Residents and the Pathways to Discovery Program - 2010

Renee Courey, PhD, Coordinator, Pathways to Discovery Program
Kathy Julian, MD, Co-Director, Pathway in Health Professions Education
Read G. Pierce, MD, Chief Resident, Internal Medicine, VAMC
Chris Stewart, MD, MA, Director, Pathways to Discovery in Global Health

“We have been quite gratified with the integration of both residents and students in the HPE Pathway and hope to expand participation to other departments this next academic year” says Kathy Julian, MD, director for the UC Primary Care Program and co-director of the Pathway in Health Professions Education (HPE).

All Residents receive annual invitations to join Pathways to Discovery, a two-year-old program that hosts and trains UCSF students and trainees for innovative work in research, advocacy, policy development, and health systems improvement. Evolving from the older “Areas of Distinction” program, today’s Pathways build communities of learners at all levels and across all UCSF schools. Dr. Julian, one of the architects of the curriculum in Health Professions Education, debuted the integrated training program this past October. All Pathways participants complete UCSF faculty-mentored projects and this year’s HPE residents from Internal Medicine and Family and Community Medicine are designing residency and medical school curricula and evaluations, an evaluation of the PI-SCES program, and an evaluation of the Education Innovation Project in the Department of Medicine.

Approximately 80 UCSF residents now participate in Pathways to Discovery Program. Residents also participate in Pathway program development and are represented at monthly leadership meetings by Rosie Wustrack, MD, resident physician in Orthopaedic Surgery.

Here’s an update on other innovations pursued by residents this year.

Pathway in Global Health (GH)
Residents in the GH Pathway come from varied specialties, with over 12 residency programs in the School of Medicine represented in the Global Health Clinical Scholars Program. The program also includes residents and graduate degree participants from the (continued on page 2)
Residents in Pathways...
(continued from page 1)
schools of nursing, dentistry and pharmacy. Led
by Drs. Chris Stewart and Madhavi Dandu, this
academic year 23 resident and graduate degree
scholars participated in a month-long full-time
course in September 2009 and continue to work
on scholarly projects. Some of the scholars
were recently awarded competitive funding for
their projects. Daniel Miller, MD, a resident in
dermatology, is interested in Kaposi's sarcoma
(KS) and the immune reconstitution inflammatory
syndrome (IRIS). His funded project will investigate
the immunologic and histopathologic features
of eruptive KS in the setting of IRIS during HIV
therapy in Ugandan patients. He plans to pursue
a career in dermatopathology and is also aiding in
the development of structured dermatopathology
services at UCSF’s clinics in Mbarara, Uganda.

Health and Society Pathway (H&S)
H&S hosts residents in two tracks: the Health
Leadership track lead by Arpana Vidyarthi, MD, and
the Health Systems and Advocacy track lead by
Sharad Jain, MD, which includes SF primary care
residents and is centered at San Francisco General
Hospital (SFGH). This summer’s curriculum
in the advocacy track emphasized meeting the
complex needs of poor and vulnerable patients
and developing methods of care that are effective,
efficient, and accessible to all people.

This year, a group of 14 internal medicine residents
in the leadership track focused on leadership
skills development and health policy analysis.
All residents participated in a structured didactic
curriculum that allowed for deeper understanding of
the interaction between individual personality and
leadership styles; effective negotiation (through small
group case-based learning); and teamwork in the
context of project management. A week-long seminar
including lectures, small group discussions, and
directed readings provided basic knowledge in the
following key health policy areas: social determinants
of health and disparities in access to care; healthcare
finance; regulation of healthcare delivery systems;
stakeholder identification and constituent advocacy;
comparative analysis of delivery systems; and quality
improvement.

Last year’s Internal Medicine residents lead the
development of a medical center-wide strategic plan
for the safe delivery of therapeutic anticoagulants
in response to ACGME pressure to enhance quality
improvement (QI) competency among residents
while advancing medical center QI priorities. In
April and May 2010, all residents will perform a
targeted comparative effectiveness analysis of
various payments methods for surgical specialists
(orthopaedics, OB/Gyn, cardiology/CT surgery)
and present their findings to the Pacific Business
Group on Health. Honing teamwork, negotiation, and
presentation skills, the investigators will develop an
understanding of payment incentive programs that
shape practice patterns; identify potential cost-savings
through implementation of new and targeted pay-for-
performance programs; and analyze how payment
and/or practice reorganization can impact both quality
and cost of care.

Pathway in Clinical and Translational Research
(CTR)
Many graduate medical education programs at UCSF
are working to facilitate clinical and translational
research opportunities for residents who plan to
make research a part of their careers. The Resident
Research Training Program offers a research elective
and other initiatives designed to inspire residents
and facilitate their pursuit of career opportunities as
future investigators. This training program creates
opportunities for residents to gain a foundational
understanding of clinical and translational research
methods and evidence-based medicine skills. This
year’s funded projects include David Dowdy’s study,
Cost-Effectiveness of Rapid HIV Testing in the
Emergency Department; Harry Hwang’s, Efficacy
of Topiramate in Patients with Migraine-associated
Dizziness; Hooman Kamel’s, Pilot Randomized Trial
of Long-Term Cardiac Monitoring for Atrial Fibrillation
After Stroke; and Christian Nixon’s, Cloning and Expression of Novel P. falciparum Vaccine Candidate Antigens.

The Resident Research Training Program appointed ambassadors to each residency program. For a list of these and other contact information, visit http://ctsi.ucsf.edu/training/resident.

Molecular Medicine Pathway (MMP)
The MMP is under development and will eventually provide mentorship and participation in a community of physician scientists performing disease-oriented laboratory research. Directors Bob Nussbaum, MD, and Howard Bernstein, MD, PhD, are creating a special elective that combines case-based exploration of basic science approaches to pathogenesis, diagnosis and treatment with carefully selected journal club sessions highly relevant to the physician scientist.

If you would like to know more about MMP or any of the Pathways, please follow the links below. Please consider a visit to the annual symposium on May 6, 2010 to learn about your colleagues, their projects, discover potential mentors, and continue your own development as a physician who contributes to health beyond the care of individual patients.

PATHWAYS TO DISCOVERY
WEBSITES

HEALTH PROFESSIONS EDUCATION
http://www.medschool.ucsf.edu/pathways/health_professions/

GLOBAL HEALTH
http://www.medschool.ucsf.edu/pathways/global_health/

HEALTH AND SOCIETY
http://www.medschool.ucsf.edu/pathways/health_society/

CLINICAL AND TRANSLATIONAL RESEARCH
http://www.medschool.ucsf.edu/pathways/clinical_translational/

MOLECULAR MEDICINE
http://www.medschool.ucsf.edu/pathways/molecular_medicine/

2010-2011 Department-Specific Resident Incentive Goal Application

The UCSF Medical Center sponsors three resident incentive goals valued at $400 for achieving each goal. Residency programs again have the opportunity in 2010-2011 to develop a department-specific goal for review by Medical Center and GME leadership.

The department-specific resident incentive goal should be:
• Aligned with the department and medical center quality improvement strategies
• Feasible to measure; and
• Relevant from an educational perspective

Proposed goals should be discussed with the Resident’s Council. These will go through a preliminary review and feedback process with the Director for Quality and Safety Programs for GME.

Applications (approx. 1 page) are due MAY 1, 2010 for an incentive for the 2010-2011 academic year. Please submit the application to:
Paul Day at ucsf-gme@medsch.ucsf.edu

Direct questions to:
Arpana Vidyarthi at arpana@medicine.ucsf.edu
Greetings UCSF residents and clinical fellows! Below are a few items of interest from the UCSF Library. Please feel free to contact me at Marcus.Banks@ucsf.edu with questions or suggestions about these topics or any other Library services.

- **Improved Access to Calculator Tools**: The Library recently added direct links to MedCalc3000, numerous Micromedex calculators, and the Lexi-Comp calculators to our clinical medicine subject guide (http://www.library.ucsf.edu/help/guidesclinical). These tools have been added to our most recent version of the Clinician’s Toolbar, which downloads in seconds and provides easy access to your most used resources from anywhere on the Web (http://www.library.ucsf.edu/services/browsertools).

- **New PubMed Interface**: Late last year the National Library of Medicine (NLM) released a significantly changed interface for searching PubMed. Of particular interest to residents and clinical fellows, the Clinical Queries search interface is now featured prominently in the PubMed Tools section of the home page.

  NLM provides many tutorials about how to search the new PubMed and UCSF librarian Josephine Tan has developed an online class describing how to work with the new interface. The UCSF class is available at: http://www.library.ucsf.edu/node2139

- **Mobile Resources Page Under Development**: In the fall 2009 edition of the Residents Report, Josephine Tan described many useful medical applications for handheld devices. This year the Library is developing a web page to provide easy access to mobile versions of key resources and is also working on a version of our web site that is optimized for viewing on mobile devices. Please feel free to contact us with suggestions about what would be useful to include on our mobile resources page or on the mobile-optimized site. http://www.library.ucsf.edu/askus

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**UCSF Patient Care Fund Improves Patient Experiences**

The Patient Care Fund, established by the UCSF Medical Center, is an opportunity for UCSF trainees to improve patient experiences at UCSF. Clinical trainees from all disciplines (medicine, nursing, pharmacy) have a unique perspective on patient care provided at UCSF Medical Center and are in a great position to recognize unmet patient needs and make important, innovative contributions!

This year’s projects include:

* Condolence cards for families of deceased patients
* Purchasing and coordinating additional computers for inpatient access to the internet and Skype

_We are always seeking new proposals. Get those creative juices flowing—no project is too small! Scrutinize your work environment and determine how patient experiences can be enhanced._

For more information visit: [http://medschool.ucsf.edu/gme/residents/pcfund.html](http://medschool.ucsf.edu/gme/residents/pcfund.html)
Climate change, manifested by global warming, is real. Almost all evidence suggests that it is anthropogenic, caused by human activity and consequent increases in the atmospheric greenhouse gases (GHG).

Expected changes in temperature, sea level, and hydrologic extremes will have worldwide health consequences, including the following: those due to severe weather; the direct effect of heat; air pollution; allergies; water and vector borne diseases; interruptions in food and water supplies; mental health conditions; and environmental refugees.

A major problem in California, for agriculture and health, is the availability of fresh water. Projections for total precipitation, and the amount stored as mountain snow, show major decreases.

Californians can expect the number of extremely hot days to double, similarly to what occurred in Europe in 2003 and led to about 30,000 excess deaths. The fire season, once confined to the late summer and fall, began in the spring of 2009. The Sacramento-San Joaquin delta is extremely sensitive to winter storms and high water. It is prone to a cascade of levy failures that could interrupt the water supply to the East Bay.

High urban surface temperatures cause high levels of ozone, which exacerbates many respiratory problems. High CO2 levels cause ragweed pollen levels to rise, and a consequent increase in allergies. Tropical and subtropical insect vectors that formerly were uncommon in the US, no longer are. Thirty eastern and mid-western states, from New York south, are now vulnerable to the dengue mosquito and have had reported cases. Rare diseases, such as Cryptococcus gatti, which is endemic to Central America, have sprung up in British Columbia where they had never been seen before.

Options for responding to climate change include mitigation (primary prevention), adaptation (secondary prevention), and suffering. The public health field has much to offer economic and climate projection models. A key assumption in economic models that directs their policy implications is the "discount rate", a term that projects future costs and benefits compared to todays. Small variations in that parameter emphasize either the costs or the benefits of different mitigation strategies.

Co-benefits of mitigation are numerous, many of which will stimulate the economy. Examples include developing the technology of alternative energy production; reducing dependence on foreign oil and coal mining with its attendant environmental degradation; improving air quality due to reduced vehicular pollution; improving operating costs of buildings; and consuming more locally grown food. This ignores the unknowable outcomes, such as wars avoided.

But what can be done? Educate! Develop a better message! As health care professionals and leaders in our communities, it is important that we communicate about the co-benefits of reducing GHG now. We must change the discussion from an ideologically divided debate between "alarmists" and "skeptics" to one among reasonable people attempting to advance the co-benefits of reducing GHG while we invest in "insurance" against likely catastrophe climate change.

Key numbers to remember:

1. Ideal atmospheric CO2 = 350ppm, which might maintain our ice sheets. We’re now at 383ppm.

2. Maximum atmospheric CO2 for reasonable adaptation < 500ppm, causing a rise of <2.4 deg C, probably resulting in loss of arctic ice sheets.

3. 500ppm requires a 75% sustained decrease from year 2000 emissions all the way until 2050.

4. The cost of climate change insurance: $50/Ton CO2 carbon tax or cap & trade = $25/barrel or $0.50/gallon of gas +5ct/kWH coal electricity +1.5ct/kWH gas electricity
Adventures with Family and Friends

Meg Autry, MD, Clinical Professor, Residency Director: Obstetrics, Gynecology, and Reproductive Sciences

I have two daughters (ages 9 and 13), one dog (a bulldog who isn’t very energetic), two cats, four turtles, and 20 fish. Most of my activities revolve around my family. We live in Bernal Heights and love our neighborhood and the nearby Mission. This summer we went on a backpacking trip to King’s Canyon, which is part of the Sierra Nevada. There are many hikes from the entry point near Fresno. You can’t really do long hikes at any altitude before mid-summer as there still may be snow—which we found out in July! You have to get a permit and are required to hike with a bear can (a device to keep the bears from smelling your food), which is a little frightening. The scenery is unbelievable. You can get more information at www.nps.gov/seki

We also have a speed boat that we keep on the Delta, a massive group of tributaries to the Sacramento River about an hour away in Rio Vista, and we go up there in the summer as much as possible to water ski and wakeboard. It is supposedly an amazing windsurfing site although that is not my forte.

Every August, we trailer our boat to Lake Shasta and rent a houseboat with our closest friends for a week – a huge group of adults and kids having fun in and out of the water. The closest town is Redding where there is an abundance of houseboating rental places that also rent speedboats and waverunners. If you’ve never done houseboating before it is very relaxing and fun, but I would suggest you know the people that you go with very well. There are plenty of supermarkets in Redding to stock up on food for the week.

Most of the time my athletic adventures are in the city. When possible, my oldest daughter and I do Bikram Yoga at Eureka and 20th Street – the instructor is Lamott Atkins and he is amazing.

When I have less time, I like to run with my iPod on Ocean Beach and then meet my father, who is retired, for a beer either at the Beach Chalet or Java Beach (Judah and La Playa). Java Beach is great because they have great snacks, draft beer, and wireless. The clientele is very relaxed and they have live music on weekends.

As I said, we love our neighborhood. We frequently walk our dog to the top of Bernal Hill and come down on Cortland Street, which has lots of great restaurants and shops. We have many favorite haunts, in the area including Emmy’s on Virginia, which has great food and doesn’t take reservations, and the Front Porch, a hip Southern/Cajun restaurant across the street next to the Safeway on 29th. We also like the chicken/middle eastern food at Good Frikin Chicken across the street and the pupusas at El Patio on Mission Street. Our favorite burritos come from El Faro on 24th Street.

We also really like to shop, browse, and eat on Valencia Street. The Pirate Shop at 826 Valencia, a writing workshop for children, is a lot of fun, as is Paxton Gate next door which has incredibly unique merchandise. Finally, you can end your day at many of the great restaurants or bars in the area such as Delfina, Tartine, Range, or the Phoenix (where they will put peace signs in the foam of your Guiness).

San Francisco is such a great place to work hard and play hard.
Kirsten Greene, MD
Assistant Professor in Residence, Urology

An ideal day for me (away from work!) usually involves sleeping late, having brunch with friends, getting pedicures, shopping, and going out to dinner. This works especially well when my friends and family from the east coast come to visit and I’ve developed favorite itineraries for guests. Here are a few.

Hanging out in Laurel/Presidio Heights:
This plan works best when your guests stay at the Laurel Inn or the El Drisco because you can walk everywhere and don’t need group transportation. Start with brunch at Ella’s on the corner of Presidio and California. You want to get there before 10:30a.m. if you are with someone who doesn’t like waiting for a table (i.e. my mom). When you arrive, make sure you give them your name. I only mention this because I hate standing there wondering if I’m supposed to write down my own name or tell someone. The chicken hash is my favorite and they are very nice about substitutions (like not wanting eggs). My husband loves the pancakes. Next, walk two blocks to Sacramento Street between Presidio and Lyon. There is a great nail salon on the right and you can relax after an exhausting brunch and have your feet rubbed. When you are polished and feeling ready to tackle the rest of the day, walk directly across the street to Mabel Chong and browse the best jewelry store in San Francisco. She has incredibly unique designs using semiprecious stones, which are not only affordable, but coordinate well with scrubs from all three hospitals. Now it’s time for a nap, but first you must contemplate where to go for dinner. If you want to stay in this part of town, I recommend Sociale, Spruce, or Osteria on Sacramento Street. Sociale is cool because it’s hidden and my guests are always impressed that I found such a charming insider spot. Spruce has a terrific bar where they serve their full menu if you can’t get a table. Osteria is a fabulous neighborhood Italian restaurant with the best gnocci ever. After dinner head to the Vogue theater where you can see the one movie they play before dropping your guests off at the Laurel Inn for the night. The hotel’s bar, Swank, makes very nice girl-style martinis in a loungy atmosphere. Just the thing after a long day with loved ones.

For shoe lovers:
Start the day with brunch at Zazie on Cole Street. This is my absolute favorite brunch place in the city. Write your name on the list by the door and, if you get there after 10a.m., gossip while you wait a long time. Don’t worry, the gingerbread pancakes and mimosa-inspired champagne cocktails are worth it. When you are finished with brunch head downtown to Union Square. Start at the Saks Shoe Salon (downstairs past cosmetics). In my opinion, this truly is the happiest place on earth. I hit the 75% off all stock sale in 2008 right after Thanksgiving and came away with 11 pairs of shoes and a big smile. Sip champagne while you shop and enjoy the most comprehensive collection of Louboutins and Rene Caovilla in the city. Next, walk across the square to Neiman Marcus and go upstairs to check out their superior stock of Manolos, Chanel, and Prada shoes. Although flats seem to be choking the life out of all of the heels, you can still find a good mix in both places. Fight your way through the crowd to the Westfield Shopping Center entrance on Market and head to Slanted Door’s sister restaurant, Out the Door for lunch. Detour into Bloomingdales to check out the Jimmy Choo boutique and see if maybe, for once, they have the boots you love in your size. Finally ride the escalator to the top floor and have all thoughts of shoes massaged away at Burke Williams. I’m told it is the only five-star spa in the city. The quiet room really is supposed to be quiet, so avoid it if you are like me and my friends or you’ll get scolded. Dinner is optional depending on how many shoes wanted to come home with you that day.
1. Can you describe the malpractice insurance coverage for UCSF trainees? Is there tail coverage?

The coverage for trainees is the same coverage provided for all other UCSF physicians. The University of California maintains a self-insurance program for professional liability (medical malpractice) which covers trainees at all of the UCSF affiliated sites: UCSF Medical Center, Mt. Zion, VAMC, and SFGH. This program covers UCSF trainees for any patient care activity done while acting in the course and scope of University assigned duties.

Because the University policy is occurrence based, tail coverage is not needed. If litigation were to arise after a trainee has left the University, he or she would still be covered for events that occurred during his/her time at UCSF. It’s important to note that in exchange for this coverage the trainee has a duty to cooperate in the defense of the case, including meeting with defense counsel and being present for depositions or trial.

2. Isn’t the attending ultimately responsible for a patient’s care? If so, why are trainees involved in malpractice lawsuits?

Patients have a right to name trainees in a lawsuit and as such trainees can and are involved in legal actions. From UCSF’s perspective and in accordance with the medical staff bylaws, the attending is responsible for the patient’s care. However, the University is legally obligated to review the care provided by trainees, determine if any responsibility should be allocated to them, and then report those findings to the Medical Board as appropriate. In general, UCSF does not allocate responsibility to trainees unless they acted outside the scope of their employment or in direct violation of a policy or instruction. This is one of the reasons trainees should keep communication open with their attendings and allow them to oversee their work.

3. Are trainees covered by UCSF malpractice insurance when moonlighting? If not, what sort of coverage should they seek that is also affordable? What about coverage when acting as a Good Samaritan?

Moonlighting outside the UCSF system is not covered under the UCSF program. Trainees should ask about coverage as an additional insured at the location where they are moonlighting. Part-time policies with private insurance carriers can be obtained, but the best way to ensure you have coverage is to get it directly from where you will be moonlighting. UC Office of the President is working with its broker to find affordable part-time insurance for those rare situations where trainees cannot obtain coverage by a non-UCSF employer.

Moonlighting within the UCSF system is covered under the UCSF program. Trainees who are already paid by UCSF and who moonlight for UCSF are covered under the UCSF insurance program.

If a physician acts as a Good Samaritan and gives aid to someone who otherwise would not receive it, there are broad immunities for the physician as long as he or she had no legal duty to the patient and was acting as a volunteer. In the unlikely event that a trainee is involved in a lawsuit related to work as a Good Samaritan, UCSF will cover its employees in any such litigation.

4. Some institutions have training programs or fellowships that require trainees to sign non-compete clauses. What is the legality of this practice?
Without seeing the specific clause, it is impossible to say whether or not the clause is enforceable. In general, though, under California law, non-compete clauses are generally construed quite strictly against the party seeking to limit competition. That is not to say, however, that they are always unenforceable. A trainee who is concerned about signing such a document should consult with his or her own attorney after asking the program director about the intent and scope of the non-compete clause.

5. What are the legal protections for the intellectual property of UCSF trainees?

All University employees are required to sign the University’s Patent Agreement and abide by its terms with regard to disclosure of inventions created with University resources. The UCSF Office of Technology Management (OTM) has an excellent website with frequently asked questions and links to relevant University policies, including the Patent Policy and the Copyright Policy: http://otm.ucsf.edu/

Trainees who make patentable discoveries or create copyrighted material using University resources (including paid time) should consult the policies and direct any questions to the OTM.

6. What steps should a trainee take if arrested or apprehended after breaking the law? Who needs to be informed? Does it matter whether it is a misdemeanor or felony?

It is important to be forthcoming with your program director as even some minor infractions may have an effect on your ability to become licensed. Additionally, on an annual basis, the Office of Graduate Medical Education requires all trainees to fill out an attestation which asks whether the trainee has any misdemeanor or felony convictions or pending charges. Failing to advise a program director of a relevant incident in advance might, under some circumstances, be seen to reflect badly on the core competency of ‘professionalism.’ A trainee in this situation may also want to consult with an attorney who is familiar with California medical licensure requirements and legal issues as well as any necessary criminal defense attorney. Certainly, any legal matter which may result in a trainee being unable to be physically present or unable to fulfill his/her obligations to the program should be reported as soon as possible so that arrangements can be made to cover service obligations.

7. What infractions of the law can result in suspension of a California medical license?

This is a difficult question to answer because the California Medical Board does not like to give absolute answers to this question. Standards for what they might accept tend to change over time as the make-up and political tenor of the Board changes. However, it is clear that the current Board has little tolerance for offenses involving drugs or alcohol. We are aware of trainees being denied initial licensure for such offenses even when they have been through extensive rehabilitation and have very good letters of recommendation regarding their recovery. For current licensees certain offenses involving drugs and alcohol can also be problematic. There is currently a heightened desire on the part of the Board to ensure that no patient is injured by an impaired physician.

It is extremely important that applicants for licensure fully disclose their criminal, malpractice, and training histories. When reviewing an application the Board pulls information from various government agencies and a condition which normally would not affect an applicant’s ability to achieve licensure may become an issue if omitted from the application. In the past, UCSF trainees who failed to fully disclose past experiences have been denied licensure or granted a license with draconian restrictions. Applicants with complex histories may want to consult an attorney with California medical licensing knowledge and experience.

8. What infractions of the law can result in dismissal from a UCSF training program?

This is highly dependent upon the circumstances. As noted above, an infraction that results in a license suspension or an inability to become licensed in California in a timely manner, or which make the trainee otherwise unable to meet his or her obligation

(continued on page 10)
to the program could be grounds for dismissal. However, other types of violations of the law may indicate a lack of professionalism or indicate an inability to exercise appropriate judgment to safely care for patients, which especially if combined with other evaluative factors, may result in academic disciplinary action.

9. Does UCSF provide any legal services for trainees who need an attorney for a personal matter?

UCSF does not provide any legal services for personal matters such as creating a will, family disputes, motor vehicle infractions, or reviewing contracts. The Office of Legal Affairs represents the University and cannot advise employees on personal legal matters.

10. How should a trainee involved in a dispute with UCSF about discipline or dismissal obtain legal help?

The Office of Legal Affairs serves as counsel for the University and in that role advises the Office of Graduate Medical Education as well as the training programs in such situations. Therefore it would be a conflict of interest for the Office of Legal Affairs to advise trainees specifically involved in such disputes. Trainees seeking specialized legal advice need to ask reliable sources for referrals and do research on attorneys with expertise in the matter at hand. It is also a good idea to ask potential attorneys to provide client referrals. California law requires attorneys to have written fee agreements with their clients, so be sure to get a statement in writing regarding the financial aspects of the representation.
Happy Belated New Year! The Resident and Fellow’s Council (RFC) is always busy advocating for UCSF housestaff on issues ranging from childcare to housing to enhancing our experiences with Quality Improvement (QI). It’s been a challenging but rewarding Winter season, so we would like to give you an update on what the RFC has been working on.

We have made significant gains in the area of housestaff QI experiences. Under the leadership of David Aaronson, Urology PGY5, we have established a Resident and Fellows Quality Improvement Committee to identify, create, and implement projects that improve patient care at all sites where housestaff rotate. One of the first projects was to work with the UCSF clinical lab, housestaff, and unit clerks at Moffitt-Long hospital to stop reflexive lab ordering. We have made good headway on decreasing unnecessary lab use, but there is still much room for improvement. In addition, the successful Resident Incentive Program is continuing. Second quarter updates were recently circulated and we are on track to earn an extra $300-1200 for each trainee. Help us ensure maximum payout by handwashing!!! We are currently working with Arpana Vidyarthi, MD and Paul Day of OGME to include more departments and divisions in next year’s program-specific initiative. The RFC also continues to oversee the Patient Care Fund, a program that provides a funding mechanism for interested housestaff to improve the patient experience at UCSF and is heavily involved in the Physician-Nursing Council to help enhance communication among inpatient healthcare providers.

On another front, the RFC and OGME have been working closely with CIR and SFGH to create a single paycheck system that pays trainees at all UC affiliated rotation sites. We hope to have this intensive project complete by the end of this academic year. We thank Bobby Baron, MD, Amy Day, and Doug Eckman for their persistence, patience, and advocacy!

Continuing projects include renovations of the physicians lounge to create a place for respite, relaxation, and work. With the construction underway, work space has been made available in the Park Room on the second floor of Moffitt Hospital. Additionally, availability of childcare remains a priority; our presence on the Chancellor’s Advisory Committee on Childcare helps ensure that our concerns and needs are always heard.

If you have ideas for projects or would like to get involved, please contact us, your department representative… or come to a meeting!!! New members are always welcome.

Wishing you all the best,
Chrissy and Delphine

Upcoming Events

GME GRAND ROUNDS
Shared Decision-Making in Clinical Practice: Tools for the Busy Clinician
Grace Lin, MD, MAS
April 20, 2010
N-217, noon-1p.m.

2010 UCSF PPD CLINICS
April 5th, 7th, & 9th
Moffitt Vending Machine Room, Second Floor
4pm-6:30pm

PATHWAYS TO DISCOVERY SYMPOSIUM
May 6, 2010
Millberry Union Conference Center
3p.m. to 6p.m.

2010 SPRING TEACHING SKILLS WORKSHOP
May 24, 2010
Faculty Alumni House
3p.m. to 6p.m.

RESIDENT AND FELLOWS COUNCIL
Third Monday of each month
5:30p.m. to 7:30p.m.
DID YOU KNOW?
Heather Nichols
Accreditation Manager, Office of Graduate Medical Education

- You should review goals and objectives at the start of each rotation?
- Recognizing and counteracting the signs of fatigue and sleep deprivation just got easier. Learn how at http://medschool.ucsf.edu/gme/Prog_Resources/SAFER.html
- Your program should provide you with a documented evaluation of your performance with feedback twice each year. Haven’t seen yours? Check with your program director or program coordinator.
- Your performance evaluations are always available for you to review. Contact your program director or program coordinator if you don’t know how to find yours.
- Trainees and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.
- DIO, an acronym used frequently by the ACGME, stands for Designated Institutional Official. The DIO is responsible for supervising all training programs at an institution, in conjunction with the institution’s graduate medical education committee (GMEC), to ensure that the programs and institution comply with ACGME institutional and program requirements. In addition, the DIO is a good resource for trainees. Dr. Bobby Baron, Associate Dean for GME and CME is the DIO at UCSF.
- The ACGME publishes an online newsletter quarterly for trainees. Check-out the ACGME Resident Review at http://www.acgme.org/acWebsite/resReview/resR_Index.asp
- The ACGME conducts institutional accreditation reviews focusing on the sponsoring institution’s compliance with ACGME requirements. The Office of GME is gearing up for an institutional review planned for this fall. Stayed tuned for more information!

Academy of Medical Educators Awards Intramural Innovation Grants for 2010-2011
Cynthia Ashe
Manager, The Haile T. Debas Academy of Medical Educators

The Academy of Medical Educators’ Innovations Funding Program provides intramural grants that are open to all School of Medicine faculty members. These grants are intended to serve as a catalyst for the development of new curricular programs and to promote constructive curricular change through learning opportunities. Since its inception, the program has granted more than $1.5 million. Projects are typically funded for one year, with the expectation that if successful, the curricular innovation will be sustained in some other fashion. The call for proposals is announced in early September, with proposals due in early November. Award decisions are made in late January with funding of new grants commencing in July. The Academy funded the following proposals for fiscal year 2010-2011:

Development of an Interdisciplinary, Web-based Trauma Education Curriculum at San Francisco General Hospital
PI: Benjamin Houseman, MD, PhD, Department of Anesthesia
This curriculum proposal aims to:
1. Develop a web-based platform for trauma education at SFGH; and
2. Develop a monthly interdisciplinary trauma conference. The disciplines involved are anesthesia, emergency medicine, and surgery. The target learners are students and trainees. Anticipated outcome measures include: determining effectiveness of educational materials, pre-post tests to evaluate mastery of materials, documentation of meeting rotation goals and competencies, and conference evaluations.

(continued on page 14)
The Resident Research Funding Program is proud to announce that 12 UCSF residents have been selected to receive funding for their mentored research projects. The list of residents, their departments, and titles of the projects are below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory Tasian</td>
<td>Department of Urology</td>
<td>“Factors Affecting Use of Imaging in Cryptorchidism: National Cross-sectional Survey of Pediatrics”</td>
</tr>
<tr>
<td>Kainne E. Dokubo</td>
<td>Department of Medicine</td>
<td>“Development of a Novel Testing Strategy to Detect Acute Hepatitis C Virus (HCV) Infection among Injection Drug Users”</td>
</tr>
<tr>
<td>John Hollier</td>
<td>Department of Pediatrics</td>
<td>“Impact of a Major Model of Care Change on Quality and Cost of Care in a Tertiary Care Teaching Children’s Hospital”</td>
</tr>
<tr>
<td>Meredith Warden</td>
<td>Department of Obstetrics, Gynecology, and Reproductive Services</td>
<td>“Calling all High-risk Patients: Can a Simple Telephone Call Increase Contraception Continuation after Abortion?”</td>
</tr>
<tr>
<td>Carol A Lin</td>
<td>Department of Orthopaedic Surgery</td>
<td>“Incidence of Complications in Total Joint Arthroplasty in HIV-positive patients: Retrospective Analysis of the VA Inpatient SAS Dataset”</td>
</tr>
<tr>
<td>Karla Bermudez Wagner</td>
<td>Department of Medicine</td>
<td>“Mutation and Functional Analysis of BRAF, MEK1 and MEK2 in Ovarian Cancer”</td>
</tr>
<tr>
<td>Rosanna Wustrack</td>
<td>Department of Orthopaedic Surgery</td>
<td>“Use of Accelerometry to Measure Activity Following Surgery for Lumbar Spinal Sclerosis”</td>
</tr>
<tr>
<td>Mark Applebaum</td>
<td>Department of Pediatrics</td>
<td>“Preparing Adolescents with Chronic Illness for Transition in Care”</td>
</tr>
<tr>
<td>Lynn Yee</td>
<td>Department of Obstetrics and Gynecology, and Reproductive Services</td>
<td>“Investigating Mode of Delivery Preferences among Women with Twin Pregnancies”</td>
</tr>
<tr>
<td>Seth Berkowitz</td>
<td>Department of Medicine</td>
<td>“Health Status and Care Seeking Behavior for Depression”</td>
</tr>
<tr>
<td>Neeta Thakur</td>
<td>Department of Medicine</td>
<td>“Pilot Study: Determinates of Missed Appointments among Patients with COPD”</td>
</tr>
<tr>
<td>Erica Winnicki</td>
<td>Department of Pediatrics</td>
<td>“Risk factors for Subclinical Acute Allograft”</td>
</tr>
</tbody>
</table>

The Resident Research Funding Program solicits and reviews potential applications for funding twice a year (November and May), and each year provides about 20 residents with up to $2000 for qualified research expenses. Further information about the Resident Research Funding Program and other details related to the UCSF Resident Research Program may be found at http://ctsi.ucsf.edu/funding/funding-for-residents or by contacting Jax McNaughton at jmccaughton@psg.ucsf.edu.
GME DIVERSITY
Rene Salazar, MD
GME Director of Diversity

On December 12, 2009, the Office of Graduate Medical Education and the Department of Medicine’s Residency Diversity Committee co-hosted a diversity holiday reception for applicants, housestaff, and faculty at Bistro 9. Over 70 people attended the event.

Our fourth annual Diversity Second Look program was held on January 22, 2010. Several departments participated in this opportunity for potential applicants to revisit UCSF and learn more about our commitment to promoting diversity in our residency training programs. Activities included a discussion entitled “Diversity at UCSF” led by Dr. René Salazar, GME Director of Diversity. Other participants included Shane Snowdon, Director of the UCSF LGBT Resource Center; Dr. Bobby Baron, Associate Dean, GME and CME; Dr. Alma Martinez, Director of Outreach and Academic Advancement; and Dr. Renee Navarro, UCSF Director of Diversity. This was followed by a panel discussion with current housestaff led by Dr. Risha Irby (PGY3, Medicine). Housestaff panelists included Drs. Chris Russell (PGY3, Pediatrics), Veronica Rivera (PGY3, Family and Community Medicine), Kevin Martinez (PGY3, Medicine), Tara Collins (PGY3, Psychiatry) and Raul (Juan) Gutierrez (PGY3, Pediatrics).

The day concluded with a reception at Circolo Restaurant and Ultra Lounge. Over 60 applicants, faculty, and housestaff from several departments attended the evening reception.

Thank you to everyone who participated and to Paul Day, who helped organize this year’s activities.

GME will be sponsoring an exhibit booth at the upcoming Student National Medical Association meeting in Chicago and the LMSA regional meeting in San Francisco. For more information or to learn how you can get involved, please contact Dr. René Salazar, GME Director of Diversity via email salazarr@medicine.ucsf.edu or phone (415) 502-8156.

Academy of Medical Educators Awards Intramural Innovation Grants for 2010-2011
(continued from page 12)

A Comparison of Trainees’ Performance Using a Standard vs. Hypothesis-Driven Neurological Examination
PI: Hooman Kamel, MD, Department of Neurology
The aim of this project is to compare the teaching of a focused, hypothesis-driven neurological examination with the teaching of a traditional, complete neurological examination in senior medical students and interns (in non-neurological programs). The design is a small randomized clinical trial of two educational approaches. The outcome is assessment of a videotape neurological exam of four patients including one patient with leg weakness and numbness. The two exam strategies will be compared for their sensitivity and specificity for finding a focal deficit. The investigators will also compare learners’ exam duration and degree of confidence in the exam.

Leadership Observation and Feedback Tool (LOFT)
PI: Anda Kuo, MD, Department of Pediatrics
The project aims are to develop an evaluation of leadership skill tools for observers of residents to use in order to provide feedback to residents. The tools will be developed by a panel of experts, administered by four observers (MDs and non-MDs) of each resident, and establish construct validity and reliability using a variety of statistical tools.

For more information, including an archive of funded project proposals, visit the Academy website at http://www.medschool.ucsf.edu/academy/innovations/.
GME EVENTS GALLERY

Diversity Recruitment Reception, Bistro 9
January 12, 2010

(l - r) Rene Salazar, MD, GME Director of Diversity & Uchenna Agbim, MD, Medicine, PGY1
(l - r) Veronica Rivera, MD, FCM, PGY3 & Hakeem Adeniyi, MD, FCM, PGY1

Second Look Program/Reception
UCSF and Circolo Restaurant
January 22, 2010

(l-r) Bobby Baron, MD, MS, Associate Dean of GME; Rene Navarro, MD, Pharm MD, UCSF Director of Academic Diversity; Alma Martinez, MD, Director of Outreach and Academic Advancement
(l-r) Raul Gutierrez, MD, Peds, PGY3 & Chris Russell, MD, Peds, PGY3
(l-r) Chris Russell, MD, Peds, PGY3; Joseph Hernandez, MD, Peds, PGY3; Josh Hanson, MD, Medicine, PGY3; Liz Hanson, MD, Peds, PGY3; Bobby Baron, MD, MS, Associate Dean of GME; Jessica Muse, MD, Peds, PGY3; Lisa Meneses, MD, Peds, PGY3; Hyman Scott, MD, Ambulatory Medicine
THE OFFICE OF GRADUATE MEDICAL EDUCATION

Welcomes New Program Directors and Program Coordinators

Program Directors
- Beth Silverman Ruben, MD
  Dermatopathology Fellowship

Program Coordinators
- Sara Appelbaum
  Pulmonary Disease and Critical Care Medicine Fellowship
- Gretchen Werner
  Neuropathology Fellowship
- Nicola Sequeira
  Orthopaedic Surgery Residency Program
- Cynthia Burton
  Sports Medicine Fellowship

GME CYPHER

Robert B. Baron, MD, MS

Solve the Winter 2010 CYPHER

BKXHBTFBOT BR KOLU
BKDOLFXTF FCXT GTOQWUVHU.
POL GTOQWUVHU BR WBKFUV
FO XWW QU TOQ GTOQ
XTV ITVULRFXTV, QCBWU
BKXHBTXFOT UKJLXMUR FCU
UTFBLU QOLWV, XTV XWW
FCULU USUL QBWW JU FO
GTOQ XTV ITVULRFXTV.

XWJULF UBTRFUBT

Instructions: The above is an encoded quote from a famous person. Solve the cypher by substituting letters. Send your answers to Justin Akers, Resident & Fellow Affairs Manager, OGME: akersJT@medsch.ucsf.edu. Correct answers will be entered into a drawing to win a $50 gift certificate!

Faculty and Staff Assistance Program

University of California San Francisco

3333 California St., Suite 293
San Francisco, CA 94143-0938
(415) 476-8279

For additional information, please visit our website at:
http://ucsfhr.ucsf.edu/index.php/assist/

For an appointment, please call (415) 476-8279

Important GME Contact Information

Office of GME (415) 476-4562
GME Confidential Help Line (415) 502-9400
Director, GME (415) 514-0146
Associate Dean, GME (415) 476-3414
UCSF Faculty & Staff Assistance Program (FSAP) (415) 476-8279
GME Website www.medschool.ucsf.edu/gme