The Curriculum Ambassador Program is a unique program in UCSF’s School of Medicine in which students collaborate with faculty project advisers, curricular leaders, and experts in media, technology, information retrieval, evaluation and educational scholarship to develop enhancements to our curriculum. These students become more informed about the curriculum and the School of Medicine can draw upon them as true “ambassadors,” liaisons between curricular leaders in disparate departments and fields, who can explain our curriculum and advocate for change. While the School of Medicine benefits from the focused efforts of these students, the program also is designed to help the students develop educational skills that can be applied in this setting and throughout their medical careers. The hallmark of the program is a completed scholarly project.
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We gratefully acknowledge the support of the following Curriculum Ambassador advisors, faculty, and staff.

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2010 Curriculum Ambassador Projects

**Ambassadors**

Alice Ainsworth

**Projects**

*Developing a Teaching Manual to Enhance a Course in Community Based Participatory Research (CARTA)*

Dylan Alegria

*Students as Teachers: Genetics & Biochemistry Instruction using Team Based Learning*

Amanda Angelotti

*Improving 1st Year Medical Student Portfolio Training*

Robert Diaz

*Team Based Learning (TBL) in Embryology portion of Life Cycle course*

Allison Empey & Julie Kautz

*Integrated Self-Assessment for Prologue and Metabolism & Nutrition Final Exams*

Alecia Greenlee

*San Francisco Neighborhood Map of Community Resources (PRIME-US)*

Emily Hogeland & Josemine Miranda

*Development of Team Based Learning Modules for the Teaching of Neuroanatomy during BMB*

IPHE Team: Jennifer Rosenbaum, Gene Lowry, Jenn Samore (SOP) Amber Fitzsimmons (PT) Stella Kim (SOD) Breanne Cisneros (SON)

*Enhancing Inter Professional Health Education*

Laura Roberts Ireland & Mark Dela Cruz

*Team Based Learning and Vertical Integration: A Module for 1st & 3rd Medical Students on CHF*

Mandeep Lehil & JoJo Yang

*Otolaryngology in the EC Curriculum*
<table>
<thead>
<tr>
<th>Name</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chima Nwankwo</td>
<td>Providing a Framework for PRIME-US Community Engagement Projects</td>
</tr>
<tr>
<td>Eric Seymour</td>
<td>Creating a Socio-Cultural Skills Organizer using the Portfolio Platform</td>
</tr>
<tr>
<td>Rebecca Taub &amp; Abby Burns</td>
<td>Development of a Service-Learning Course for Health Professional Students (PRIME-US)</td>
</tr>
<tr>
<td>Katherine Thomas &amp; Nikki Suarez</td>
<td>Physician in Community: Multimedia Pediatric Residency Curriculum</td>
</tr>
<tr>
<td>Mary Qiu</td>
<td>Surgery Curriculum in the Essential Core</td>
</tr>
<tr>
<td>JoJo Yang</td>
<td>Enhancing Socio-Cultural Medical Education: Curricular Review and EC Integration</td>
</tr>
</tbody>
</table>
DEVELOPING A TEACHING MANUAL TO ENHANCE A COURSE IN COMMUNITY-BASED PARTICIPATORY RESEARCH

Alice Ainsworth, Dr. Jason Satterfield, Dr. Patricia Areán

PURPOSE:
To enhance UCSF’s CBPR course via an organized, comprehensive, and user-friendly teaching manual.

BACKGROUND:
At UCSF, the Community Academic Research Training Alliance (CARTA) has hosted a course in CBPR for the past 5 years. CARTA’s course in CBPR has historically focused on teaching academic fellows to conduct community-based mental health research in underserved urban communities. Recent evaluation of CARTA’s course revealed a need for a broader educational approach to teaching CBPR that integrates more general concepts applicable to any community-based research, not just research conducted in the urban underserved. Additionally, stakeholder feedback identified a need for an organized, comprehensive and user-friendly teaching manual that standardized the lesson plan format for individual classes. In order to address these two issues, we created 36 standardized lesson plans that address CBPR competencies in such a manner that is applicable to all subsets of community-based research.

METHODS:
1. Needs Assessment and Organization of the Teaching Manual:
   First, we asked ourselves, what are the core CBPR competencies and how do we organize a one-year course that adequately covers these topics? After reviewing past CARTA curriculums and curriculums from other CBPR courses, we decided to design our course with 6 units. Each unit covers distinct topics within CBPR.
   Next, we identified the types of resources that a teacher would need in order to facilitate a single lesson in CBPR. These resources included objectives, an agenda, key terms, teaching materials, required and supplemental readings and resources, suggested homework assignments, methods to evaluate student knowledge, and summaries of the key information that students need to know in order to meet the lesson objectives. Based on these, we developed a standard lesson plan format.
   Finally, we reviewed CARTA’s teaching materials from previous years and identified which lesson plans could be adapted in the new format and which needed to be written anew.

2. Creating Lesson Plans:
   I adapted or wrote 36 lesson plans based on the teaching materials that CARTA had saved from the past five years. Each lesson plan was reviewed by CARTA faculty. The CARTA faculty added content material to these lesson plans and edited them for accuracy.

3. Publication:
   In order to make the new teacher’s manual easily accessible, we chose to publish the manual online, using Google Sites. We chose Google Sites because it allows teachers to leave
feedback on individual lesson plans, provides a way to restrict access to copyright protected material, and is very easy to update.

EVALUATION PLAN:
Our new teaching manual will be employed during the next iteration of CARTA’s CBPR course, and we will administer surveys to both CARTA students and faculty to assess the overall effectiveness of the teaching manual.

DISSEMINATION:
The teaching manual has been published online and can be found here. A link can also be found within the UCSF Department of Psychiatry website.

REFLECTIVE CRITIQUE:
I obtained qualitative critique on the content, organization, and user-friendliness of the teaching manual. Eleven of CARTA’s past faculty organizers gave highly valuable feedback and input into the content of the new teaching manual. Additionally, feedback into the organization of the teaching manual was obtained from curriculum ambassador project review conferences and from meetings with project mentors, Dr. Satterfield and Dr. Areán. Additionally, Dr. Satterfield and Dr. Areán reviewed the online teaching manual for user-friendliness.
STUDENTS AS TEACHERS: GENETICS AND BIOCHEMISTRY INSTRUCTION USING TEAM-BASED LEARNING

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Department of Biochemistry UCSF

PURPOSE:
To create two new Team-Based Learning sessions in Prologue to replace lectures in biochemistry and genetics, in order to 1) increase student engagement with basic science principles and 2) leverage the variety of student experiences within the class to maximize group learning and function.

BACKGROUND:
Basic science instruction has traditionally relied on lectures to deliver content, which engender a passive approach to learning. TBL is a group-based, learner-centered educational method that increases student engagement and improves learning outcomes in basic science material (Zgheib 2010). TBL has a formal structure including required preparation, a Readiness Assurance Process, application questions based on clinical vignettes, peer feedback.

METHODS:
Syllabus sections, learning objectives, lecture notes, and self-assessments from previous years were reviewed and used as source material for the new sessions. Multiple-choice questions and clinical vignettes were developed based on existing learning objectives and refined through iterative review and consultation with content experts. Objectives that required higher-level thinking were targeted to the application portion of the session.

EVALUATION PLAN:
Student perspectives on the session will be collected using the EValue system. Comparisons of student exam performance on relevant subject material can be used to assess changes in medical knowledge learning outcomes.

DISSEMINATION:
All faculty working on TBL have been encouraged to attend the Prologue sessions to guide the development of their modules. Once the sessions have been formalized they will be submitted to either the Team-Based Learning Collaborative or MedEdPORTAL.

REFLECTIVE CRITIQUE:
Constructing questions that both stimulated discussion and were appropriate to the students’ level of understanding was a challenge. Sessions were presented to the Curriculum Ambassadors and to members of the TBL Working Group. Feedback regarding RAT and application questions, and session pacing were incorporated.
IMPROVING 1st YEAR MEDICAL STUDENT PORTFOLIO TRAINING FOR ENHANCED UNDERSTANDING OF PROFESSIONAL DEVELOPMENT

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Chandler Mayfield (chandler.mayfield@ucsf.edu)

PURPOSE: To create and present an updated “Introduction to MD Portfolio” training to the Class of 2014 during orientation and redesign the online MD Portfolio Handbook to improve incoming medical student understanding of how the MD Portfolio supports professional development.

BACKGROUND: UCSF Portfolio is an online portfolio tool launched in the fall of 2009 to assist learners in storing and organizing their work and reflecting on their professional and competency-based development. During the initial year of MD Portfolio implementation at UCSF, medical students reported that they did not understand portfolio requirements, value, or purpose. A majority of students described themselves as technically proficient at using the online portfolio tool even though some expressed concerns that they didn’t know where to find technical assistance or didn’t find the existing resources clear or helpful.

METHODS: A slide presentation was developed to focus on defining and discussing professional development and framing MD Portfolio as the tool that students will use to track and critically reflect upon their progress in the MD Competencies. The presentation provided concrete examples and comparisons of portfolios and clarification of UCSF’s policies on the assessment and privacy of work created by students within the UCSF Portfolio tool. Also per student feedback, the presentation remained high-level, deferring more detailed technical training for a subsequent small group, hands-on session in the computer lab given by technical staff. Revisions to the existing online MD Portfolio Handbook focused similarly on clarifying context, purpose, requirements, and privacy and assessment policies, and shifted language to tone down educational and technical jargon and direct it more appropriately toward the student audience. Additional revisions included a new highlighted “Portfolio Basics” section that offers detailed walkthroughs of the online tool.

EVALUATION PLAN: To determine if the training changes enhanced student understanding and engagement with MD Portfolio at UCSF, I plan to survey the Class of 2014 regarding their perceptions of the MD Portfolio orientation session; opinion of the content, clarity, and helpfulness of the updated MD Portfolio Handbook; and overall understanding of MD Portfolio’s requirements, purpose, and usefulness in their medical career. Current MS2s will be surveyed to compare their views of the updated handbook with their opinions of the old version.

DISSEMINATION: The “Introduction to MD Portfolio” presentation materials have been shared with staff and faculty responsible for MD Portfolio training and implementation. The updated MD Portfolio Handbook is accessible by medical students and faculty. I plan to explore submitting materials to MedEdPORTAL and will consider post-evaluation submission to Medical Education’s Really Good Stuff.
REFLECTIVE CRITIQUE: I used survey data from the Class of 2013, interviews of classmates, and feedback and support from Curricular Affairs and Office of Education Technology staff to plan and develop the revised MD Portfolio training curriculum. The presentation can be modified for future classes, and the MD Portfolio Handbook can be updated as needed based on student feedback collected as part of my evaluation plan. In particular, I plan to create a Frequently Asked Questions page for the handbook based on the most common or persistent student inquiries or concerns. Finally, I plan to conduct a thorough literature search to seek out other possible methods for teaching new medical students about the use of a portfolio for professional development purposes.
LIFE CYCLE: TEAM BASED LEARNING EMBRYOLOGY

Robbie Diaz, University of California San Francisco, Robert.diaz@ucsf.edu

PURPOSE
The purpose of this project is to introduce TBL sessions in the Life Cycle Block to teach gastrointestinal (GI) and urogenital (UG) embryonic development in a more engaging and fulfilling manner.

BACKGROUND
The majority of embryology is taught late in the 2nd year of the curriculum. It was once taught by lectures spread over the first month of the Life Cycle block and also in lab. Lab stations were modified each year to make them more interactive. Eventually, the lab stations were dropped and the lectures compressed into the first two weeks of the block. Student-lead small group sessions were added in 2009-2010 however, student mastery of embryology still needs improvement.

To address this, we have created Team Based Learning (TBL) sessions. TBL consists of independent student preparation, independent readiness assessment test (iRAT), group RAT (gRAT), and application exercises. We have created 5 hours of TBL sessions: a one-hour introductory TBL session, a two-hour GI TBL, and a two-hour UG TBL. These replace two hours of lecture and two hours of student-lead small group sessions. TBL in other professional schools has been effective in increasing engagement with, and mastery of the material compared to didactic lectures.

METHODS
1. The initial phase of the project consisted of a literature review, independently and with other curriculum ambassadors (CA’s), of the effectiveness of TBL at other professional schools and the current best practices in TBL. This phase culminated in both a written and an oral presentation.
2. The initial phase also included reading and studying materials from the preceding years. This was vital because this was the first time I had studied embryology so I could identify any confusion in the material and recommend revisions.
3. Previous years’ evaluations were reviewed to identify student concerns.
4. The GI TBL session was the first to be created. This included creating/modifying learning objectives and creating iRAT/gRAT questions, and answers. The clinical application exercises design was lead by 4th year medical student, Amanda Johnson.
5. The UG TBL session came next and was similar in scope as the GI TBL.
6. Lastly the Introduction to TBL was created. I wrote the syllabus chapter and iRAT/gRAT.
7. The team decided to make the Embryonix ILMs required material for the TBL sessions. I designed a guide to the ILMs to focus on the relevant content. Creating an ILM for the TBL sessions is possible work for future CA projects.

EVALUATION PLAN
Student engagement will be assessed by a Student Engagement Questionnaire. Academic performance will be assessed by looking at exam questions that involve the GI and UG system.

DISSEMINATION
This project will be made available to 2nd year medical students enrolled in the Life Cycle block through the Collaborative Learning Environment (CLE) platform and also through the Life Cycle syllabus.

REFLECTIVE CRITIQUE
My faculty advisor, Anne Donjacour, provided valuable feedback at every step. My fellow curriculum ambassadors on the TBL working group provided excellent feedback and ideas to maintain consistency amongst all the TBL sessions in the Essential Core.
INTEGRATED SELF-ASSESSMENTS FOR PROLOGUE AND METABOLISM & NUTRITION FINAL EXAMS

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Advisors:
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Tracy Fulton, PhD, Adjunct Professor, M&N Course Director, UCSF

PURPOSE:
The overall purpose of the project is to produce pilot assessment activities that build longitudinally across courses and address multiple disciplines and competency domains. We have designed two web-based self-assessment modules that test both medical knowledge and patient care concepts from the Prologue and Metabolism & Nutrition (M&N) blocks.

BACKGROUND:
Multiple choice assessments continue to be the most frequently used method to evaluate first-year medical student progress in mastering key concepts. However, most assessments are discipline-based and do not provide students with the opportunity to see how seemingly disparate material may be integrated in clinical care. In addition, students do not have resources available to them to revisit concepts taught earlier in the year, making it difficult to appreciate how two different blocks relate to one another. Moreover, revisitation is key to long-term retention of new material. A case-based integrated self-assessment for the first half of Prologue was designed last year. Over 90% of the first-year medical students used the module and, of those who completed the evaluation, the project received an overall “usefulness” score of 4.5 out of 5.0.

METHODS:
We designed two clinical vignettes to provide a basis for testing Prologue and M&N concepts. Based on input from the course directors, we selected the primary diagnoses from content areas which provided the richest opportunity for questions and with which students had historically had the greatest difficulty. The two patients were a diabetic patient involved in a motor vehicle accident and a patient presenting with Hashimoto’s thyroiditis.

We wrote approximately 40 multiple choice questions for each of the self-assessments. For the integrated assessment we used the diabetes patient’s case only and integrated the questions from the stand-alone modules, ending up with 42 multiple choice questions. Prior to writing the questions, we reviewed the material from each of the blocks and ensured that the distribution of questions across disciplines appropriately matched the material learned. We wrote questions at a mix of difficulty levels. Our draft questions were reviewed multiple times by faculty content experts.
We developed our web-based module using the Articulate Quizmaker program. The format of the assessment had the multiple-choice question on the left-hand side of the screen and the patient’s medical chart on the right-hand side, consistent with the Prologue midterm self-assessment designed the previous summer. The Quizmaker software platform made the assessment easy to navigate, visually appealing, and easy to upload onto the UCSF CLE website.

EVALUATION:
Students are asked to complete a short survey following completion of the self-assessment module. The last page of the module contains a link to the survey on the UCSF-CLE. The evaluation asks for participant demographic data as well as questions relating to both the format and content of the self-assessments. Specifically, we want to collect feedback on the perceived usefulness of the module, the relevance of the material covered in the module, and the overall difficulty/appropriateness of the questions. The responses are assessed on a five-point Likert scale and students have the opportunity to provide qualitative, free-response feedback as well. The data from the evaluations will be collected by the UCSF technology staff and analyzed for possible future iterations of the module. Additional data on the self-assessments will be collected through the e*Value survey tool distributed randomly to 1/3 of the class. One question, assessed on a five-point Likert scale, will ask: "Please rate the usefulness of the on-line integrated self assessment for the block final exam.” A follow-up open-ended question will ask students to comment on how well the assessment helped them integrate material from basic sciences and patient care.

DISSEMINATION:
The self-assessment modules are posted on iRocket on the UCSF-CLE for students to complete before their final. In addition, we plan to promote the self-assessment module during lectures in Prologue and M&N to encourage students to utilize them and complete the evaluation surveys.

Reflective Critique

We received extensive feedback on our project from faculty advisors, content experts, and peers both in person and through MD portfolio. We met weekly with our advisors and communicated with them frequently via email. UCSF faculty members also provided feedback on the content and structure of our draft multiple choice questions, ensuring they were accurate, clear, and at an appropriate difficulty level for students. We also received feedback from our peers during two thirty-minute project consultation sessions as well as informally on the module. We used feedback from faculty and peers to help refine the content and format of the modules and develop an evaluation plan.
SAN FRANCISCO NEIGHBORHOOD MAP OF COMMUNITY RESOURCES

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PURPOSE: The goal of this map is to introduce health professional students to accessible resources for San Francisco residents. Once students are introduced to these resources they are encouraged to build community-focused partnership with organizations and institutions with assistance from University Community Partnership and/or Center for Translational Science Institute-Community Engagement and Health Policy Program.

BACKGROUND: Neighborhood guides of the Mission and Chinatown were previously created to highlight community organizations, demographics, public transportation, and public health needs. These guides were created in response to recommendations by the AAMC, Institute of Medicine, and the 2005 Report of the UCSF Executive Vice Chancellor’s Task force to incorporate community-based service learning into medical school curricula. The creation of this map builds upon these recommendations to incorporate the need to build partnerships with the organizations listed on the map. This map provides a platform in which health professional students can take a virtual tour of the physical environment and then be provided with contact information and the mission statement of each organization.

METHODS: The types of resources highlighted are considered to be within the broad category of social institutions, which is one of three broad categories of social determinants of health. Social institutions provide services to help meet the needs of the public. The organizations and institutions on the map are organized into groups by the neighborhood and the service they provide. These organizations were found using internet searches, previously produced neighborhood guides, and/or were introduced during a PRIME-US seminar during the first year of medical curriculum. Google map was the platform chosen to create the neighborhood map of community resources. This map was embedded into the PRIME CLE webpage of community resources.

EVALUATION PLAN: The webpage has the ability to measure the number of views for each individual neighborhood map. There is also a space provided for comments on the PRIME CLE webpage.

DISSEMINATION: The map will be displayed on the PRIME CLE webpage and the PRIME website which can be accessed by the general public. The map will also be introduced to a group of students enrolled in a community engagement elective in the Fall of 2010 and the African-American Health Disparities elective in the Winter of 2010.

REFLECTIVE CRITIQUE: This map will be made available to staff and faculty at the University Community Partnership office, the Center for Translational Institute Community Engagement Health Policy program, and the PRIME program. Their feedback will be used to make adjustments to the map.
DEVELOPMENT OF TEAM-BASED LEARNING MODULES FOR THE TEACHING OF
NEUROANATOMY DURING THE BRAIN, MIND, AND BEHAVIOR COURSE

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PURPOSE: Our goal is to use team-based learning (TBL) in the teaching of 1) somatosensory and
motor pathways and 2) brainstem anatomy. This will encourage focused preparation of the
material, appeal to a variety of learning styles, and stimulate active classroom engagement.

BACKGROUND: TBL is gaining ground as a novel teaching method that engages learners in
active discussion and integration of course material. Learners experience TBL in three phases: (I)
focused pre-class preparation, (II) a readiness assessment process of multiple-choice questions
(perform first individually and then with a group), and (III) application of material in a group
activity. When used instead of or with “traditional” educational modalities in a variety of
disciplines, student learning outcomes and attitudes, along with faculty attitudes, improve.
Further, by requiring fewer instructors and encouraging students to teach each other, strain on
personnel and other resources is reduced. As TBL is incorporated throughout the Essential Core
curriculum, the BMB course is a setting for which TBL would be a natural fit. Neuroanatomy is
historically challenging to teach and to learn, and in light of a modified TBL experience
implemented in the neuroanatomy lab in Spring 2010, TBL could be a successful approach in
classroom-based learning during BMB.

METHODS: First, we conducted a literature review of TBL on both the general philosophy and
concrete examples of successful modules. We then closely examined the existing neuroanatomy
materials in our curriculum, and chose materials that would work well in a TBL setting for
adaptation. Next, we wrote objectives to blueprint our materials to the desired learning
outcomes, and created multiple-choice questions for each stage of the TBL. We piloted our
Somatosensory and Motor Pathway TBL with physical therapy students to get feedback on the
flow and content of the module. Finally, we edited the materials according to their suggestions,
and we converted all written materials into Powerpoint presentations to execute the live module.

EVALUATION PLAN: Modules will be launched in Spring 2011 BMB for the first-year class.
After the modules, students will be given E*Value surveys. If a course focus group is conducted,
we will submit a question addressing our modules. We will also compare performance on
relevant exam questions from before and after TBL implementation.

DISSEMINATION: In addition to this poster session and the execution of the modules
themselves, we will consider submitting our materials to MedEdPORTAL and/or Medical
Education’s “Really Good Stuff” if we find the modules to be effective and positively received.

REFLECTIVE CRITIQUE: After consulting each other for feedback, we sent materials to Peter
Ohara and our peer curriculum ambassadors for review. The physical therapy students also
helped us critically examine our work and change it accordingly. We still need to get more
feedback on specific items from other BMB faculty to finalize the materials before launch.
ENHANCING THE INTERPROFESSIONAL HEALTHCARE EDUCATION CURRICULUM

Gene Lowry (UCSF Medicine; contact at gene.lowry@ucsf.edu), Jennifer Rosenbaum (UCSF Medicine), Jennifer Samore (UCSF Pharmacy), Amber Fitzsimmons (UCSF Physical Therapy), Breanne Cisneros (UCSF Nursing), Stella Kim (UCSF Dentistry)

PURPOSE:
To enhance the interprofessional healthcare education (IPHE) curriculum at UCSF in order to foster greater collaboration among the five health professional disciplines represented on campus: medicine, physical therapy, dentistry, nursing, and pharmacy. This includes planning two afternoon sessions attended by all first year health professional students as well as developing a longitudinal, interactive curriculum on the CLE (collaborative learning environment) website.

BACKGROUND:
Poor interprofessional collaboration and hierarchical power dynamics in medical settings have been shown to lead to medical errors. In contrast, improved interprofessional teamwork has been demonstrated to improve patient outcomes, job satisfaction and shorten hospitalization. The UCSF strategic plan calls for increased interprofessional collaboration to take advantage of the diversity in healthcare training available. One of the major curricular platforms for promoting interprofessional collaboration is the interprofessional healthcare education days and their accompanying yearlong, online curriculum. These days occur twice in the academic year and are mandatory events for all first year health professional students. In 2009-2010, medical student Jenny Staves updated the IPHE curriculum as a curricular ambassador project and helped to design and implement an assessment plan. We have used the resulting data and added an interprofessional planning committee to further enhance these two days and the accompanying longitudinal online curriculum.

METHODS:
Analysis of the above data plus further feedback acquired through consultation with colleagues in the curricular ambassador program and faculty involved in IPHE indicate:

- Participants require greater understanding of their own and other health professional roles to engage in an IPHE-centered curriculum.

- Participants indicated a lack of opportunity in the existing curriculum to establish interprofessional relationships and learn about roles.

- Online longitudinal curriculum failed to establish long-term engagement in interprofessional groups. Student online response rate decreased from 83% in October to 26% in April.

  In light of these outcomes, we further developed the IPHE curriculum by:

  - increasing time in small groups
• creating smaller groups to facilitate discussion at the events and throughout the year
• focusing on professional roles during the first IPHE day
• shifting consideration of healthcare reform policy to the second IPHE day when participants have some knowledge of professional roles
• introducing a live-broadcast discussion forums for the days
• engaging more faculty in facilitation of small group conversation

Enhancements to the CLE include:
• changing the topics of the question of the month activities to focus on professional identity
• introducing information about topical and critical issues to prompt monthly discussion questions
• establishing ongoing facilitation for CLE discussions
• linking to previous year’s IPHE resources
• including literature produced by faculty on the UCSF campus

EVALUATION:
A modification of the readiness for interprofessional learning survey (RIPLS), interdisciplinary education perception scale questions (IEPS) will assess attitudes, and satisfaction surveys will be used to generate quantitative and free-response feedback on the events. To assess the effect of the program on participant views of their own and other professions, the RIPLS/IEPS survey will be administered prior to any curricular material and again at the conclusion of the academic year. Results will be compared for change within the cohort over the 2010-2011 year as well as differences between the previous years’ cohorts. Responses on the CLE will be monitored using the same methodology as employed in the analysis of the 2009-2010 discussion forums. This will include an analysis both of the utilization rates of the forums by the different health professional programs, as well as coding and analyzing the content posted to the forum.

DISSEMINATION:
Our work will be delivered to first year health professional students through two mandatory afternoon training sessions as well as a longitudinal online curriculum with monthly questions. The project will be presented at the Curricular Ambassadors Showcase, a poster presentation session. We will collaborate with a team currently writing publications based on 2009-10 data to develop and publish future results.

REFLECTIVE CRITIQUE:
Our project relied heavily on feedback from many sources. The written feedback from previous years was used to plan major changes to the event. Weekly feedback from the other curricular ambassadors allowed us to beta-test the live broadcast chat room function, reduce conflicts between IPHE days and planned student activities, and plan the most efficient way to collect feedback on the 2010-2011 IPHE curriculum. Joanne Spetz provided feedback as well as personal and literary references on health policy reforms with a special focus towards developing the curriculum for IPHE day 2.
Team Based Learning and Vertical Integration: A Module for First and Third Year Medical Students on Congestive Heart Failure

Mark Dela Cruz, MS2, Laura Ireland, MS2, Grant Sanders, MS4
Faculty Advisors: Calvin Chou, Lawrence Haber, Lindsay Mazotti,
Ann Poncelet, Dana Rohde, Leslie Zimmerman

PURPOSE:
The goal of our project was twofold: to enhance teaching of congestive heart failure (CHF) by introducing more active learning into presently-taught sessions, and to use this platform of team-based learning (TBL) and small group learning to integrate education of pre-clerkship and clerkship students.

BACKGROUND:
Currently, students in their pre-clerkship and clerkship years interact minimally on a professional level. Although upperclassmen occasionally teach junior peers, opportunities for bidirectional collaboration and learning are limited. To address this educational gap, we opted to transform a traditional lecture on CHF into a TBL format. CHF presents a prime scenario for the integration of pre-clerkship basic science information and clinical knowledge. Moreover, numerous studies have shown that TBL provides an interactive environment that fosters collaboration and improves learning outcomes. To further the exchange of pre-clerkship and clerkship knowledge between the two groups, we redesigned the small group activity already attached to the lecture. The overall design of the project is a step towards a more vertically integrated curriculum.

METHODS:
To convert the CHF lecture to a TBL, we reviewed syllabus sections, conducted a literature review on TBL best practices, and conferred with faculty and MS4s to design content and a question bank appropriate for MS1 and MS3 learning levels. We then refined a list of ten items for inclusion in the individual/group readiness assurance test (iRAT/gRAT) and two cases for the application portion with three to four questions per case. These questions were then organized into a Powerpoint presentation for the class session. Finally, the syllabus section was reorganized and updated for content.

We reformatted the prior small group into a two-hour session incorporating one standardized diastolic CHF case and one systolic CHF case to be brought in and presented by a participating MS3 student. We developed new content and questions for the session and developed an electronic platform to present video and audio clips of physical exam findings during the session.

EVALUATION PLAN:
We will measure attitudes about the vertical integration component quantitatively on E*Value and qualitatively through interviews or focus groups. Knowledge outcomes will compare MS1
performance on selected CHF questions from the cardiology final exam to student performance in previous years; for MS3 learning, we also plan to create an interstation exercise for the CPX.

DISSEMINATION:
The TBL session materials such as the syllabus and the Powerpoint presentation will be made available through the CLE. The iRAT/gRAT and application questions will be guarded and only released during the actual in-class session. The small group materials will be similarly available through the CLE.

REFLECTIVE CRITIQUE:
The module benefited from iterative editions and feedback from faculty mentors, whose expertise included basic science and clinical teaching, content expertise, evaluation, and interface with electronic media. Drs. Dana Rohde, Leslie Zimmerman, Lindsay Mazotti, and Lawrence Haber provided invaluable feedback and expertise in the development of the TBL materials and questions. Drs. Calvin Chou and Leslie Zimmerman assessed our small group materials and provided invaluable insight into their development. As content controversies came up, we conferred with Dr. Rajni Rao for her cardiology expertise. As in the early stages of development, we plan on working closely with Dr. Ann Poncelet as the evaluation and assessment materials are finalized and disseminated. Christian Burke and Valentina Bettencourt gave us great insight in the development of the CLE page. We also gathered tremendous feedback from the rest of the Curriculum Ambassador team through our project consultations. Collectively, this feedback kept us thinking about the best ways to integrate the needs of our learners and allowed us to create what we hope will be an effective learning experience.
Otolaryngology in the Essential Core Curriculum

Mandeep Lehil, MS2, JoJo Yang, MS2
Faculty Advisor: Anna Meyer

PURPOSE
The purpose of this project was to evaluate the current essential core curriculum to perform a needs assessment for the incorporation of otolaryngology-head and neck surgery (OHNS) topics into the curriculum. The current curriculum was analyzed using iLIOS and an excel spreadsheet of OHNS-related topics in the curriculum as well as topics that were not covered and ideas of how to incorporate the material was created. Core objectives for the OHNS curriculum were also created.

BACKGROUND
The AAMC recognizes that otolaryngology is a discipline that needs more attention in the medical curriculum. Until this year, when Dr. Meyer began collaborating with Dr. Dana Rohde on incorporating some OHNS-based curriculum into the first year, few OHNS topics were taught in the preclinical years. This is ironic because approximately 30% of what primary care physicians’ encounter in practice is ear, nose, and throat-related disease. Until this year, medicine, neurology, and other faculty as part of the Essential core taught some aspects of ear, nose, and throat topics. Drs. Rohde and Meyer have been able to identify several lectures where a collaborative talk with otolaryngologists and other faculty has allowed an enhanced combination of expertise in several core topics which can augment the existing curriculum.

By performing a needs assessment of the current curriculum, we were able to identify when otolaryngology topics were being taught and the format used (lecture, small group, etc) and topics that could be incorporated into the curriculum. Through this process, we decided to create an OHNS roadmap that would make it clear to students when and where they were being taught otolaryngology related topics. This roadmap would also serve as a guide to improve the incorporation of OHNS related material into the curriculum. In addition, objectives were created to address the topics and skills we wanted medical students to gain from the OHNS aspect of the curriculum. We identified topics that could be improved, such as the otoscope/ophthalmoscope session of the physical examination training course. We met with Calvin Chou to discuss having otolaryngologists present for the session.

METHODS
- Analyzed Essential Core curriculum using iLIOS and the syllabus for each block
- Created an excel spreadsheet of otolaryngology-related topics in the curriculum as well as topics that were not covered and ideas of how to incorporate the material
- Generated sample ENT roadmap with current topics and suggested topics
- Conducted currMIT review to look at the otolaryngology curriculum at other medical schools’ and contacted those schools for session materials and possible collaborations
- Performed literature search of otolaryngology medical education which resulted in few results, meaning our work is highly relevant and necessary
- Developed objectives for the OHNS curriculum to clarify the knowledge and skills medical students should gain
- Focused on improving the otoscope/opthalmoscope physical diagnosis session and met with Dr. Calvin Chou regarding this topic

**EVALUATION PLAN**
We will develop a plan for evaluation of the curriculum as implementation comes to fruition. We believe it is very likely that we will be able to achieve this plan, as Dr. Meyer is very committed to implementing improvements in otolaryngology-head and neck surgery education and ensuring that the subject material is better taught and integrated in the medical school curriculum.

**DISSEMINATION**
Our work will be posted on Portfolio and we will be presenting a poster as well at the showcase. We also plan to publish our compilation of core otolaryngology competencies as well as how we implemented them at our institution.

**REFLECTIVE CRITIQUE**
Our fellow curriculum ambassadors as well as CA leadership provided critical feedback after our project presentations and helped us refine our final product.
PROVIDING A GUIDE FOR PRIME-US COMMUNITY ENGAGEMENT PROJECTS

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Faculty Advisor – Elisabeth Wilson MD.

PURPOSE
To develop an online resource that will facilitate the ability of UCSF PRIME-US students to successfully plan, implement, monitor, and evaluate sustainable community projects in partnership with community stakeholders.

BACKGROUND
Community engagement is one of the core components of the UCSF PRIME-US curriculum. In order to become proficient in the community engagement competencies, PRIME-US students are encouraged to engage in longitudinal community projects, service learning activities, and other community outreach actions, in addition to scheduled PRIME-US seminars. This project was developed with the aim of facilitating this process, through the development of a resource that will enhance the ability of PRIME-US students to engage effectively with the community.

METHODS
1. Performed literature searches on Google Scholar and Google for information on project design and project management concepts amenable to use in developing community projects.
2. Executed literature searches on PubMed, JSTOR, Google Scholar and Google for academic and non-academic papers on developing community projects - best practices, challenges, tools, and resources.
3. Explored existing UCSF online materials (e.g. CTSI and UCP websites) for resources on how to engage with communities effectively.
4. Organized and synthesized the assembled data into a stepwise “how-to” guide.
5. Submitted drafts of the guide for content review to PRIME-US director, Dr. Elisabeth Wilson, the co-director of the UCSF University Community Partnership, Dr. Naomi Wortis, a UCSF PLUS resident Dr. Mimi Choi, and PRIME-US program coordinator Aisha Queen-Johnson.
6. Synthesized and streamlined the feedback and edits I received from the “experts” above before creating the project outcomes (see below).

PROJECT OUTCOMES
1. Created an electronic book which is linked to the PRIME-US course on the UCSF-CLE.
2. Plan to create a downloadable PDF document to facilitate printing of the material and dissemination of the resource to non-PRIME students. A link to the PDF will also be accessible from the PRIME-US website.

EVALUATION PLAN
The evaluation plan for this project includes:

1. Using the “Reports” tool on the UCSF-CLE to track the number and type of users who access the e-book via this online environment. The tool will also be used to track what times the e-book was accessed. This data will provide information on both the utility and the accessibility of the e-book.
2. A standardized UCSF-CLE online module evaluation tool will be linked to the e-book. It will be used to elicit information on the overall value of the guide to the user, the online experience, and to gather feedback which will guide future edits and improvements to the guide.

DISSEMINATION

1. Curriculum Ambassador project showcase in September 2010
2. PRIME Conference Poster Presentation at UCSF in October 2010
3. Education Day Poster Presentation at UCSF in Fall 2010
4. UCSF CLE PRIME-US Course page for access by students and faculty

REFLECTIVE CRITIQUE

I primarily received “process” feedback during the course of the summer from my faculty advisor, Dr. Elisabeth Wilson, and my co-curriculum ambassadors Abby Burns, Alecia Greenlee and Rebecca Taub during our weekly team meetings. The feedback I received during my project consultation with the 2010 Curriculum Ambassador cohort was also instrumental in shaping the direction I took with this work. Finally, I turned to various UCSF staff, faculty and students for feedback on the content, and accuracy of the guide.

CONCLUSION

On the whole, the online guide will facilitate the ability of UCSF PRIME-US students to successfully plan, implement, monitor, and evaluate sustainable community projects in partnership with community stakeholders. Secondarily, it will educate students on principles of community engagement, and serve as a tool to help them meet the UCSF Community Engagement Competencies.
Creating a Sociocultural Skills Organizer using the Portfolio Platform

PURPOSE:
The purpose of this project is to create the opportunity to start moving away from multiple-choice questions as an assessment for Social and Behavioral Sciences (SBS) curriculum and to provide more feedback to students on their work.

BACKGROUND:
In the existing curriculum student work is generated in a number of SBS small groups, and it must be turned in to the small group leader in order to receive credit for the SBS portion of that particular block. This student work is not systematically reviewed, and students do not receive feedback. To make the student work more purposeful, we have worked this existing student work into the Sociocultural Skills Organizer and ensured that feedback will be provided. Also, in an effort to move toward a more meaningful and reliable assessment of SBS objectives, SBS content was identified as a priority area for portfolio implementation within the Essential Core.

METHODS:
After conducting a literature search, I identified best practices for implementing ePortfolio for SBS content. The University of Michigan School of Medicine has implemented a Sociocultural Portfolio, and we held a conference call with the leader of that initiative to learn more about implementation and evaluation. Activities were identified in each block, and the objectives for the sessions were organized so that they built upon each other in a longitudinal fashion. A portfolio template was created for students to enable them to store their work easily. Small groups were identified in each block where student work was already being created (Prologue, BMB) or where SBS content could easily be linked to existing small groups (Pulmonary, Renal, M&N) and an activity was created. Students will store their work in this template in the portfolio, where they will receive feedback from peers as well as faculty.

EVALUATION PLAN:
There will be two main sources for evaluation for this project. The first will be a focus group conducted with first-year students that successfully complete the curriculum in order to further refine for future implementation. In order to evaluate the project’s impact on student achievement, I plan to look at changes in student performance on the Mini-OSCE exam at the end of first year.

DISSEMINATION:
Students will be introduced to the Sociocultural Skills Organizer as part of the introduction to SBS during Prologue. Activities for the individual sessions will be attached to the session in iRocket.

REFLECTIVE CRITIQUE:
Weekly meetings with my three advisors, as well as my Project Consultation with my fellow ambassadors provided guidance. In addition, meetings with many of the stakeholders in the implementation of Portfolio at UCSF provided insight for the execution of my project.

DEVELOPMENT OF A SERVICE-LEARNING COURSE FOR HEALTH PROFESSIONAL STUDENTS

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Project mentorship from Beth Wilson, Aisha Queen-Johnson, and Roberto Vargas
With community partner Eva Martinez, El Tecolote Newspaper, Acción Latina

PURPOSE:
The purpose of this project is to provide health professional students an introduction to service-learning and community engagement by creating an elective that involves participating in a hands-on project in one of San Francisco’s underserved communities.

BACKGROUND:
The persistence of significant health disparities in the United States has led the Institute of Medicine to recommend that clinicians receive training to better understand and address health disparities.\(^1\) In addition, implementation of community engagement curriculum can lead to enhanced student understanding and cultural competence in the communities they serve, as well as increases student academic performance, Step 2 scores, and residency performance.\(^{ii, iii, iv}\) One specific form of community engagement, service-learning (SL), provides community service in response to community-identified concerns and enables students to learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens.\(^v\) While many other medical schools offer or require SL,\(^vi\) the UCSF School of Medicine lacks a formalized SL curriculum. This means that not only do many interested students lack a way to gain experience, but also that efforts by individuals within UCSF to work with communities often end with unsatisfactory results. This project aims to meet this need by engaging students in a semester-long SL elective course.

METHODS:
We created an elective to give students one unit of credit for their work on this project, which we hope will ensure that students commit themselves to the project and produce quality work within the defined timeline. Students will be working with El Tecolote, a bilingual Mission community newspaper, to create health columns on salient topics as identified by community leaders. Those columns will be published in El Tecolote in both Spanish and English, with a print distribution of over 10,000 plus online readership. To ensure that students get maximally engaged with the community, we have integrated classroom and community experiences throughout the elective. The initial seminar will be in the classroom and will give students an orientation to the project, the key aspects of community engagement, and will also include a resource guide to help them through the rest of their project. After that, we will take students on a walking tour of the Mission, where they will perform a mini community assessment. Students will then be responsible for selecting a community organization and interviewing leaders at that organization to determine what health concerns or resources are important to the community and should be publicized through the column. Once students have identified topics and we have approved them, students will write their columns, which will be proofread for medical accuracy
by senior medical students and translated by El Tecolote staff before being published. Students will have a final meeting in order to reflect on what they learned through the experience and assess their satisfaction with the elective.

**EVALUATION PLAN:**
In order to ensure that we are using best practices, we will evaluate our curriculum from both student and community perspectives. Students will be asked to take a survey before and after the elective in order to assess attitude change around confidence in leadership and community advocacy. In addition they will evaluate their satisfaction with the elective experience. We will also perform interviews with our community partner in order to gain their evaluation of the program and their role.

**DISSEMINATION:**
We plan on publishing all of our seminar materials on the PRIME CLE page. We also presented a poster on this work at the 2010 Curriculum Ambassador Showcase, and may also present at the 2010 PRIME Statewide Conference.

**REFLECTIVE CRITIQUE:**
We have submitted our materials to the PRIME director and program coordinator, as well as to the program coordinator at the office of University Community Partnership, and plan on editing our materials according to their feedback prior to running the elective. In addition, we will be requesting feedback from our community partner throughout the course of the project.

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PHYSICIAN IN COMMUNITY (PIC): ENHANCING FLEXIBILITY, EFFICIENCY, AND ENGAGEMENT THROUGH A MULTIMEDIA PEDIATRIC RESIDENCY CURRICULUM

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PURPOSE: To transform a traditional one-month curriculum on community pediatrics and child advocacy into a self-directed multimedia curriculum that provides the learners, faculty, and community experts with flexibility and enhanced efficiency.

BACKGROUND: ACGME requirements for pediatric residency programs state that residents have structured educational experiences to prepare them for the role of advocate for the health of children within the community. The UCSF Physician in Community (PIC) curriculum educates pediatric residents about the communities in which their patients live and the services available to them and their families via didactic and experiential activities. The increasing demands on learner and educator time have compelled medical education to create innovative and efficient ways to meet mandated educational requirements and competencies. As such, we have transformed the PIC course to incorporate self-guided and self-directed learning via a multimedia curriculum.

METHODS: We tabulated the educational activities in the traditional PIC curriculum and brainstormed modalities to create self-directed, on-line modules. Modalities included: recorded audio Powerpoint presentations to create interactive, flash-based presentations, videotaped interviews of community partners and leaders, and an audio MP3 file for a guided neighborhood walking tour of child resources. In addition, learning objectives, learner reflective exercises, and an evaluation of the curriculum were developed. A typical learning module would include: a flash presentation providing an overview of a topic such as foster care, a key stakeholder video interview such as with a foster parent, and a reflection assignment submitted by residents to their MD Portfolio.

EVALUATION: The new curriculum consists of 7 self-guided learning modules. Initial feedback from learners suggests that the multi-media curriculum is feasible and well-received. Faculty have reported ease in providing learners feedback on the assignments via the MD portfolio. The success of the course will be evaluated by responses from online surveys submitted on CLE, the quality of assignments submitted on MD Portfolio, and in-person feedback at bimonthly sessions. Feedback from course directors as well as from course administrators will be used to evaluate the efficiency and quality of learning for the overall course.

DISSEMINATION: Our curriculum is available online via the UCSF CLE Physician in Community (PIC) Course. We plan to present our curriculum at UCSF Education Day and have submitted a workshop for presentation at the Pediatric Academic Societies (PAS) Meeting.
**REFLECTIVE CRITIQUE:** Through project consultations and advisor meetings, we gathered feedback on how to maintain engagement and establish accountability in a multimedia course. Feedback also included concerns about eliminating the “in-person” lecture experience, and the need for learner engagement throughout the online presentations. To promote learner engagement, we made the presentation slides visually appealing through the use of text, pictures, and animations. We also limited the presentation length and added interactive quizzes throughout the presentations.
Surgery 110 Web Modules

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PURPOSE:
To reorganize and streamline pre-existing Surgery 110 Web Modules and present them in a more user-friendly format to improve usage by 3rd year UCSF medical students.

BACKGROUND:
At UCSF School of Medicine, students in the Surgery clerkship have access to four web modules on the Collaborative Learning Environment (CLE): Acute Abdomen, Colorectal, Trauma, and Vascular. The purpose of the modules is to help standardize the surgery curriculum across different rotation sites, since not all students will encounter all types of surgical cases during their clerkship. The modules are encouraged, but optional for students. This project aims to restructure the current four large modules into smaller components and provide the information in a series of Powerpoint presentations instead of web pages because why.

METHODS:
The four pre-existing modules were reviewed, the organization was assessed, and the content was made more concise. Various multimedia formats were considered, including a website, PowerPoint presentation, and Articulate presentation; Powerpoint presentation was chosen as the preferred method of delivering the new web modules because these were identified as the Trauma and Acute Abdomen modules as the highest priority; the Colorectal and Vascular modules will be revised at a later time. Each large module was divided into multiple sub-topics, and each sub-topic consists of an individual Powerpoint presentation.

EVALUATION:
Students will be surveyed about the effectiveness of the web modules using an optional anonymous survey. This survey was previously used to assess the old web modules and compared those modules to the traditional lecture-based curriculum. The results of the survey will allow us to compare the efficacy of the new web modules to the old web modules.

DISSEMINATION:
The new web modules will be available on the UCSF CLE Surgery 110 Cases course.

REFLECTIVE CRITIQUE:
It was challenging to revise a set of web modules that previously took one year to build, and I realized partway through the summer that I would have to prioritize and only complete half of the modules. The feedback that I received at the Curriculum Ambassadors project consultation session was very helpful and helped me to choose a format that would be most user-friendly to 3rd year medical students. Dr. Campbell and Dr. O’Sullivan were both supportive and
encouraging; he helped me with the content of the modules and she helped me devise an evaluation method for the modules.

ENHANCING SOCIOCULTURAL MEDICAL EDUCATION: CURRICULAR REVIEW AND ESSENTIAL CORE INTEGRATION

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PURPOSE:
To review and enhance pieces of sociocultural curricula currently within the Essential Core, and to integrate additional pieces of sociocultural curricula to facilitate the continuation of discussions around these issues.

BACKGROUND:
The current Social & Behavioral Science (SBS) curriculum within the Essential Core features sessions of lectures, small groups, and PBL sessions that fall broadly into three content areas: (1) health related behavior and behavior change, (2) mind-body medicine, and (3) social and cultural issues in health and health care. The area of social and cultural issues addresses health disparities and cultural competence, and encourages students to begin thinking and practicing as culturally sensitive physicians. Current SBS content emphasizes the topics surrounding certain minority groups and could benefit from including more discussion of diverse populations. Additionally, while these sessions provide an open forum to talk about social and cultural issues, they are distributed with emphasis towards the beginning and end of the Essential Core; rather, these issues are cause for continuous discussion and constant integration throughout the Essential Core. Therefore, this project seeks to review and revise existing SBS content, as well as develop a strategy for helping to continue the discussion of sociocultural issues throughout the first two years of undergraduate medical education at UCSF. The end result of the project is three sociocultural “skillkeeper” activities to be integrated; one each in Pulmonary, Renal, and Metabolism & Nutrition blocks.

METHODS:
A curriculum review was conducted using UCSF curriculum resources (iLIOS) to compile existing sociocultural content. A literature review was performed for current best practices in sociocultural education in medical school curricula, using PubMed, currMIT, and MedEd PORTAL. A literature review was also performed for current data on health and healthcare disparities of other minority groups using PubMed and Google Scholar. Consultation with course directors within the Essential Core yielded suggestions of curricular models for integrating pieces of sociocultural curricula.

EVALUATION PLAN:
Students will provide feedback on skillkeeper activities through evaluations on E*Value. Feedback will also be elicited from students in online surveys and from faculty reviewers in informal exchanges. The success of this project will also be evaluated based on the quality of student responses as well as faculty feedback on the students’ responses. Student performance on and perception of sociocultural related curricula will also be tracked through E*Value.
evaluations and attitudinal surveys.

DISSEMINATION:
The project will be presented in a poster at the Curriculum Ambassador 2010 Showcase and at the UCSF Education Day. We plan to publish the project, along with other pieces of the diversity curriculum, on MedEd PORTAL.

REFLECTIVE CRITIQUE:
Project consultations with Curriculum Ambassador program participants, meetings with project advisors and other Social and Behavioral Science faculty, as well as meetings with Curriculum Ambassador leadership and Essential Core course directors all provided venues for continuous feedback on the project. Feedback dramatically shaped the project into its end result, as we moved away from creating a “resource guide” for faculty, the concern being lack of time and adequate training to speak sensitively about these issues, to creating these activities for students to help develop them these skills.