges.

8. Conducted interview process to select two UCSF medical students to participate in the UC-Mexico Student Exchange Program in Cuernavaca, Mexico. One student was funded by UCSF and the other was funded by UCOP.

9. Consulted for Dr. Patty Robertson on setting up a selection process for an international Ob/Gyn rotation and Spanish language and culture immersion experience in Cuernavaca, Mexico.

10. Conducted two workshops on preparation for study abroad, as part of the Winter elective, Introduction to Global Health.

11. Provided backup support for the first-year elective course: Introduction to Global Health. Epi 180.10, completed by 53 medical students, and 16 students from Pharmacy, Nursing, Dentistry and Graduate programs.

12. Provided backup support to UCSF Global Health Sciences for the 4th-year core course for the Area of Concentration in Global Health in collaboration with UCSF Global Health Sciences conducted by the Director of the OIP.

13. Conducted exchange program with Sun Yat-sen University (SYSU). Two SYSU students rotated through UCSF from September and October 2006, and two more will visit in September-October 2007.

14. Site visit to Sun Yat-sen University made under Pacific Rim Research Program Grant in May 2007 to discuss exchange program and expansion to faculty exchanges.

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

1. Expanded and reorganized 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. Selected and coached one student to provide an oral presentation at AoC Symposium in April 2007.

3. Conducted fall long-term funding opportunity workshop for medical and other students (Fulbrights, Rotary, Fogarty-Ellison, etc)

4. Convened with UCSF Global Health Sciences the 5th Annual UCSF Global Health Student Symposium on April 26, 2007. Selected three student winners of 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 Tom Lietman).

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. Initiated pilot of clinical 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.

6. Developed four opportunities for students at the World Health Organization in Geneva.

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

1. Supported the 9th Annual International Health Conference at UC Berkeley, April, 2007, 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.

4. Participated in the Steering Committee of the Institute for Global Conflict and Cooperation. This funds student dissertations and faculty research applicable to Global Health Sciences. Expanded the reach of this committee to health diplomacy.

5. Continued leadership of UCSF Global Health Sciences Education activities across the campus, including Areas of Concentration in Global Health for residents and PhD students. Developed an MS in Global Health and shepherded approval through UC Academic Senate. This will be available to medical students in 2008.

6. Participated in Global Health Education Consortium Conference in Santo Domingo, Dominican Republic; presented reports on UCSF’s innovations in global health education.
X. **Medical Student Well Being Program**

A. **Provide coordination of services and outreach programs for Student Well-Being.**

1. Provided direct services for individual therapy, couples therapy, group therapy, consultation and referrals, medication evaluation and psychopharmacologic treatments.
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. Offered **new** program during Mental Health Awareness Week on Physicians and Confidentiality of Mental Health Treatment.
   b. Offered **new** program on Eating Disorders during Eating disorders awareness week.
   c. Offered **new** session three times in the year, teaching mindfulness and relaxation techniques.
   d. Served as consultant for Advisory College mentors.
   e. Promoted cultural competence in medical school through workshops on diversity and participation in diversity committee.
   f. Coordinated “Partners in Medicine”, a social and educational program to address the stress of medical education on relationships.
   g. Participated in curriculum retreats to facilitate integration of well-being topics into the curriculum.
   h. Developed Lending Library for students to read personal accounts of famous people with mental illness, to help facilitate coping in students and destigmatize mental illness.
   i. Wrote column in student newspaper Synapse “Ask Dr. Wishbone” to address common student mental health concerns.

2. **For First-Year Students**
   a. Facilitated Orientation Diversity workshop.
   b. 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 Second-Year Students**
   a. Developed and implemented **new** diversity workshop as response to Distress in second year class over issues of perceived racism.

4. **For Third-Year Students:**
   a. Conducted d-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. Began **new** d-stress rounds on surgery clerkship at SFGH.
   b. Facilitating **new** monthly group for PISCES students to debrief them on their experiences of clinical work.
c. Offered new intersession program entitled “Optimizing Presentations,”
   to teach public speaking
5. For Fourth-Year Students:
   a. Facilitated adjustment to internship for fourth-year medical students
      through session in Coda course entitled “Coping with Internship.”
6. 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.
7. For MSTP students
   a. Meeting with MSTP students to facilitate adjustment to clerkships
C. Consultation to campus community on Well-being topics
   1. Participation in UC-wide retreat on mental health issues for students
   2. Consultation with Patty Robertson regarding Chancellor’s committee on
      the adequacy of mental health services at UC.
   3. Advisor to student group entitled mental health advocates.
   4. Participated in curriculum committee to address diversity issues.
   5. Met with Dr. Mary McGrath regarding resident well-being

XI. Student Affairs
A. Develop and improve student programs. Hired Ms. Sara Clemons as the
   new director of the Office of Student Affairs.
   1. Advisory Colleges
      a. Continued to refine the activities of the Advisory Colleges to align
         with the objectives of the program. Held monthly planning
         meetings with all mentors.
      b. Continued to improve students’ ratings of the Advisory College
         system and of the mentors. Achieved benchmark rating of ≥ 4 of
         mentors (mean =4.15) and rating of the advisory college system
         improved from 3.46 last year to 3.67.
      c. Continued to strengthen ties of the Advisory Colleges to
         Intersessions so that advising becomes the expected norm for the
         students during these weeks.
      d. Offered the following Advisory College Activities:
         i. Introduction to Career Workshops for Med 1s
         ii. Workshops for Med 2s
         iii. Workshops during Intersessions I, and II for med 3s
         iv. Lunches with med 3’s during Intersession III regarding MSPE’s
             and residency application process
         v. Summer Opportunities workshops for Med 1s
         vi. Dinner with the Dean for Med 1s
         vii. Step 1 USMLE Board Prep panels for Med 2s
         viii. Faculty panel (mentors) to speak on interview skills and
              personal statement writing for Med 4s
         ix. 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. Organized and funded the following social events
   i. Orientation lunches
   ii. Vertical dinners and wine & cheese events for each college: Hughes/Mack (3); Miller/Diab (2); Murr/Navarro (3); Jain/Stein (4)

f. Maintain Advisory College website

2. Student health services
   a. Student Well-being Services report to the Associate Dean for Student Affairs.
   b. Regular communication regarding preventive services.
   c. Hired a staff psychiatrist, Dr. Rebecca Waters
   d. 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.
   e. Supported student involvement in wellness activities and co-sponsored the Mental Health Awareness Week (October) and the Redfield Group.
   f. Served as the link to the campus-wide Bioterrorism Communicable Disease and Emergency Preparedness efforts.

3. Student mistreatment
   a. Oversaw the evaluation system to reduce student mistreatment
      i. Centrally monitored data concerning “Respect” questions on student evaluations of housestaff and faculty
      ii. Communicated with clerkship directors and department chairs about residents and faculty with high rates of mistreatment of students
      iii. Met individually with faculty to provide remediation regarding student mistreatment.
      iv. Made presentations to faculty on an appropriate educational climate

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 from Medicine, Pediatrics, Anesthesia, Emergency Medicine, Family Medicine, ENT,
Orthopedics, OB-GYN, Neurology, Surgery, Radiology, Dermatology, Urology and Prelim Transitional.

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.

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. Are applying for scholarships
   b. 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. Increased 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 sixth year of Clinical Research Fellowships for fifteen 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. 72 Dean’s Summer Fellowships.
   b. 12 Genentech Fellowships.
   c. 22 Quarterly Research Fellowships.
   d. 1 Pathways of Discovery and 1 Linker Fellowship

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24 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.


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.


8. Received renewal of $78,500 grant from Genentech Foundation for Student Research Program and Diversity Encore Program.

9. Enabled 12 students to successfully complete the second 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 2005.

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).


B. Publications in Press or Submitted for Publication
5. Chen HC, Marsh T, Muller J. Introducing Physical Examination Practice into Problem-Based Learning. Really Good Stuff. Medical Education. (Submitted).


32. Shore WB and O'Sullivan P. Should we continue requiring a community medicine curriculum during clerkship? Medical Education (Submitted)
36. Steinauer J, Pace L, Backus L. Teaching medical students leadership and advocacy skills. Medical Education, 2007. (Submitted)
43. Zlatnik MG, Kuppermann M, Autry AM, Learman LA. Residency application characteristics predicting a career choice in academic obstetrics and gynecology. Submitted for publication.

C. Chapters, Books, and Resources
11. Zimmerman L. MedEdPORTAL MEP 425: Complications of Diabetes Mellitus: Interactive Tutorial. Co-authors: Matt Stenerson Class 2008; Cammy Huang http://services.aamc.org/jsp/mededportal/searchDetails.do?subId=xx (also posted on Irocket for MSIs; developed through curriculum ambassador program with medical student)

D. Presentations at local, regional or national meetings, and at other universities
6. Autry M, Irby D, Hodgson C. Faculty Attrition in Obstetrics and Gynecology Pacific Coast Obstetrics and Gynecologic Society, Sun Valley, Idaho
7. Autry M. Variation of reflective ability by skill, PGY level and medical knowledge, UCSF Medical Education Day, San Francisco, California
23. Chen HC, Hart H, Hyland K. Reinforcing Basic Science Concepts with Standardized Patient Exercises – poster. Western Group on Educational Affairs, Honolulu, HI, Medical Education Day, UCSF School of Medicine

24. Chen HC, Marsh T, Muller J. Integrated Teaching of the Physical Examination and Clinical Reasoning Through Problem-Based Learning – poster. Western Group on Educational Affairs, Honolulu, HI, Medical Education Day, UCSF School of Medicine


27. Chen HC. Attitudes and Resources: Addressing the Ongoing Barriers to Curricular Implementation – invited oral presentation. Taiwan Ministry of Education Faculty Development Program on Integrated Longitudinal Curricula in Medical Education, National Taiwan University, Taipei, Taiwan

28. Chen HC. A Clinical Skills Approach to Teaching Humanism and the Art of Medicine – invited oral presentation Taiwan Ministry of Education Faculty Development Program on Integrated Longitudinal Curricula in Medical Education, National Taiwan University, Taipei, Taiwan

29. Chen HC. Comprehensive Clinical Skills Assessment – oral presentation General Pediatrics Academic Conference, UCSF Department of Pediatrics


33. Chou CL, Day H, Glick SB, Smith CA. SGIM-ABIM SEP-based learning session: clinical skills module. Society of General Internal Medicine, annual meeting, precourse presenter, April 2007, Toronto, ON, Canada.


37. Cooke M. Keynote Speaker, University of Chicago.
38. Cooke M. Martin L. Pernoll, MD Lecturer – Association of Professors of Obstetrics and Gynecology. Jacksonville, FL
39. Cooke M. Society for General Internal medicine Annual meeting, invited plenary lecturer. Toronto, Canada
40. Cooke M. Thomas Q Morris, MD Symposium, invited lecturer, Columbia University, New York, NY
42. Davis D, Chou CL. Feedback. American Academy on Communication in Healthcare, Faculty Development Course, workshop, June 2006, Madison, WI.
44. Dhaliwal G. Cognitive Psychology in Diagnosis. UCSF Department of Medicine resident conferences (3). March 2007
51. Fulton T, GIFT (Great Ideas For Teaching) presentation at WGEA annual meeting
53. Harleman E. Teaching Strategies for Addressing Health Care Disparities at the Bedside. Society of General Internal Medicine Annual Meeting


60. Hauer KE. ACP/ABIM/AAIM/SGIM/SHM Retreat on Student Interest in Internal Medicine Careers, 2007 (presenter)

61. Hauer KE. Effective teaching in the medicine clerkship. Clerkship Directors in Internal Medicine Annual Meeting, 2006 (Precourse presenter)


64. Hauer KE. Leadership in academic medicine. UCSF Teaching Scholars Program panelist, 2007.


67. Irby D. Invited address, Moving Teaching to Scholarship, Western Group on Educational Affairs, Association of American Medical Colleges, Honolulu, HI, April 2007.


70. Jackson R. Keynote Speaker, University of Medicine and Pharmacy at Ho Chi Minh City Vietnam, Symposium on Medical Education: Incorporating Evidence Based Medicine into a Medical School Curriculum

71. Jain S. Grand Rounds, University of Chicago: Teaching Students and Residents about Caring for the Underserved (January 2007)

72. Johnston CB. Speaker, Precourse for Fellowship Directors, American Geriatric Society Annual Meeting, May 2, Seattle, WA


74. Johnston CB. Geriatrics Jeopardy Primary Care Internal Medicine Resident Seminar, March 16th.
75. Johnston CB. Invited Meet the Professor ACP Annual Meeting, April 21, San Diego, CA.
76. Johnston, CB. Speaker, American Geriatrics Society Annual Meeting, May 4, Seattle, WA.
77. Johnston, CB. Speaker, Pre-course for Fellowship Directors, American Geriatrics Society Annual Meeting, May 3, Chicago, Ill.
78. Johnston CB. Workshop Facilitator, Society of General Internal Medicine Regional Meeting, March 24, San Francisco CA.
81. Julian KA, Wamsley MA. Creating an OSTE. Visiting Professorship. Yong Loo Lin School of Medicine, Singapore.
82. Julian KA, Wamsley MA. How to give effective feedback: moving beyond the feedback sandwich.
83. Kelly T. Dealing with Emotionally Charged Situations. Peds PALS/STARS (Course 170.01C) UCSF School of Medicine, February 13, 2007, San Francisco, CA.
84. Kelly T. Educator’s Portfolio Workshop Small Group Leader, Academy of Medical Educators, UCSF School of Medicine, April 23, 2007.
85. Kelly T. Becoming a Better Team Leader and Manager Workshop Leader. UCSF Department of Pediatrics, R2 to R3 Transition Seminar, June 2, 2006. San Francisco, CA.
87. Kelly T. Overview of Potential Career Experiences—Pediatrics, Critical Care and Medical Education Lecturer, UCSF School of Medicine-sponsored American River College, AMSA Chapter Seminar (for pre-medical students). June 6, 2006, San Francisco, CA.


108. Loeser H. Academy of Medical Educators and Office of Academic Affairs: Workshop on Mentoring: Break out session on identifying and utilizing mentors. 2006

110. Loeser H. Division of General Pediatrics Faculty Workshop: Developing Effective Mentoring Relationships. 2006
111. Loeser H. Faculty development sessions for Teaching Scholars Program (2007):
112. Loeser H. Mentoring series for Pediatric Leadership for the Underserved (PLUS) faculty. 2006
113. Loeser H. UCSF Faculty and Academic Affairs Workshop for mid-career faculty development: Break-out session on “work-life balance”. 2006
114. Masters, S. Exam Question Writing; UCSF MedII summer curriculum ambassador program.
115. McCowin, M. Practicalities of an Integrated Curriculum, AMSER (Alliance of Medical Student Educators in Radiology) Symposium
118. Mitrovic I. Invited Lecture at University of Kragujevac School of Medicine, Kragujevac Serbia.
119. Mitrovic I. Organized and Directed Course Innovations in medical Education for the faculty of University of Kragujevac School of Medicine, Kragujevac Serbia.
120. Murr A. Interviewing for Residency, Panel, UCSF School of Medicine, Fall, 2006
121. Murr A. Teaching Procedures, Academy of Medical Educators, UCSF School of Medicine, Faculty Alumni House, October 19, 2006
131. Ogburn T, Espey E, Autry M, Leeman L. Why Ob/Gyn and what if it were not an option. Oral presentation, Association of Professors of Gynecology and Obstetrics, Salt Lake City, Utah.

132. Pantilat, S. Goldman Berland Visiting Professor in Palliative Care; Providence Portland Medical Center 5/07.


134. Papadakis M. Professionalism in Medicine: What Are We Looking For and How Do We Find It? AAMC Group on Student Affairs, Seattle, WA, October, 2006.


136. Papadakis M. Addressing Medical Student Professionalism. AAMC Research in Medical Education. Seattle, WA, October, 2006.

137. Papadakis M. Assessment of Professionalism in Medical Students. Alliance of Internal Medicine, New Orleans, LA, 2006


139. Pardo M. Simulation Training for Trauma and Critical Care; Critical Care Medicine and Trauma Meeting, June 8, 2006.


151. Rabow M. American Association of Cancer Education Annual Conference, Pre-course Session, San Diego, CA (Invited Speaker and Course Director).
153. Sawaya G. Co-author of a presentation at Education Day: Creating and Evaluating an Online Tutorial to Teach Evidence-Based Medicine Literature Searching.
158. Shore WB and Vener M. Strategies to teach and give feedback to residents and medical students. Natividad Medical Center, March 1, 2007. Salinas, CA.
166. Steinauer J. Course Director and Faculty, Teaching Evidence-Based Medicine and Small-Group Learning in Undergraduate Medical Education, School of Medicine and Pharmacy, Ho Chi Minh City, Vietnam.
167. Steinauer J. Grand Rounds, Integration of Abortion into Ob-Gyn Residency Training and Practice: Have We Made Progress? Oregon Health Sciences University, Department of Ob-Gyn, Portland, OR.
168. Steinauer J. Grand Rounds, Integration of Abortion into Ob-Gyn Residency Training and Practice: Have We Made Progress? UCSF Dept. Ob, Gyn and Reproductive Sciences, San Francisco, CA.
175. Thrush CR, Hicks EK, Tariq SG, Johnson AM, Clardy JA, O’Sullivan PS, Williams DK. (oral presentation). Optimal Learning Environments from the Perspective of Resident Physicians and Associations with Accreditation Length. 2007 AAMC Research in Medical Education Conference; Washington, DC.
176. Tong L and Poncelet A. What medical students want to know in the transition to clerkships, Western Group on Educational Affairs annual meeting, Honolulu, April 16, 2007.
183. Wamsley, M. Marvelous Mentors: Find One, Be One, Faculty Development Workshop, UCSF School of Medicine. October 2006.
188. Zlatnik M, Kuppermann M, Autry M, Learman L. Factors Associated with Choosing a Career in Academic Obstetrics and Gynecology. Poster presentation, Association of Professors of Gynecology and Obstetrics, Salt Lake City, Utah

E. National Awards, Recognition and Leadership
3. Bogetz M. Award for Excellence in Clinical Teaching, SOM Class of 2007
5. Ciccarone D. Essential Core Teaching Award: Outstanding FPC Facilitator
6. Cooke M. AOA Robert J. Glasser Distinguished Teacher Award by the AAMC 2006
7. Fulton T, Masters S, Sanchez H. Award for Innovative Teaching, SOM Class of 2009 given to the “Epilogue Team”
8. Harleman B. Nominated for the Distinction in Teaching Award
9. Hughes E. Invited by the Class of 2007 to Lead the Graduation Oath of Lasagna
10. Irby D. Distinguished Service Award, Graceland University (outstanding achievement)
11. Irby D. The John E Chapman Award, Vanderbilt School of Medicine (seminal and transformational contributions to biomedical education)
12. Jain S. Inspirational Teacher Award, SOM Class of 2009
13. Kelly T. Outstanding FPC Preceptor, SOM Class of 2010
15. Lai C. Excellence in Teaching Award, SOM Class of 2007
16. Loeser H. Holly Smith Award for Exceptional Service to the School of Medicine
17. Loeser H. “Special Recognition” – Essential Core Teaching Awards for Major Contributions to Our Students’ Rewarding Learning Environment
18. Mitrovic I. Visiting Professor at University of Kragujevac School of Medicine
19. Murr A. Nomination, Honorary AOA
21. O’Sullivan P. Co-author on paper selected by the Division for Education in the Professions of the American Educational Research Association for the 2007 Established Investigator Award
22. Pantilat S. Circle of Life Award – presented to the UCSF Palliative Care Program by the American Hospital Association as an Exemplary Palliative Care Program
23. Peterson M. Kaiser Award for Excellence in Teaching
25. Tong L. Elected to AOA, SOM Class of 2007
26. Zimmerman L. Commitment to Teaching Award, SOM Class of 2010

F. Funding (grants, contracts, other external support, Academy Innovations Grants, etc.)

G. Workshops
   1. Aagaard E. Clinical Teaching. Presented at Key Educational Skills Workshop Series. UCSF. October 2006
   6. Fulton T, Masters S. Workshop for basic science faculty sponsored by the Academy, “Dynamic Lecturing”
   7. Fulton T, Masters S. Workshop at Education Day at Harvard Medical School, “Integration. What Does it Really Mean and How can it be Achieved?”
   8. Fulton T, Kruidering M, Zimmerman L, Workshop at AME Quarterly Meeting, “Focus on Small Group Teaching”


18. Souza KH. "Hey that's mine!" Fair Use and Copyright in Education. Presented at Key Educational Skills Workshop Series. UCSF. November 2006

19. Vinogradov S, Wamsley M. Conducted the annual Faculty Development Workshop focused on Mentoring by the Academy of Medical Educators. November 2006.

20. Academy members presented workshops in the inaugural Faculty Welcoming Week, September 18-22, 2006 sponsored by the Chancellor's Council on Faculty Life (CCFL).

21. Resident Teaching Workshops. 78 trainees participated in three 4-hour workshops taught by faculty from multiple departments and specialties. The workshops were planned by GME and the Academy of Medical Educators.

22. Conducted two workshops on preparation for study abroad, as part of the Winter elective, Introduction to Global Health.