UCSF Education Showcase 2025

UCSF Center for Faculty Educators

Welcome to UCSF Education Showcase 2025




On behalf of the Center for Faculty Educators, we are proud to present Education Showcase 2025 and mark the 24th anniversary of this event highlighting the scholarly work in education of UCSF faculty, learners, and staff. The schedule of in-person and virtual events on April 28 and 29 is available here. Events include a keynote presentation followed by a panel discussion, plenary and mini-oral presentations, table topic lunch conversations, and workshops.

Education Showcase will begin with a keynote by Rola Ajjawi, PhD, from the University of British Columbia. Her presentation is entitled, *Building effective feedback conversations in clinical practice.* Throughout the rest of the day, members of our community of educators will present their work. These scholarly presentations address important questions and innovations in health professions education. Through a blinded peer review of all submissions, the Academy of Medical Educators (AME) Scholarship Committee selected six plenary presentations based on their quality and collective relevance to the audience of educators, and 62 mini-oral presentations. Please come and support our presenters, many of whom are learners and junior faculty.

Education Showcase is a forum for connection and discussion among attendees. On April 28, opportunities for discussion include in-person Topic Tables sessions during lunch for attendees in San Francisco and Fresno. On April 29, attendees can choose from four professional development workshops:

- Survey Design Workshop at 9am
- Educator Portfolio Workshop at 10a
- Feedback Workshop at 3pm
- Entrustable Professional Activities Workshop at 3pm

We encourage you to register for the workshops of your choice, even if there is a waiting list.

We are honored to present the Cooke Award for the Scholarship of Teaching and Learning to recipients whose work represents outstanding quality and innovation in educational research and/or curriculum development. The awards will be announced on April 28 at the conclusion of the plenary presentations (3:15pm). We invite all Education Showcase attendees to attend a reception at 4:30 PM.

We extend thanks to our community of educators for contributions that highlight the depth and breadth of educational scholarship at UCSF. We want to thank the members of the AME scholarship committee and Teaching Scholars Program who volunteered their time to review abstracts and support the implementation of the Education Showcase. We also would like to thank Raquel Rodriguez, Tamera Seals, Kirsten Sund and Sierra Niblett for their excellent administrative support. Without them, today would not be possible.

In the current climate of significant changes in clinical care, scientific discovery and the education of future health care providers and researchers, we are privileged to be engaged with so many passionate health professions educators sharing our creative and innovative scholarly work.
Warmly,

Ann Poncelet, MD, FAAN
Professor of Neurology
William G. Irwin Endowed Chair
Director, Haile T. Debas Academy of Medical Educators

Patricia O'Sullivan, EdD
Professor of Medicine and Surgery
Director, Education Research
Center for Faculty Educators

Bridget O'Brien, PhD
Professor of Medicine
Co-Director, Scholarship Committee
The Haile T. Debas Academy of Medical Educators

Mindy Ju, MD MAEd
Associate Professor of Pediatrics
Co-Director, Scholarship Committee
The Haile T. Debas Academy of Medical Educators

Education Showcase Schedule 2025

Monday, April 28 | Mission Hall Building, UCSF Mission Bay and Select Sessions on Zoom

Zoom Link: https://ucsf.zoom.us/j/94277352348?pwd=5PvvnubntyuF5EXarOjwbzzwT55e4j.1
Meeting ID: 942 7735 2348
Passcode: 029976
Please use this Zoom information for the select sessions that are offered via Zoom.

8:45-9:00am | Mission Hall
Light Refreshments

9:00-10:00am | Mission Hall 1400 & Zoom
Welcome Followed by Keynote Lecture and Webinar 'Building Effective Feedback Conversations in Clinical Practice' Presented by Rola Ajjawi, PhD

10:00-11:00am | Mission Hall 1400 & Zoom
Panel Discussion and Webinar 'Reflections on Effective Feedback Conversations in Clinical Settings'

11:00-11:15am
Break

11:15am-12:15pm
Mini-Orals Sessions (A, B, C)

Mini-Orals Session A, In-Person | Mission Hall 1401

ID	Author (Presenter)	Title
A-009	Elster	Pediatric Faculty's Perspectives on Teaching and Feedback in Today's Clinical Environments: A Cross-Sectional Survey
A-015	de Moya (Watson)	Development and Dissemination of Novel Menopause Curriculum for Pre-Clinical Medical Students
A-037	Fleming	Queering the Curriculum: Preparing Family Medicine Residents to Care for Transgender, Non-Binary, and Gender Diverse People
A-045	Li	Exploring Pedagogical Content Knowledge in Chief Residents: Insights from Morning Report Facilitation
A-052	Coates	A Novel Social and Structural Drivers of Health Curriculum for UCSF Dermatology Residents
A-060	Feuille	Training Senior Gastroenterology Fellows as Endoscopy Teachers

Mini-Orals Session B, In-Person | Mission Hall 2106

ID	Author (Presenter)	Title
A-020	Mosti	Development of a Consensus-Based Competency Framework for Behavioral Sleep Medicine Trainees
A-022	Moreno (Zhai)	A Workshop for Preparing Healthcare Workers for Harm Reduction Conversations
A-034	Cobb	Who Decides? Building Inclusive Competencies in Graduate Medical Global Health Training
A-057	Dyster	'What Would I Bring to a Professional Setting?': A Qualitative Study of Medical Student Self-Disclosure
A-067	Diala	Preparing Underrepresented Advanced Practice Nursing Students' Transition to Underserved and Rural Primary Care Areas
A-070	Richmond	Exploring Department of Medicine Trainees' Perceptions of the Feedback Culture at UCSF

Mini-Orals Session C, In-person | Mission Hall 2108

ID	Author (Presenter)	Title
A-002	Shin	Development and Evaluation of a Simple Structured Rubric
A-017	Sehgal	Goals of Care Simulations in the Neurology Department
A-019	Faktor (Lee/Gomez)	Operationalizing Supervision Levels to Better Characterize Autonomy of General Surgery Trainees
A-049	Sinha	Narrative Medicine 2.0: Piloting an Interactive Curriculum Platform
A-074	Cheung	Creating a Video-Based Curriculum to Help Residents Build Skills as Clinician Educators

12:15-1:15pm | Mission Hall
Lunch and Topic Tables, In-Person
Please see the Topic Tables page in the program book for room numbers.

1:15-3:15pm | Mission Hall 1400 & Zoom
Plenary Presentations, Presenters will be in person

ID	Author (Presenter)	Title
A-004	Garcia (Ko)	Transgender, Gender-expansive, and Non-binary Medical Student Perspectives on Medical Education
A-053	van Schaik (Sawtelle)	Achieving educator milestones with integration of anti-oppressive education practices: design and implementation of a new Teach for UCSF Certificate Program
A-061	Lewis	"You Don't Have To Explain What Is Understood:" Perceptions And Experiences Of Racial Affinity Group Caucusing With Minoritized Pediatric Residents

A-062	Lee	Unveiling Self-Regulated Learning Practices in Surgical Residents: A Scoping Review
A-063	Nayak	Examining Clinical Algorithms in Medicine: A Case-Based Approach to eGFR, Spirometry, and ASCVD
A-069	Kuruvilla	Application Of Coaching Skills Across Contexts

3:30-4:30pm
Mini-Orals Sessions (D, E, F)

Mini-Orals Session D, In-Person | Mission Hall 1401

ID	Author (Presenter)	Title
A-001	Qian	Artificial Intelligence Auto Contouring and its Impact on Resident Education
A-011	Vossler (Lin)	Development, Implementation, and Evaluation of a Novel Pulmonary & Critical Care Medicine (PCCM) Fellowship Coaching Program
A-016	Tran	Opportunities and Challenges of Subspecialty Learning in Longitudinal Integrated Clerkships (LICs): Qualitative Study of LIC Learners
A-031	Brode (Wan)	Coaching across differences: Teaching coaching skills to longitudinal FCM preceptors
A-032	Brode (Wan)	Identity affirmation: Evaluating the impact of student-preceptor identity concordance in the FCM clerkship
A-082	Talebloo (Shahram/ Edwards-Newman)	The Tea House Series: Interprofessional Antiracist Education

Mini-Orals Session E, In-Person | Mission Hall 2103

ID	Author	Title
A-028	Enriquez	Optimizing Teledermatology Education in U.S. Dermatology Residency Programs: Strategies and Innovations
A-041	Castillo Cario	Enhancing Pediatric Medical Resident Competence In Tracheostomy And G-Tube Management Through An Interprofessional Led, Simulation-Based Workshop
A-055	Zablotska	Epidemiology and Biostatistics Curriculum Development and Evaluation to Prepare Medical Students for Evidence-Based Practice
A-058	Zhong	Evaluation of a Visual Arts based Pilot Program on Healing Centered Engagement and Advocacy for First Year Medical Students
A-077	Cowan	Comparing Peer vs Near Peer Feedback in an At-Home Laparoscopic Curriculum

Mini-Orals Session F, In-Person | Mission Hall 2108

ID	Author (Presenter)	Title
A-005	Brown	Teaching with Stories: A Two-Year Feasibility Pilot of Intra-Class Peer-Assisted Learning in Early Medical School
A-039	Barnes	How Does a Surgical Skills-Focused Rotation Alter Learner's Experiences in the Operating Room?
A-042	Erickson (Eltawil)	Developing Non-Technical Skills in Otolaryngology Residents: Outcomes from a Novel Leadership Curriculum
A-066	Jacob	Preliminary Exploration of an Exam Review Panel Coupled with Faculty Development Aimed at Improving Item Quality
A-083	Kimberg	Evaluation of an Interprofessional Critical Pedagogy Curriculum on Culturally Responsive, Community-Centered Healthcare Featuring the Documentary Film "A Place to Breathe"

Mini-Orals Session G, via Zoom

ID	Author (Presenter)	Title
A-007	Ezenwugo	Building Resilient Physicians: Trauma-Informed Care in the Preclinical Curriculum
A-050	Rivera	The Current State of Advising for Underrepresented Pre-health Professional Students: A Scoping Review
A-076	Zaat (Gibson)	Curriculum Evaluation for Pediatrics 110 Core Clerkship
A-078	Brown	Creation and Implementation of an Interprofessional Curriculum in Weight Management
A-035	Patel	"Trial and Error" - How Do Interns Learn Their Role-Specific Workplace Skills?

4:30-5:30pm | Mission Hall
Reception, In-Person

Close of Education Showcase Day 1 – Thank you for joining!

Education Showcase Schedule 2025

Tuesday, April 29 | Mission Hall Building, UCSF Mission Bay and Select Sessions on Zoom

Zoom Link: https://ucsf.zoom.us/j/94277352348?pwd=5PvvnubntyuF5EXarOjwbzzwT55e4j.1
Meeting ID: 942 7735 2348
Passcode: 029976
Please use this Zoom information for the select sessions that are offered via Zoom.

8:45-9:00am | Mission Hall
Light Refreshments

9:00-10:00am
Works-In-Progress Sessions (A, B)

Works-In-Progress Session A, In Person | Mission Hall 2106

ID	Author (Presenter)	Title
A-008	Matthews	PATHWAYS TO HEALTH EQUITY: TRAINING IN HERBAL MEDICINE AND INTEGRATIVE PRACTICES
~~A-013~~	~~Sears (withdrawn)~~	~~Evaluation of Spanish Health Literacy of UCSF Physical Therapy Students Following Spanish Medical Terminology Elective~~
A-073	Nguyen	Walking the Walk: Transformational Educational Approaches to an Interprofessional Substance Use Disorder (SUD) curriculum

Works-In-Progress Session B, In Person | Mission Hall 2107

ID	Author (Presenter)	Title
A-024	Nafeh (Azzam)	Bridging the Language Gap Among Healthcare Students
A-025	Kouch	Utilizing Generative AI in the Development of Medical Students' Patient Communication Skills
A-018	Kabakibi (Azzam)	Getting Artificial Intelligence to the Healthcare Education

9:00am-12:00pm | Mission Hall
Morning Workshops, In-Person
Please see the Workshops page in the program book for room numbers.

10:00-11:00am
Mini-Orals Sessions (A, B)

Mini-Orals Session A, In-Person | Mission Hall 2106

ID	Author	Title
A-006	McGourty	“Different perspectives can help”: Leaders’ Insights for Equitable Sponsorship and Career Advancement in Academic Medicine
A-010	Lee	Expansion Of A Self-Guided Curriculum And Validation Of A Self-Assessment Tool For Ocular Exam Skills
A-014	Seritan	Using Versa Chat for AME Innovations Funding Educational Grant Proposal Review
A-023	Lin-Martore	A Needs Assessment for an Antiracism Curriculum in Emergency Medicine: A Multi-Institutional Cross-Sectional Survey
A-027	Robinson	Learning the end of the story: accessing electronic health records for practice-based learning among residents
A-064	Benson	A Qualitative Needs Assessment of Mentorship Programs Across the University of California, San Francisco Department of Medicine

Mini-Orals Session B, In-Person | Mission Hall 2107

ID	Author	Title
A-043	Mendelsohn	Health Equity Rounds: An Interprofessional Case Conference Series
A-068	Lee	Bridging the Equity Education Gap: A Learning and Development Program for Faculty
A-071	Sharma	Patient Involvement in Residency Selection: Evaluation and Learnings
A-072	Lee	Controlled and Autonomous Motivations of High and Low EPA Users among General Surgery Residents
A-079	Maristany	Development of a Tool for Constructing Vignettes in Qualitative Health Professions Education Research
A-080	Smith	Development of a Statement of Awarded Responsibility to Facilitate the First Transition to Independence for Anesthesia Residents.

11:00am-12:00pm
Mini-Orals Sessions (C, D)

Mini-Orals Session C, In-Person | Mission Hall 2107

ID	Author (Presenter)	Title
A-012	Akey	Factors Contributing to Mistreatment, Belonging, Burnout, and Resilience Among LGBTQ+ Medical Students
A-021	Libet	Getting Out of the Loop: Pediatric Colonoscopy Skills and Cognitive Load Theory
A-048	Tran (Kanal)	Development and Expansion of a Novel Case-Tracking Curriculum to Improve Self-Directed Patient Case Review in an Internal Medicine Residency
A-051	Hung	Developing End-of-Training Entrustable Professional Activities for Psychiatry: Results and Methodological Lessons

A-054	Chen	Developing a Longitudinal Community Medicine Distinction
A-056	Gramkowski	Enhancing Clinical Education Through Generative AI-Powered Virtual Simulations

Mini-Orals Session D, via Zoom

ID	Author	Title
A-003	Erickson	Improving the Logistical and Emotional Processing of Patient Death for Primary Care Clinicians
A-030	Ehie	Measuring Inclusivity and Belonging in a Clinical Learning Environment: Development of a Novel Instrument
A-046	LeSaint	Implementation of an asynchronous department-wide emergency department alternatives to opioids curriculum
A-065	Mattis	EPAs for Pathology: Development of Materials and Assessment Tools in Intraoperative Consultations
A-075	Boyd	Skin Deep: Representation of Skin Color in Preclinical Educational Materials and Lectures
A-081	Butler	Can I ask something in confidence?: Assessment of the Impact and Effectiveness of a Novel Subspeciality Confidential Advising Program for Internal Medicine Residents Applying to Subspecialty Fellowships

12:00-12:15pm
Break

12:15-1:15pm | Mission Hall
Lunch and Topic Tables, In-Person
Please see the Topic Tables page in the program book for room numbers.

1:15-1:45pm
Break

1:45-2:45pm | Mission Hall 2100 & Zoom
Entrustable Professional Activities (EPA) Panel and Webinar with Panelists Duncan Henry, Erick Hung, Lan Vu, Wendy Smith, and Natlie Hastings

2:45-3:00pm
Break

3:00-5:00pm | Mission Hall
Afternoon Workshops, In-Person
Please see the Workshops page in the program book for room numbers.

Close of Education Showcase Day 2 – Thank you for joining!

Monday, April 28

Keynote Lecture: *Building effective feedback conversations in clinical practice*

Rola Ajjawi, PhD, is Professor of Medical Education in the Department of Surgery and Scientist at the Centre for Health Education Scholarship. Rola's research seeks to create learning environments that support health professional trainees to succeed. She is particularly interested in the messiness of practice and workplace learning, examining how supervision can be embedded into clinical practices, how feedback processes unfold, and how to create equitable assessments in the workplace.

Keynote Speaker 2025

Rola Ajjawi, PhD
Professor of Medical Education
The University of British Columbia

Monday, April 28

Panel Discussion: *Reflections on Effective Feedback Conversations in Clinical Settings*

A panel of learners and educators from various departments will share thoughts, experiences, and ideas stimulated by Dr. Ajjawi's keynote presentation.

Panelists:

- Shareef Syed, MD, Associate Professor, Surgery
- Kristina Sullivan, MD, Professor, Anesthesia
- Lynnea Mills, MD, Associate Professor, Medicine
- Kevin Reyes, Medical Student, School of Medicine

April 28 Topic Tables
12:15pm-1:15pm
There are four in person sessions in San Francisco (below) and one in person session in Fresno

Title & Room	Presenters	Description
Finding or Refinding Joy in Teaching: Practical Tips and Strategies Mission Hall 1401	Lydia Zablotska, Sandrijn van Schaik, Brian Schwartz	In this session we aim to explore the different strategies clinical teachers employ to (re)find joy in teaching. Faculty often struggle to find time for teaching due to high demands on their time. This discussion will explore strategies to recruit and support faculty for small-group teaching, emphasizing the rewards of mentoring bright, motivated students and the impact on the future of medicine. We will share challenges and discuss potential solutions. Come share and learn how to keep or rekindle your passion for teaching in increasingly more demanding clinical learning environments!
Techniques to reduce mistreatment across clerkships Mission Hall 2103	Jeannette Lager, Matthew Lin, Naomi Stotland	Our goal is to facilitate a discussion about techniques to address mistreatment on clerkships. Surgery and OBGYN clerkships have addressed these issues in the past. This session includes an overview of trends in mistreatment across various clerkships, current practices in our clerkships and sharing of best practices and tips.
Beyond the Dyad: Findings Mentoring Opportunities at UCSF Mission Hall 2106	Stephanie Rennke, Steve Ludwin	Mentoring, advising, and sponsoring have moved beyond the traditional dyadic relationship and encompasses group mentoring, peer mentoring, developing a professional network of colleagues (PNC) and more! This topic table will explore the best practices around mentoring and discuss ways we can support all our learners and faculty at UCSF.
How to leverage culture of a program and facilitate residents to participate in rank day Mission Hall 2108	Jillian Mongelluzzo, Evelyn Porter	Participating in rank day for faculty and residents is challenging as holistic admissions require a lot of time and energy. We created a process to include a diverse group of both residents and faculty to participate in rank day activities and have time to do a full holistic review of applicants, while centering of the mission of our department.

April 29 Topic Tables
12:15pm-1:15pm
There are five in person sessions in San Francisco

Title & Room	Presenters	Description
Psychedelics: An Elective Rotation for Residents Mission Hall 2100	David Pepper, Aaron Gach-Kvenild	An initial Resident rotation was designed and implemented in this new and exciting area. This Elective is in Family Medicine, though it has application in Psychiatry, End of Life, Addiction and Trauma. We will discuss the outline, rotation and opportunities for expansion.
Examining your privilege to create connection: Positionality statements in medical education Mission Hall 2103	Leia Casey, Jill Barr-Walker	Join us to discuss the use of positionality statements in teaching as a tool to break down structures and create connections between instructors and learners. We'll share our experiences of reflecting on our identities & privileges in academia to create positionality statements and the vulnerability, empowerment, and connection that comes from this practice.
Engaging residents in health policy and advocacy Mission Hall 2105	Rossan Chen	Join a dynamic roundtable discussion at the UCSF Education Showcase, where residents can explore health policy and advocacy. Engage in an interactive conversation, share insights, and collaborate with peers to deepen your understanding of current health issues. Facilitated discussion will focus on practical advocacy strategies and policy impacts.
The Uses of Story in Health Professions Education Mission Hall 2106	Tiffany Chambers, Scott Kogan	Drs. Chambers and Kogan have been exploring the myriad uses of story in education. Our Table Topic will enable participants (i) to share their experiences using stories in education and (ii) to raise questions about stories in education. Format: individual reflections as well as small and large group discussions.
Optimizing Ergonomics and Collaboration: Challenges and Strategies for Opposite-Handed Proceduralists Mission Hall 2107	Camilla Gomes, Ye Lim, Sarah Lee	Procedural training predominantly caters to right-handed individuals, with most instructions and instruments designed for their use. Resources are scarce for preparing opposite-handed individuals to work effectively together, especially for educators training left-handed learners. We aim to discuss and demonstrate strategies that improve collaboration between opposite-handed individuals for procedural skills.

Workshops

April 29 Morning

9:00am-12:00pm (3 hours) | Mission Hall 2100

Survey Design Workshop
Presenters: Sam Brondfield and Colin Feuille
This session will focus on survey design. Surveys are frequently used in medical education as part of research and evaluation. While they sound simple, there are many pitfalls in conducting a survey. This session will present a framework for developing effective questionnaires. You will have a chance to develop a questionnaire throughout the session, which can be used as part of your TSP project. We will also spend some time discussing the IRB and tips for getting IRB approval.

10:00am-12:00pm (2 hours) | Mission Hall 2103

Educator Portfolio Workshop
Presenters: Mindy Ju and Megha Garg
In this workshop, participants use an educator's portfolio to document evidence of the quantity, quality, and scholarly contributions of educator activities. As a supplement to the traditional CV, the educator's portfolio can benefit UCSF educators in securing academic advancements as well as strengthening their applications to the Academy of Medical Educators.

April 29 Afternoon

3:00-5:00pm (2 hours) | Mission Hall 2100

Entrustable Professional Activities Workshop: "How EPAs can make your life easier"
Presenters: Erick Hung, Wendy Smith, Camilla Gomes, Patricia O'Sullivan
In the past decade, medical educators internationally have endorsed entrustable professional activities (EPAs) as an important framework to advance competency-based education. EPAs focus assessment on a learners' performance of the essential work activities in a specialty. They are assessed by determining how much supervision is needed and how much independence learners have earned to perform these activities. In this workshop we will describe the relationship between competency-based education and EPAs, explain trust prospective decision-making, describe the components of an EPA, and recognize opportunities and challenges in implementing EPAs in a variety of contexts.

3:00-5:00pm (2 hours) | Mission Hall 2105

Feedback Workshop: "Engaging learners with feedback conversations"
Presenters: Rola Ajjawi, Noriko Anderson, Maggie Robinson, Bridget O'Brien
We typically think of feedback as information that teachers give to learners, but learners themselves play an important role for feedback to be effective. Learners must be actively involved in seeking and making sense of feedback information, making judgements about its credibility and therefore how to use this information. This process isn't straightforward as performance information is gathered across multiple activities, preceptors and contexts, and the information itself can be ambiguous, messy and imperfect. Viewing feedback as a shared process, underpinned by trust, broadens our role as clinical teachers to

enable scaffolding of this meaning-making process. In this workshop, we will think about the learners' roles as active participants in feedback and how we might create an educational climate that encourages them to seek feedback information from a range of credible sources, and to engage with and act on feedback conversations.

ID	First Author	Title	Authors
A-001	Qian	Artificial Intelligence Auto Contouring and its Impact on Resident Education	Alexander Qian, MD, Radiation Oncology, UCSF, ; Nikhil V. Kotha MD, Evan Porter Ph.D.; Lisa Ni MD; Christina Phuong MD; Farnam Mohebi BS; Rachel A. Sabol MD; Jie Jane Chen MD; Julian C Hong MD; Steve Braunstein MD, Ph.D.
A-002	Shin	Development and Evaluation of a Simple Structured Rubric	Jaekyu Shin, PharmD, Clinical Pharmacy, UCSF;Katherine Gruenberg, PharmD, MAEd, Department of Clinical Pharmacy, School of Pharmacy, Rupa Tuan, PhD, Department of Cellular and Molecular Pharmacology, School of Medicine, rupa.tuan@ucsf.edu
A-003	Erickson	Improving the Logistical and Emotional Processing of Patient Death for Primary Care Clinicians	Jessica Erickson, MD, DGIM, UCSF School of Medicine; Bridget C O'Brien, PhD, DGIM and Center for Faculty Educators, UCSF, Sarah Nouri, MD, MPH, Division of Palliative Medicine, UCSF
A-004	Garcia	Transgender, Gender-expansive, and Non-binary Medical Student Perspectives on Medical Education	Garcia Geronimo, MD, Medical Student, School of Medicine; Heejoo Ko, School of Medicine, UCSF
A-005	Brown	Teaching with Stories: A Two-Year Feasibility Pilot of Intra-Class Peer-Assisted Learning in Early Medical School	Zachary Brown, MD, Resident Physician, Dept: Anesthesia, School of Medicine, zachary.brown@ucsf.edu; Susannah Cornes, MD, Department of Neurology, School of Medicine, UCSF, susannah.cornes@ucsf.edu; Mentor: Sam Brondfield, MD, MAEd
A-006	McGourty	"Different perspectives can help": Leaders' Insights for Equitable Sponsorship and Career Advancement in Academic Medicine	Colleen McGourty, MD, Resident Physician, Dept of Internal Medicine, School of Medicine; Rachel Schwartz, PhD, Department of Anesthesiology and Peri-Operative Care, School of Medicine, UCSF Mia Williams, MD, MS, Department of Medicine, School of Medicine, UCSF Mitchell Feldman, MD, MPhil, Department of Medicine, School of Medicine, UCSF

A-007	Ezenwugo	Building Resilient Physicians: Trauma-Informed Care in the Preclinical Curriculum	Sidney Ezenwugo, MD PhD, University of California, San Francisco; Jessa Culver, BA, School of Medicine, UCSF Corina L. Iacopetti, MD, MA, School of Medicine, UCSF Denise M. Connor, MD, School of Medicine, UCSF
A-008	Matthews	Pathways To Health Equity: Training in Herbal Medicine and Integrative Practices	Jenifer Matthews, MD, Pediatrics and Osher Center, School of Medicine; 1) Candy Tsourounis, PharmD; Department of Clinical Pharmacy in the School of Pharmacy at UCSF; 2) Ra Adcock, DACM, LAc, Dipl. O.M., CMT; TransBay Director for Pediatric Integrative Medicine for UCSF Benioff Children's Hospitals 2) Nate Williams, PharmD; PhD(c), UCSF Benioff Children's Hospital Oakland and Keio University (Tokyo, Japan); 3) Kavita Mishra, MD, MPH; Department of Radiation Oncology; Director of Clinical Programs at Osher Center for Integrative Health; k 4) Yvette Coulter, MS; UCSF Osher Center for Integrative Health
A-009	Elster	Pediatric Faculty's Perspectives on Teaching and Feedback in Today's Clinical Environments: A Cross-Sectional Survey	Martha Elster, MD, Dept of Pediatrics, UCSF School of Medicine; Jennifer Lee, DO, Pediatric Hospital Medicine Fellow, UCSF Pediatrics Helen Pu, MD, Pediatric Hospital Medicine Fellow, UCSF Pediatrics April Zaat, MD, UCSF Pediatrics Sandrijn van Schaik, MD, PhD, UCSF Pediatrics,
A-010	Lee	Expansion Of A Self-Guided Curriculum And Validation Of A Self-Assessment Tool For Ocular Exam Skills	Maria Lee, BS, Dept of Ophthalmology, UCSF School of Medicine; Irene Pak, BS, Department of Ophthalmology, School of Medicine, UCSF Aryan Chaychian, BS, Department of Ophthalmology, School of Medicine, UCSF Isabell Kassaye, BA, Department of Ophthalmology, School of Medicine, UCSF Adam Alyafaie, BS, Department of Ophthalmology, School of Medicine, UCSF Neeti Parikh, MD, Department of Ophthalmology, School of Medicine, UCSF Madeline Yung, MD, Department of Ophthalmology, School of Medicine, UCSF

A-011	Vossler	Development, Implementation, and Evaluation of a Novel Pulmonary & Critical Care Medicine (PCCM) Fellowship Coaching Program	Kristen Vossler, MD, Internal Medicine, UCSF; Jackie Lin MD Department of Internal Medicine, UCSF Lekshmi Santhosh MD Department of Pulmonary and Critical Care Medicine James Frank MD Department of Pulmonary and Critical Care Medicine, UCSF
A-012	Akey	Factors Contributing to Mistreatment, Belonging, Burnout, and Resilience Among LGBTQ+ Medical Students	Margaret Akey, BS, School of Medicine; Lora Randa, BA, School of Medicine, UCSF (co-first author) John Davis, MD PhD, Department of Medicine - Division of Infectious Diseases, School of Medicine, UCSF, Erick Hung, MD, Department of Psychiatry and Behavioral Sciences, School of Medicine, UCSF
A-013	Sears	Evaluation of Spanish Health Literacy of UCSF Physical Therapy Students Following Spanish Medical Terminology Elective	Sophia Sears, SPT, Department of Physical Therapy and Rehabilitation Science (DPTRS), Physical Therapy; Ixander Correa, SPT; UCSF DPTRS, School of Physical Therapy, UCSF Jose Dueñas, SPT; UCSF DPTRS, School of Physical Therapy, UCSF Christopher How, SPT; UCSF DPTRS, School of Physical Therapy, UCSF Yasmin Leon, SPT; UCSF DPTRS, School of Physical Therapy, UCSF Miguel Garcia Villalpando, SPT; UCSF DPTRS, School of Physical Therapy, UCSF
A-014	Seritan	Using Versa Chat for AME Innovations Funding Educational Grant Proposal Review	Andreea Seritan, MD, Psychiatry & Behavioral Sciences, School of Medicine; Abigail Phillips, MD - Medicine, SOM, UCSF Ann Poncelet, MD - Neurology, SOM, UCSF
A-015	de Moya	Development and Dissemination of Novel Menopause Curriculum for Pre-Clinical Medical Students	Allison de Moya, BS, Dept of Obstetrics, Gynecology, and Reproductive Sciences, School of Medicine; Katarina Q. Watson, BA, Obstetrics, Gynecology, and Reproductive Sciences, UCSF

A-016	Tran	Opportunities and Challenges of Subspecialty Learning in Longitudinal Integrated Clerkships (LICs): Qualitative Study of LIC Learners	Harrison Tran, BS, School of Medicine, tran.harrison98; Elena Lebduska, MD, Associate Professor of Medicine, School of Medicine, University of Colorado, Jennifer Adams, MD, Professor of Medicine, School of Medicine, University of Colorado, Natalie Held, MD, Assistant Professor of Medicine, School of Medicine, University of Colorado, Joseph Sullivan, MD, Professor of Neurology, School of Medicine, University of California, San Francisco, Maria Wamsley, MD, Professor of Medicine, School of Medicine, University of California, San Francisco,
A-017	Sehgal	Goals of Care Simulations in the Neurology Department	Ryka Sehgal, MD, Department of Neurology, UCSF; Derrick Cheng, MD, Departments of Neurology & Neurocritical Care, UCSF, UCSF; Kwame Adjepong, MD, Departments of Neurology and Internal Medicine - Palliative Care, UCSF, UCSF; Vineeta Singh, MD, Departments of Neurology & Neurocritical Care, UCSF, UCSF
A-018	Kabakibi	Getting Artificial Intelligence to the Healthcare Education	Mohammad Kabakibi, BS, Dept. Natural Sciences, Arts & Sciences; Mariana Berwerth Pereira, MD, School of Medicine, Jundiai Medical School, Brazil Lucas Silva Lopes, MD, School of Medicine, Jundiai Medical College Sara Turkstra, BScN, University of Western Ontario, PCS Spark Elizabeth Kouch, B.A., Molecular and Cell Biology, UC Berkeley Nodana Gautam, Mbbs, School of Medicine, Weifang Medical University, Weifang , China, Saba Zehtabi, MD, School of Medicine, Shahid Beheshti University of Medical Sciences, Email: Yara Shhab, MD, School of Medicine, Carol Davila University of Medicine and Pharmacy Amin Hassanipour, M.D., School of Medicine, Shahid Beheshti University of Medical Sciences,

A-019	Faktor	Operationalizing Supervision Levels to Better Characterize Autonomy of General Surgery Trainees	Kara Faktor, MD, MSc,Department of Surgery,School of Medicine; Alyssa Murillo, MD, Department of Surgery, School of Medicine, UCSF Brandon Cowan, MD, Department of Surgery, School of Medicine, UCSF-East Bay Lan Vu, MD, Department of Surgery, School of Medicine, UCSF Patricia O'Sullivan, EdD, Department of Surgery, School of Medicine, UCSF Olle ten Cate, PhD, Medical Education, University Medical Center Utrecht; Department of Surgery, School of Medicine, UCSF
A-020	Mosti	Development of a Consensus-Based Competency Framework for Behavioral Sleep Medicine Trainees	Caterina Mosti, PhD,Psychiatry and Behavioral Sciences, School of Medicine
A-021	Libet	Getting Out of the Loop: Pediatric Colonoscopy Skills and Cognitive Load Theory	Dean Libet, MD, MSMS, Pediatric Gastroenterology, Hepatology, and Nutrition Justin Sewell MD, PhD, James Bayrer MD, PhD; Yvette Wild, MD; Sofia Verstraete MD Patrika Tsai MD; Shelly Choudhury MD,
A-022	Moreno	A Workshop for Preparing Healthcare Workers for Harm Reduction Conversations	Patty Moreno, B.S., Department of Hospital Medicine, UCSF; Sophie Zhai, B.A., Department of Hospital Medicine, UCSF
A-023	Lin-Martore	A Needs Assessment for an Antiracism Curriculum in Emergency Medicine: A Multi-Institutional Cross-Sectional Survey	Margaret Lin-Martore, MD, Emergency Medicine, School of Medicine, Tomás Díaz, MD; Hannah Barber Doucet, MD; Boston Medical Center; Evelyn Porter, MD MD; Department of Emergency medicine; UCSF school of medicine; Heidi Werner, MD MSHPEd; Department of Emergency medicine; UCSF school of medicine; Dina Wallin, MD; Department of Emergency medicine; UCSF school of medicine
A-024	Nafeh	Bridging the Language Gap Among Healthcare Students	Perla Nafeh, Biological Sciences, School of Arts and Sciences; Mohammad Kabakibi, BS, Department of Natural Sciences, Lebanese American University; Asher Freund, A.B. summa cum laude, Department of English, Amherst College Amin Azzam, MD, MA, University of California San Francisco

A-025	Kouch	Utilizing Generative AI in the Development of Medical Students' Patient Communication Skills	Elizabeth Kouch, BA, Dept of Molecular and Cell Biology, College of Letters and Science; Sarah Preiss-Farzanegan, MD FAAPMR, Department of Clinical Science, California Northstate University College of Medicine, Sarah.preiss- David Sungmin Pai, MD FASN, Department of Clinical Science, California Northstate University College of Medicine Amin Azzam, MD, MA, Psychiatry & Behavioral Sciences, UCSF School of Medicine
A-027		Learning the end of the story: accessing electronic health records for practice-based learning among residents	Margaret Robinson, MD, MAEd, Dept of Pediatrics, School of Medicine; Christy Boscardin, PhD, Departments of Medicine, and Department of Anesthesia at University of California San Francisco Marieke Van der Schaaf, PhD, Research and Development of Health Professions Education, University Medical Center Utrecht in The Netherlands, M.F. Justin Sewell, MD, PhD, Department of Medicine, University of California San Francisco,
A-028	Enriquez	Optimizing Teledermatology Education in U.S. Dermatology Residency Programs: Strategies and Innovations	Kristen Enriquez, BS, Department of Dermatology, UCSF School of Medicine, kristen.enriquez@ucsf.edu; Gunnar Mattson, MPH, Department of Dermatology, UCSF School of Medicine, UCSF Patricia O'Sullivan, EdD, MS, Departments of Medicine and Surgery, UCSF School of Medicine, UCSF, Amanda R. Twigg, MD, Department of Dermatology, UCSF School of Medicine, UCSF
A-030	Ehie	Measuring Inclusivity and Belonging in a Clinical Learning Environment: Development of a Novel Instrument	Odinakachukwu Ehie, MD, Med, Dept of Anesthesia, UCSF School of Medicine, UC Berkeley - UCSF Joint Medical Program; Rohini Jain, MD, Pediatrics, UCSF, HS Assistant Professor Mark Wilson, MD, UC Berkeley, Professor of Education, Christy Boscardin, PhD, UCSF, Professor
A-031	Brode	Coaching across differences: Teaching coaching skills to longitudinal FCM preceptors	Erica Brode, MD, MPH, Dept. of Family and Community Medicine, School of Medicine, erica.brode@ucsf.edu; Betsy Wan Fahimi, MD, FCM, School of Medicine, UCSF
A-032	Brode	Identity affirmation: Evaluating the impact of student-preceptor identity concordance in the FCM clerkship	Erica Brode, MD, MPH, Dept. of Family and Community Medicine, School of Medicine Betsy Wan Fahimi, MD, FCM, School of Medicine, UCSF

A-034	Cobb	Who Decides? Building Inclusive Competencies in Graduate Medical Global Health Training	Carmen Cobb, MD, Dept. of Medicine & Pediatrics, School of Medicine, UCSF Stephanie Ross, MD -UCSF Heal Fellow, UCSF Rebecca Silvers, DNP - Pediatric Neurosurgery NP, Nursing, UCSF Gabby Negussie-Retta - GME Program Manger, UCSF
A-035	Patel	"Trial and Error" - How Do Interns Learn Their Role-Specific Workplace Skills?	Karishma Patel, MD, Dept. of Internal Medicine, University of California, San Francisco, karishma.patel@ucsf.edu; Karishma Patel, MD1, Gurpreet Dhaliwal, MD2,3 1. PGY-3, Department of Medicine, University of California, San Francisco 2. Professor of Medicine, University of California San Francisco 3. Medical Service, San Francisco VA Medical Center, San Francisco, California
A-037	Fleming	Queering the Curriculum: Preparing Family Medicine Residents to Care for Transgender, Non-Binary, and Gender Diverse People	Mai Fleming, MD, Dept. of Family and Community Medicine, School of Medicine, Montida.Fleming@ucsf.edu; Lealah Pollock, MD, MS , Department of Family and Community Medicine, UCSF SOM Caitlin Felder-Heim, MD, MPH, Department of Family and Community Medicine, UCSF SOM Alex Coston, MD, Department of Family and Community Medicine, UCSF SOM Sen Nguyen, MD, Department of Family and Community Medicine, UCSF SOM
A-039	Barnes	How Does a Surgical Skills-Focused Rotation Alter Learner's Experiences in the Operating Room?	Katherine Barnes, BS, Department of Surgery, UCSF; Patricia S. O'Sullivan, EdD, Department of Surgery, UCSF Hueylan Chern, MD, Department of Surgery, UCSF

A-041	Castillo Cario	Enhancing Pediatric Medical Resident Competence In Tracheostomy And G-Tube Management Through An Interprofessional Led, Simulation-Based Workshop	Sebastian Castillo Cario, BS, UCSF School of Medicine, UCSF ; Mary Kate Klarich, NP, UCSF Department Of Surgery, UCSF, - Erin Kilroy, BSN, RN, UCSF Department Of Surgery, UCSF - R. Jeffrey Cabrera, RCP, UCSF Department Of Respiratory Therapy, UCSF, - Patricia DeCastro, MD, UCSF Department Of Pediatrics, UCSF - Valerie J. Mateo, BSN, RN, CPN, UCSF Pediatric Complex Care Coordination Program, UCSF - David Woolsey, RCP, UCSF Department Of Respiratory Therapy, UCSF - Pamela Ball, Family Partner, ball.pb@gmail.com - Benicia Brooks, Family Partner - Jocelyn Acosta, Family Partner - Calvin Hom, Family Partner - Dean Libet, MD, UCSF Department Of Pediatrics, UCSF - Camila Cribb Fabersunne, MD MPH, UCSF Department Of Pediatrics, UCSF
A-042	Erickson	Developing Non-Technical Skills in Otolaryngology Residents: Outcomes from a Novel Leadership Curriculum	Taylor Erickson, MD, Dept. of Otolaryngology Head and Neck Surgery, UCSF, taylor.standiford@ucsf.edu; University of California, San Francisco School of Medicine Jolie L. Chang, M.D. Professor, Chief of the Division of Sleep Surgery and General Otolaryngology Department of Otolaryngology—Head & Neck Surgery University of California, San Francisco Megan L. Durr, M.D. Associate Professor, Chief of Otolaryngology at the Zuckerberg San Francisco General Hospital Department of Otolaryngology—Head & Neck Surgery University of California, San Francisco
A-043	Mendelsohn	Health Equity Rounds: An Interprofessional Case Conference Series	Lori Mendelsohn, MD, Department of Pediatrics, School of Medicine; Bianca Argueza, MD, MPH, Department of Pediatrics, UCSF School of Medicine Helen Pu, MD, Department of Pediatrics, UCSF School of Medicine Jennifer Lee, DO, Department of Pediatrics, UCSF School of Medicine Rohini Jain, MD, Department of Pediatrics, UCSF School of Medicine Yasamin Vafai, MD, MS, Department of Pediatrics, UCSF School of Medicine

A-045	Li	Exploring Pedagogical Content Knowledge in Chief Residents: Insights from Morning Report Facilitation	William Li, Med, Dept. of Internal Medicine, School of Medicineu; Jack Penner, MD
A-046	LeSaint	Implementation of an asynchronous department-wide emergency department alternatives to opioids curriculum	Kathy LeSaint, MD, Dept. of Medicine, School of Medicine; Sally M. Graglia, MD, MPH, Department of Emergency Medicine, SOM, UCSF; Juan Carlos C, Montoy, MD, PhD, Department of Emergency Medicine, SOM, UCSF; Akash Shanmugam, SOM, UCSF; Alan Gelb, MD, Department of Emergency Medicine, SOM, UCSF
A-048	Tran	Development and Expansion of a Novel Case-Tracking Curriculum to Improve Self-Directed Patient Case Review in an Internal Medicine Residency	Audrey Tran, MD, MCR, Dept. Medicine, School of Medicine, Avromi Kanal, MD, Department of Medicine, UCSF Nathan Ziman, MD, Department of Medicine, UCSF,
A-049	Sinha	Narrative Medicine 2.0: Piloting an Interactive Curriculum Platform	Anoushka Sinha, MD, MS, Dept. of Pediactric, School of Medicine, Sara Buckelew, MD, MPH, Pediatrics, Medicine, UCSF
A-050	Rivera	The Current State of Advising for Underrepresented Pre-health Professional Students: A Scoping Review	Alyssa Marie Rivera, BS, School of Medicine, UCSF; Shizra Sipra, BS, SOM, UCSF, UCSF SJV Prime, Mandeep Kaur, BS, SOM, UCSF, UCSF SJV Prime, Arianne Teherani, PhD, UCSF
A-051	Hung	Developing End-of-Training Entrustable Professional Activities for Psychiatry: Results and Methodological Lessons	Erick Hung, MD, Dept. of Psychiatry and Behavioral Sciences, School of Medicine

A-052	Coates	A Novel Social and Structural Drivers of Health Curriculum for UCSF Dermatology Residents	Sarah Coates, MD, Dept. of Dermatology, University of California San Francisco; Herbert Castillo-Valladares, MD, MHS University of California, San Francisco, CA Department of Dermatology Erin Mathes, MD University of California, San Francisco, CA Department of Dermatology Kieron Leslie, MBBS University of California, San Francisco, CA Department of Dermatology Jenna Lester, MD University of California, San Francisco, CA Department of Dermatology Nina Botto, MD University of California, San Francisco, CA Department of Dermatology Erin Amerson, MD University of California, San Francisco, CA Department of Dermatology Aileen Y Chang, MD University of California, San Francisco, CA Department of Dermatology
A-053	van Schaik	Achieving educator milestones with integration of anti-oppressive education practices: design and implementation of a new Teach for UCSF Certificate Program	Sandrijn, van Schaik, MD, PhD, Dept. of Pediactrics, School of Medicine; Stacy Sawtelle MD Joey Bernal MA Sara Buckelew MD Rosny Daniel MD Martha Elster MD Angel Kuo EdD, MSN, PNP Liana Milanes MD Maria Pappas Victoria Ruddick Larissa Thomas MD Rupa Tuan PhD Sandrijn van Schaik MD PhD
A-054	Chen	Developing a Longitudinal Community Medicine Distinction	Rossan Chen, MD, MSc, Family and Community Medicine, UCSF; Katherine Dang, MS MAS, Kaiser Napa Solano Family Medicine Residency Program

A-055	Zablotska	Epidemiology and Biostatistics Curriculum Development and Evaluation to Prepare Medical Students for Evidence-Based Practice	Lydia Zablotska, MD, PhD, MPA, Dept. of Epidemiology and Biostatistics, School of Medicine; Alexis L. Beatty, MD, MAS, Department of Epidemiology and Biostatistics, SOM, UCSF Thomas B. Newman, MD, MPH, Department of Epidemiology and Biostatistics, SOM, UCSF Mark J. Pletcher, MD, MPH, Department of Epidemiology and Biostatistics, SOM, UCSF
A-056	Gramkowski	Enhancing Clinical Education Through Generative AI-Powered Virtual Simulations	Bridget Gramkowski, MS, Dept. of Family Health Care Nursing, School of Nursing;Mary Gallagher, DNP, MPH, CPNP-PC, UCSF School of Nursing, Family Health Care Nursing. Bridget Gramkowski, RN, MS, CNS, CPNP-PC, UCSF School of Nursing, Family Health Care Nursing. Xinxin Huang, MEd, UCSF School of Nursing Dean's Office
A-057	Dyster	'What Would I Bring to a Professional Setting?': A Qualitative Study of Medical Student Self-Disclosure	Timothy Dyster, MD, MAEd, Dept. of Medicine, School of Medicine; Jyothi Marbin, MD, Department of Pediatrics, UCSF,
A-058	Zhong	Evaluation of a Visual Arts based Pilot Program on Healing Centered Engagement and Advocacy for First Year Medical Students	Xiaochen Zhong, BA, Dept. Internal Medicine, School of Medicine; Ethan Tanchoco, BS, Department, Department of Medicine, UCSF School of Medicine Somalee Banerjee, MD, Department of Internal Medicine, Kaiser Permanente Yoko Kiyoi, MA, Office of Diversity, Equity & Inclusion, Washington University School of Medicine in St. Louis, Rahmat Balogun, DO, MPH, MS, Department of Medicine, UCSF Andrew Orr, MD, MSEd, Department of Medicine, UCSF,
A-060	Feuille	Training Senior Gastroenterology Fellows as Endoscopy Teachers	Colin Feille, MD, Dept. of Medicine, School of Medicine; Justin L. Sewell, MD, PhD, MPH; Department of Medicine, School of Medicine, UCSF/ZSFG

A-061	Lewis	"You Don't Have To Explain What Is Understood:" Perceptions And Experiences Of Racial Affinity Group Caucusing With Minoritized Pediatric Residents	Leanna Lewis, EdD, MSW, LCSW, UC Berkeley - UCSF Joint Medical Program, School of Medicine; Camila Cribb Fabersunne, MD, MPH, Department of Pediatrics, UCSF; Jyothi Marbin, MD, Department of Pediatrics, UCSF; Faheemah N. Mustafaa, PhD, MS, MA, Department of Education, UC Davis
A-062	Lee	Unveiling Self-Regulated Learning Practices in Surgical Residents: A Scoping Review	Sarah Coates, MD, Surgery, School of Medicineu; Mandeep Kaur - Surgery, UCSF Brandon Cowan MD - Surgery, UCSF Aileen Gozali - Surgery, UCSF Jacquelyn Knox MD - Surgery, UCSF Patricia O'Sullivan EdD, MS - Surgery, UCSF Hueylan Chern MD - Surgery, UCSF Adnan Alseidi MD, EdM - Surgery, UCSF Shareef Syed MBChB, MRCS - Surgery, UCSF
A-063	Nayak	Examining Clinical Algorithms in Medicine: A Case-Based Approach to eGFR, Spirometry, and ASCVD	Mahika Nayak, BS, School of Medicine, UCSF; Monica Hahn, MD MPH MS, Family and Community Medicine, UCSF
A-064	Benson	A Qualitative Needs Assessment of Mentorship Programs Across the University of California, San Francisco Department of Medicine	Kathryn Benson, MD, Department of General Internal Medicine, School of Medicine; Departments of Pulmonary/Critical Care Medicine and Hospital Medicine, UCSF
A-065	Mattis	EPAs for Pathology: Development of Materials and Assessment Tools in Intraoperative Consultations	Daiva, Mattis, MD, PhD, Dept. of Pathology, School of Medicine
A-066	Jacob	Preliminary Exploration of an Exam Review Panel Coupled with Faculty Development Aimed at Improving Item Quality	Jerril Jacob, Pharmacy Student, School of Pharmacy, UCSF; Katherine Gruenberg, PharmD, MAEd, Dept of Clinical Pharmacy, UCSF School of Pharmacy Jaekyu Shin, PharmD, MS, Dept of Clinical Pharmacy, UCSF School of Pharmacy

A-067	Diala	Preparing Underrepresented Advanced Practice Nursing Students' Transition to Underserved and Rural Primary Care Areas	Jody Diala, BA, Dept. of Family Health Care Nursing (FHCN), School of Nursing; Angel Kuo, EdM, MSN, Family Health Care Nursing, School of Nursing, UCSF Elizabeth Gatewood, DNP, MS, Family Health Care Nursing, School of Nursing, UCSF Carrie Evans, MS, MA, Family Health Care Nursing, School of Nursing, UCSF Mary Anne Israel, MS, Family Health Care Nursing, School of Nursing, UCSF Amber Bell, MS, Family Health Care Nursing, School of Nursing, UCSF Janet Coffman, PhD, MPP, Philip R. Lee Institute for Health Policy Studies, School of Medicine, UCSF Amy Quan, MPH, Philip R. Lee Institute for Health Policy Studies, School of Medicine, UCSF
A-068	Lee	Bridging the Equity Education Gap: A Learning and Development Program for Faculty	Jennifer Lee, DO, Dept. of Pediatrics, School of Medicine, ; Salma Dali, MD, Pediatrics, School of Medicine, Stanford University; Helen Pu, MD, Pediatrics, School of Medicine, UCSF; Corina Iacopetti, MD, Pediatrics, School of Medicine, UCSF; Martha Elster, MD, Pediatrics, School of Medicine, UCSF; Mansi Desai, MD, Pediatrics, School of Medicine, UCSF; Archna Eniasivam, MD, Pediatrics, School of Medicine, UCSF
A-069	Kuruvilla	Application Of Coaching Skills Across Contexts	Pramita Kuruvilla, MD, Dept. of Medicine, School of Medicine; Lily Hitchner, MD, Emergency Medicine, Medicine, UCSF Fresno Karen E. Hauer, MD, PhD, Medicine, Medicine, UCSF Bridget O'Brien, PhD, Medicine, Center for Faculty Educators, UCSF
A-070	Richmond	Exploring Department of Medicine Trainees' Perceptions of the Feedback Culture at UCSF	Natatlie Richmond, MD, Dept. of Internal Medicine, School of Medicine; Lauren Phinney, MD, Internal Medicine, School of Medicine, UCSF Bridget O'Brien, PhD, Department of Medicine, School of Medicine, UCSF Brian Schwartz, MD, Internal Medicine, School of Medicine, UCSF

A-071	Sharma	Patient Involvement in Residency Selection: Evaluation and Learnings	Anjana Sharma, MD, MAS, Dept. Family and Community Medicine, School of Medicine; Family Health Center Patient Advisory Council, Department of Family and Community Medicine, School of Medicine, Robin Young, Department of Family and Community Medicine, School of Medicine, robin.young@ucaf.edu Adriana Cabrera; Department of Family and Community Medicine, School of Medicine, La'Jae Loville; Department of Public Health San Kristine Roshani; Department of Family and Community Medicine, School of Medicine, Cazandra Zaragoza MD, Department of Family and Community Medicine, School of Medicine, Diana Coffa MD , Department of Family and Community Medicine, School of Medicine
A-072	Lee	Controlled and Autonomous Motivations of High and Low EPA Users among General Surgery Residents	Sarah Lee, Medical Student, Dept. Surgery, School of Medicine; Alyssa Murillo MD, MSc, MAEd - Surgery, UCSF Camilla Gomes MD, MS - Surgery, UCSF, Kara Faktor MD - Surgery, UCSF, kara.faktor@ucsf.edu Riley Brian MD, MAEd - Surgery, UCSF, Olle ten Cate PhD - UMC Utrecht, Adnan Alseidi MD, EdM - Surgery, UCSF, Patricia O'Sullivan EdD, MS - Surgery, UCSF, Lan Vu MD - Surgery, UCSF
A-073	Nguyen	Walking the Walk: Transformational Educational Approaches to an Interprofessional Substance Use Disorder (SUD) curriculum	Caroline, Nguye, MD, Dept. Medicine, School of Medicine; Jennifer Mandal, MD, UCSF School of Medicine, Elizabeth Castillo, MPH, FNP, School of Nursing, Stephanie Hsia, PharmD, MA, School of Pharmacy, Jason Satterfield, PhD, School of Medicine, Irina Kryzhanovskaya, MD, School of Medicine,
A-074	Cheung	Creating a Video-Based Curriculum to Help Residents Build Skills as Clinician Educators	Harry Cheung, MD, Dept. of Medicine, UCSF; Jazmin Perez, MD, Department of Medicine, UCSF Jamie Yao, MD, Department of Medicine, UCSF, Andrew Orr, MD, MSEd, Department of Medicine, UCSF, Bradley Sharpe, MD, Department of Medicine, UCSF, Bradley Monash, MD, Department of Medicine, UCSF, Viridiana Garcia, MD, MS, Department of Medicine, UCSF

A-075	Boyd	Skin Deep: Representation of Skin Color in Preclinical Educational Materials and Lectures	Korena Boyd, BA, Dept. Dermatology, School of Medicine; Patricia O'Sullivan EdD, Denise M. Connor MD, Erin Mathes MD
A-076	Zaat	Curriculum Evaluation for Pediatrics 110 Core Clerkship	April Zaat, MD, MAEd, Dept. Pediatrics, School of Medicine; Melanie Baskind MD, Pediatrics, medicine, UCSF Elizabeth Black MD, Pediatrics, medicine, UCSF Fresno Taylor Clark MD, Pediatrics, medicine, SFGH Maude Dull MD, Pediatrics, Medicine, UCSF Brian Gin MD, Pediatrics, medicine, UCSF, bgin@uic.edu Claire Gibson MD, pediatrics, medicine, UCSF Meredith Laguna MD, pediatrics, medicine, UCSF Angela Venturelli MD, pediatrics, medicine, BCH Oak, Erica Lawson MD, pediatrics, medicine, UCSF
A-077	Cowan	Comparing Peer vs Near Peer Feedback in an At-Home Laparoscopic Curriculum	Branon Cowan, MD, Dept. of Surgery, School of Medicine; Riley Brian MD, Department of Surgery, UCSF
A-078	Brown	Creation and Implementation of an Interprofessional Curriculum in Weight Management	Akemi Brown, MD, MS, DGIM, School of Medicine, ;akemibrown@gmail.com; Diana Thiara, MD, DGIM, School of Medicine
A-079	Maristany	Development of a Tool for Constructing Vignettes in Qualitative Health Professions Education Research	Daniela Maristany, MD, Dept. of Medicine, School of Medicine; Will Li, BS, MEd, School of Medicine, UCSF, Bridget O'Brien, PhD, Department of Medicine, UCSF
A-080	Smith	Development of a Statement of Awarded Responsibility to Facilitate the First Transition to Independence for Anesthesia Residents.	Wendy Smith, MD, Dept. of Anesthesia and Perioperative Care, School of Medicine; Kristina Sullivan, MD Department of Anesthesia and Perioperative Care, School of Medicine, UCSF
A-081	Butler	Can I ask something in confidence?: Assessment of the Impact and Effectiveness of a Novel Subspeciality Confidential Advising Program for Internal Medicine Residents Applying to Subspecialty Fellowships	Blythe Butler, MD, Dept. of Internal Medicine, School of Medicine; Jennifer Babik, MD, PhD, Infectious Disease Division, Department of Medicine, UCSF Sarah Goglin, MD, Rheumatology Department of Medicine, Department of Medicine, UCSF Rebecca Berman, MD, Department of Medicine, UCSF, Laura A. Huppert, MD, Hematology/Oncology Division, Department of Medicine, UCSF

A-082	Talebloo	The Tea House Series: Interprofessional Antiracist Education	Jonanne Talebloo, BA, Dept. of Molecular and Cell Biology, University of California Berkeley; Sandra Kong, BS, Medical Student, Johns Hopkins School of Medicine Kira Maszewski, MA, Medical Student, School of Medicine, UCSF Armanda Edwards-Newman, MBA, Technical Project Manager, IT Project Management Office, UCSF Sepideh Banava, DDS, Assistant Professor, Oral Epidemiology and Dental Public Health Division, Department of Preventive and Restorative Dental Sciences, School of Dentistry, UCSF Alexander Gilmer, PharmD, Clinical Inpatient Pharmacist, School of Pharmacy/Benioff Children's Hospital, UCSF Yalda Shahram, MD, Associate Professor of Medicine, Division of Hospital Medicine/Department of Medicine, UCSF
A-083	Kimberg	Evaluation of an Interprofessional Critical Pedagogy Curriculum on Culturally Responsive, Community-Centered Healthcare Featuring the Documentary Film "A Place to Breathe"	Leigh Kimberg, MD, School of Medicine; Michelle Steinberg, MS, Independent filmaker, Nutritionist

2025 Education Showcase Abstracts

Title: A-001 Artificial Intelligence Auto Contouring and its Impact on Resident Education

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Introduction:
This study examined how implementing AI auto contouring (AAC) for organs at risk (OARs) affects radiation oncology resident education and contouring skills. OAR delineation is time-consuming but vital for high-quality treatment plans. Recently, two tertiary academic centers introduced AAC. We aimed to understand how AAC influences resident learning, including anatomy recognition, nomenclature familiarity, overall education, workflow, and wellbeing.
Methods:
An anonymous survey was distributed to residents and faculty who had worked with AAC for one year. Respondents identified themselves and rated statements on a 1–5 scale, with opportunities for free-text comments. Patient volumes were analyzed to determine if residents reviewed and edited AAC-generated OARs. Editing was defined as adding/removing an entire axial slice or adjusting a slice by ≥2 mm. T-tests were used for statistical comparison.
Results:
Of 30 residents and 35 faculty, 24 (80%) and 20 (57%) responded, respectively. Residents reported greater improvements in understanding OAR anatomy (3.9 vs. 2.1, $p<0.01$) and resident education (4.5 vs. 2.3, $p<0.01$) than faculty. Both groups agreed AAC reduced resident contouring time (4.6 vs. 4.4), improved workflow (4.5 vs. 4.0), and improved familiarity with standardized OAR nomenclature (4.1 vs. 3.2). They recognized a positive influence on clinical workflow (4.7 vs. 3.7) and resident wellbeing (4.6 vs. 3.6). Faculty expressed uncertainty about AAC-generated contour accuracy and residents' involvement in correcting contours. Quantitative analysis of 113 patient volumes (1526 OARs) showed 96.9% of edited contours were corrected first by residents.
Conclusion:
While residents and faculty differ on AAC's impact on OAR anatomy comprehension and education, both acknowledge benefits in time-saving, workflow efficiency, and resident wellbeing. Enhancing training and guidance for reviewing AAC contours will be critical to ensuring robust resident skill development as AAC becomes more integrated in clinical practice.

2025 Education Showcase Abstracts

Title: A-002 Development and Evaluation of a Simple Structured Rubric

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:

Purpose

To develop a simple structured rubric to grade short answer questions (SAQs) and evaluate the consistency of grading and perceptions of stakeholders using it.

Background

Clinical application of knowledge involves analyzing patient data to explain concepts and make a conclusion. Rubrics structured in a way that reflects this may help with grading and item writing. In addition, current UCSF SAQ rubrics have 6 levels (2 full, 2 borderline, and 2 no pass levels). Rubrics with fewer levels and focusing on borderline criteria may improve the grading process and consistency.

Methods

We developed and implemented a simple structured SAQ rubric in three courses in the UCSF PharmD program between 2023-2024. We surveyed graders on their perceptions of the clarity and utility of the rubric. We conducted focus groups of item writers and course directors to evaluate the development process and utility of the rubric. We determined the grading consistency between expert and non-expert graders by calculating intraclass correlation coefficients (ICC).

Results

The rubric was successfully implemented in the three courses across 6 assessments. Over 95% of graders felt borderline criteria were clear while the most common challenge was to differentiate performance between 3 and 4 points. Focus groups found that the rubric improved item writing as well as accuracy and ease of grading. Stricter grading and some question items that did not seem to fit the rubric format were identified as areas of improvement. The overall ICC was 0.85 (ranging from 0.82-0.87).

Discussion

The simple structured rubric has an acceptable grading consistency and may improve the grading process and item writing. It may facilitate wider adoption of SAQs particularly if the areas of improvement identified are addressed.

Reflective critiques

We incorporated an assessment expert's feedback into our study design and consulted with a statistician for the analysis of grading consistency.

2025 Education Showcase Abstracts

Title: A-003 Improving the Logistical and Emotional Processing of Patient Death for Primary Care Clinicians

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: This project aims to enhance educational and support resources for Primary Care Providers (PCPs) at UCSF's ambulatory clinics when navigating logistical and emotional challenges following a patient's death.
BACKGROUND: Managing the logistics and emotions surrounding a patient's death is an essential yet challenging part of primary care. While various provider-processing interventions exist for inpatient clinicians, there is limited support tailored to PCPs. Research indicates PCPs often face isolation, confusion about logistical procedures, and lack opportunities to honor deceased patients.1 This project seeks to address these gaps by simplifying administrative processes, providing grief resources, and fostering a supportive outpatient community.
METHODS: A 10-minute anonymous pre-intervention survey was distributed to four academic primary care clinics (N=230). Based on PCP-identified needs, three interventions were introduced: (1) memorial tree murals to commemorate deceased patients, (2) educational resources, including a video and EMR smartphrases, to guide logistical and emotional processes following patient death, and (3) an on-call support person to debrief with PCPs after challenging deaths. These interventions were launched in January 2025, with a post-intervention survey planned for next year.
RESULTS: Pre-intervention survey data (N=47) revealed variability in patient death notifications (e.g., electronic messages, family calls, death certificate requests). Many PCPs reported confusion about death logistics, with 41% not confident in completing death certificates, 50% uncertain of procedural steps, and 42% unclear on whom to notify. Regarding emotional support, 48% felt their clinic lacked adequate grieving space, 67% identified no venue to commemorate patients, 59% were unaware of available support resources, and 25% expressed interest in an on-call support person.
DISCUSSION: This project highlights the underappreciated impact of patient death on PCPs in outpatient settings. By implementing tailored educational tools and emotional support, these interventions seek to reduce logistical burdens, enhance coping mechanisms, and build a more resilient primary care community.

Title: A-004 Transgender, Gender-expansive, and Non-binary Medical Student Perspectives on Medical Education

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE
We explored the experiences of transgender, gender-expansive, and non-binary (TGENB) medical students within the U.S. medical education system, including the challenges they face and the factors that exacerbate and alleviate these difficulties.
BACKGROUND
TGENB students experience oppression and often do not feel comfortable sharing their identities within their educational and professional communities. However, the experiences of TGENB students in medical school have not been robustly described. Such a description could potentially lay the groundwork for curricular improvements benefiting TGENB medical students, facilitating their successful completion of medical school and positioning them to provide safe and affirming care for a diverse spectrum of patients.

METHODS
In 2022, we conducted a hermeneutic phenomenological study based at the University of California, San Francisco. We recruited 10 TGENB medical students from U.S. medical schools using email, social media, and snowball sampling. Each participant completed a written reflection about their medical school experiences, followed by a semi-structured interview conducted by two non-binary medical student authors (HK and GG). Interviews were recorded and professionally transcribed. All three authors analyzed the reflection and interview data using hermeneutic phenomenology data analysis techniques.
RESULTS
The central theme identified was "friction" – the tension between students' personal identities and their emerging professional roles. Factors contributing to friction included interpersonal microaggressions, inadequate inclusion of TGENB-relevant curricular content, and discriminatory institutional policies. However, support from TGENB communities, reliable cisgender allies, and active advocacy efforts somewhat alleviated these challenges.

DISCUSSION
These findings highlight the need for medical schools to foster inclusive environments that support TGENB students. Enhancing curricula, policies, and community support systems is essential to reduce the friction these students face, ultimately helping them succeed in graduating medical school and becoming physicians capable of caring for the diverse patients who need them.

2025 Education Showcase Abstracts

Title: A-005 Teaching with Stories: A Two-Year Feasibility Pilot of Intra-Class Peer-Assisted Learning in Early Medical School

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:

PURPOSE

Our goal was to provide educators with a model for the incorporation of intra-class peer-assisted learning (PAL) to enhance clinical learning early in medical school and to lay the groundwork for future research in this area.

BACKGROUND

Early clinical experiences (ECEs) in medical school are infrequent and heterogeneous, which may not afford a robust or consistent learning experience for all students. PAL enables students to learn from classmates while potentially enhancing content mastery. While research supports the merits of inter-class, or "near-peer" education, little is known about the potential benefits of intra-class PAL, wherein students teach their own classmates. Intra-class PAL might provide a venue for medical students to share lessons from ECEs, thereby enhancing their classmates' clinical learning. Through the development of a novel pre-clinical small group activity, we sought to evaluate the feasibility of first-year medical students engaging in intra-class PAL related to ECEs.

METHODS

In 2022-2024, we piloted two sequential iterations of a novel 3-hour PAL small group with all first-year medical students and their faculty coaches at the University of California, San Francisco. We invited participating students and faculty to complete optional pre/post surveys with closed and open-ended questions to evaluate feasibility outcomes including reach, self-efficacy, fidelity, acceptability, and context.

RESULTS

In the first iteration, faculty feedback prompted adjustments to the content and timing of the session. In the second iteration, student and faculty participation and feedback supported the feasibility of implementing the curriculum. In particular, student comfort with teaching their peers increased significantly following the small group activity.

DISCUSSION

This two-year pilot demonstrated that implementation of intra-class PAL related to ECEs is feasible and results in positive outcomes for participating students. This pilot lays the groundwork for future study to optimize early clinical learning.

2025 Education Showcase Abstracts

Title: A-006 "Different perspectives can help": Leaders' Insights for Equitable Sponsorship and Career Advancement in Academic Medicine

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: We aimed to characterize how leaders approach sponsorship with an equity lens, and what existing strategies and future interventions can support equitable sponsorship in academic medicine.
Background: Sponsorship describes actions in which an influential champion uses their position to actively advance a colleague's career by helping them gain visibility, recognition, or positions. Disparities exist in sponsorship of women and those historically underrepresented in medicine (UIM). This is problematic because effective sponsorship can mitigate inequities in career advancement.
Methods: UCSF Department of Medicine (DOM) leaders were selected to provide insights into their sponsorship practices (n=14). A semi-structured interview guide was developed, informed by experts and literature review. Three investigators conducted interviews from 2023-2024. Two investigators coded all transcripts. An inductive thematic analysis approach was used.
Results: Three themes emerged: 1) proactively sponsoring under-recognized groups; 2) training in equitable sponsorship; and 3) increasing transparency and standardization of sponsorship.

Leaders felt that women and UIM faculty, and groups such as introverts, educators, and those less familiar to the leader need more sponsorship. Leaders advocated for interventions specifically targeting these groups. Leaders agreed that transparent, standardized sponsorship practices were important, suggesting 1) publicizing opportunities to reduce bias; 2) compiling a database of opportunities to increase awareness; and 3) forming selection committees with standardized processes to diversify nominations. Leaders requested more research and education surrounding sponsorship. Some suggested characterizing disparities in standardized sponsorship metrics for junior faculty. Others felt that leaders lack knowledge about sponsorship, which could be addressed through optional trainings on best practices.
Discussion: Interviews with DOM leaders yielded insights into their approaches to sponsorship relating to equity. Themes included enhancing data gathering and education on sponsorship best practices, proactively sponsoring under-represented groups, and increasing transparency and standardization of nominations. These themes may inform new interventions to support more equitable sponsorship practices in academic medicine.

Title: A-007 Building Resilient Physicians: Trauma-Informed Care in the Preclinical Curriculum

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: To integrate trauma-informed care (TIC) principles into preclinical medical education through an introductory curriculum for first-year medical students.
BACKGROUND: Trauma-informed care emphasizes recognizing and addressing trauma's impact on health and healthcare interactions. Despite its importance, TIC education is often lacking in preclinical curricula, leaving students unprepared to apply these principles in clinical settings. Prior literature highlights the need for structured TIC training that combines theoretical understanding with practical application.
METHODS: A student-led team collaborated with faculty and the Anti-Oppression Curriculum Initiative Team to create a three-part, 22-minute asynchronous video lecture series. The lectures were presented one month into students' first year and covered the following topics:
- Types of trauma, including structural trauma, and their impacts on health.
- Core TIC principles, such as safety, trustworthiness, and universal precautions (e.g., depersonalized language, physical exam signposting).
- Healing-centered engagement, framing trauma and healing through political and cultural lenses.
The lectures were also shared with clinical faculty to establish a shared knowledge base.
RESULTS: While the lecture series provided foundational TIC knowledge applicable to standardized patient practice and preceptorships, only 37% of students viewed the asynchronous content. To address engagement barriers, we are developing in-person small-group workshops to supplement the lectures. These workshops will encourage discussion, provide opportunities for practical application, and strengthen students' TIC skills. Planned assessments include open-ended questions and standardized patient encounters with real-time feedback.
DISCUSSION: This curriculum demonstrates the feasibility of introducing TIC into preclinical medical education. However, asynchronous lectures alone are insufficient for sustained engagement and skill-building. Supplementing virtual content with interactive sessions may enhance student understanding and practical application of TIC principles, better preparing them for trauma-sensitive clinical care.

2025 Education Showcase Abstracts

Title: A-008 PATHWAYS TO HEALTH EQUITY: TRAINING IN HERBAL MEDICINE AND INTEGRATIVE PRACTICES

Notes

- **Abstract Characteristics:**
  We have designed a curriculum but haven't implemented it; there is no data.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose:
To advance health equity by fostering culturally respectful care and raising awareness of integrative health practices, focusing on herbal medicine and supplements.
Background:
This interdisciplinary project includes UCSF pharmacy and medical students, Osher Center clinical staff, and medical assistants. The initiative promotes hands-on, collaborative learning and addresses topics like supplement safety, medication reconciliation, and cultural histories in integrative medicine. This curricular effort is being supported by the Mount Zion Health Fund.
Methods:
The elective course will be piloted twice within the academic year, featuring group discussions, case studies, workshops, and guest instructors. Pre- and post-course surveys will measure changes in knowledge, attitudes, and confidence in applying herbal medicine in clinical practice. Assessments will include formative feedback and a summative group project demonstrating integrated knowledge.
Results/Product:
- Live Course: Pilot interdisciplinary course combining didactic and experiential learning.
- Sustainability: Recorded modules for future asynchronous use.
- Community Collaboration: Development of a self-guided walking tour highlighting the herbal histories of Oakland, San Francisco Chinatown, and Japantown.

Description:
Participants will explore East Asian Medicine history through guided tours of Oakland and San Francisco Chinatown, focusing on early practitioners, the herbal medicine movement, and racism faced. Visits to a community-based herbal medicine manufacturer will provide insights into production processes. Learners will engage with guest experts from biomedicine, integrative health, and East/South Asian medicine, addressing patient care for specific populations like cancer patients, children, and older adults. The program emphasizes cultural competence, professional growth, and equitable health practices through cross-discipline collaboration and community-based learning.

Title: A-009 Pediatric Faculty's Perspectives on Teaching and Feedback in Today's Clinical Environments: A Cross-Sectional Survey

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: To assess how pediatric faculty engage as educators in teaching and providing feedback
Background: Pediatric faculty are essential for advancing both patient care and education in academic hospitals. However, increasing patient care demands may hinder faculty's ability to engage with trainees.1,2 Whether faculty approach teaching and giving feedback differently in today's current clinical environments is less clear. We sought to understand the current experience and needs of our pediatric faculty to inform efforts aimed at supporting educators locally and beyond.
Methods: We adapted an instrument previously used by the UCSF internal medicine department to conduct a cross-sectional survey among all full-time pediatrics faculty at UCSF between March and June 2024. Survey questions explored frequency, changes and satisfaction related to teaching and feedback practices. We performed cognitive interviews and pilot tests to refine the survey. We analyzed quantitative data using descriptive statistics and free text responses using content analysis.
Results: 139/384 (36.2%) faculty responded. Nearly one-third of faculty (31.4%) reported teaching less than they desired. 19% increased their teaching over the last year, while 15% decreased and 65% stayed the same. Overall teaching satisfaction was 3.8 on a 5-point Likert scale. Most faculty provided feedback to learners (85.9% oral, 78.8% written) with 75.5% reporting no change in frequency. Qualitative analysis highlighted access to ample teaching opportunities, faculty development, and inspirational peers. However, many described tensions between teaching and the institution's focus on productivity. They named disengaged learners and lack of incentives as barriers to engaging more as educators. Many desired coaching to enhance their efforts in teaching.
Discussion: Our findings emphasize that even in a resource-rich educational environment, pediatric faculty require greater institutional support to engage in education. Exploring factors driving some faculty to increase teaching and feedback can offer additional insights to guide supporting efforts.

Title: A-010 Expansion Of A Self-Guided Curriculum And Validation Of A Self-Assessment Tool For Ocular Exam Skills

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: To demonstrate effectiveness of self-guided e-learning modules for ocular exam skills, and to determine if self-assessments reliably assess medical student proficiency in these skills.
Background: Public interest in vision health is growing, yet ophthalmology remains underemphasized in medical education due to time constraints with in-person instruction. This study presents a self-guided e-learning curriculum that teaches key components of the ophthalmic exam and evaluates validity of self-assessments for these exams.
Methods: Medical students participated in a skills workshop. Group 1 completed self-guided modules for visual acuity, confrontational visual field testing, pupil examination, and extraocular motility evaluation. Group 2 completed a module for slit lamp anterior segment examination. Each student completed a self-assessment of the skill(s) learned, while a grader completed an objective assessment. Students completed pre- and post-questionnaires assessing confidence in these skills.
Results: Twenty-seven students enrolled (Group 1: N=12, Group 2: N=15). Average performance ranged from 60.8% (14/23 items correct, slit lamp anterior segment examination) to 92.6% (8.33/9 items correct, confrontational visual field testing). Mean agreement and Gwet's AC1 between self- and objective evaluations were: visual acuity, 91.7%, 0.893 (almost perfect agreement); confrontational visual field testing, 90.7%, 0.892 (almost perfect agreement); pupil examination, 74.4%, 0.689 (substantial agreement); extraocular motility evaluation, 81.9%, 0.756 (substantial agreement); slit lamp anterior segment examination, 73.0%, 0.580 (moderate agreement). Confidence improved significantly ($p < 0.01$), and 92.6% of students reported that they found the self-assessments useful for their learning.
Discussion: Self-guided e-learning modules can effectively teach medical students ophthalmic skills, and self-assessments associated with these modules can reliably evaluate proficiency in the learned skills. These resources are promising supplements to medical student education in ophthalmology and can facilitate learning ophthalmic examination skills for clinical clerkships.

2025 Education Showcase Abstracts

Title: A-011 Development, Implementation, and Evaluation of a Novel Pulmonary & Critical Care Medicine (PCCM) Fellowship Coaching Program

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: We aim to describe the design, implementation, and evaluation of a novel individual coaching program for the pulmonary and critical care (PCCM) fellowship at our academic institution, the University of California San Francisco (UCSF).
Background: Coaching has been recognized in business and athletics as an approach to personal and professional development leading to improved performance, personal satisfaction, and well-being (1). Although coaching programs have been introduced at the undergraduate medical education level (2) and certain residency programs (3), structured coaching programs targeting the unique experiences of PCCM fellows are less well described. Given high rates of burnout, PCCM fellowship may benefit from coaching to promote wellness, feedback, and career development.
Methods: Alumni surveys and trainee and faculty focus groups identified key needs of a coaching program. Coaches were recruited through open faculty searches and provided salary support. They were trained in competencies such as positive psychology, learner engagement, communication, and diversity, equity, and inclusion. Starting in AY19-20, three coaches were assigned seven fellows each spanning the three ACGME years with a focus on career development milestones and personal wellness. The program was evaluated through ACGME surveys, Likert-scale metrics from end-of-year surveys, and qualitative analyses of fellows' written feedback.
Results: Fellow satisfaction with feedback improved from 40% in AY 18-19 to 83% post-implementation (AY20-21) with sustained improvement. Fellows rated the coaching program highly, especially in support and well-being, feedback, and goal setting. Coaching program may not be associated specifically with career decisions. Identified areas for improvement included meeting frequency and expectations-setting. Overall, 89% of the fellows were satisfied with the program.
Discussion: The UCSF PCCM fellowship coaching program improved fellows' satisfaction with feedback, career development, and well-being, despite the added challenges of the COVID-19 pandemic. Future directions include standardizing coaching frameworks and exploring long-term impacts on career trajectories and resilience.

Title: A-012 Factors Contributing to Mistreatment, Belonging, Burnout, and Resilience Among LGBTQ+ Medical Students

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: Our study explores what factors contribute to belonging and mistreatment, and associated impacts on burnout and resilience, among medical students who identify as LGBTQ+.
BACKGROUND: While medical schools strive to create a climate of belonging and inclusion, medical student mistreatment is an ongoing challenge. Previous studies have shown that a greater proportion of LGBTQ+ students experience mistreatment and burnout compared to their non-LGBTQ+ peers. There are limited qualitative studies exploring how and why LGBTQ+ students experience mistreatment, belonging, burnout, and resilience in medical school. Exploring how minority stress theory overlays on contemporary frameworks of the learning environment will likely inform experiences of mistreatment, belonging, burnout, and resilience in medical students.
METHODS: The study is a multi-institution, qualitative study with medical students across all years of training who self-identify as LGBTQ+. While sufficiency in the data has not yet been reached, we have completed 14 semi-structured interviews. Qualitative coding is currently underway using a reflexive thematic analysis approach.
RESULTS/PRODUCT: Emerging themes emphasize a range of facilitators and inhibitors to belonging in the learning environment across several domains, including personal, social, organizational, environmental (physical and virtual), and societal. In particular, in the transition from the preclinical to clinical phase of training, discussing LGBTQ+ identities becomes less normalized, leading to increased isolation for students. Students who hold both sexual and gender minority identities find it particularly challenging to navigate their gender identity in medical school due to difficulty educating others about they/them pronouns and fear of disclosure being met with unwanted reactions. Factors that support student belonging include affinity groups, faculty representation, reporting systems, institutional advocacy, and the inclusion of minority identities in the curriculum.
DISCUSSION: Our hope is that this work will inform individual and systems-level priorities to promote belonging and resilience for LGBTQ+ students in medical school.

Title: A-013 Evaluation of Spanish Health Literacy of UCSF Physical Therapy Students Following Spanish Medical Terminology Elective

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To evaluate the impact of a Spanish Medical Terminology elective on the Spanish health literacy (SHL) of UCSF physical therapy (PT) students. BACKGROUND: Healthcare provider proficiency in patients' native language enhances communication with limited English proficiency patients, most of whom are Spanish speakers.1 This results in higher care satisfaction, better medication adherence, and improved understanding of diagnoses and treatments.2 In 2014, only 12 PT programs in the United States offered Spanish language courses in their curriculum.3 METHODS: Thirty-three student physical therapists (SPT) enrolled in a student-led 10-week course consisting of weekly 30-minute lectures on PT-related topics and 30-minute group practice focusing on improving aural, oral, and reading skills. The Short Assessment of Health Literacy in Spanish (SAHL-S) and a newly developed Assessment of Physical Therapy Health Literacy in Spanish (APTHL-S) were used to evaluate SPT's SHL before and after the elective. Assessments were administered by SPT instructors fluent in conversational Spanish. RESULTS: Among the 33 SPTs enrolled, 32 completed both pre- and post-course assessments. The average pre-course SAHL-S was 7.38 ± 3.49 (95% CI [6.12, 8.64]), increasing to 10.97 ± 2.51 (95% CI [10.07, 11.87]) post-course ($p < .001$). Additionally, the average APTHL-S was 3.79 ± 2.26 (95% CI [2.98, 4.60]), increasing to 6.75 ± 1.56 (95% CI [6.19, 7.31]) post-course ($p < .001$). DISCUSSION: Our findings demonstrate the impact of the elective on the SHL of SPTs and the potential benefit of implementing language programs in healthcare curriculums to address language barriers and promote cultural humility in healthcare. Study limitations include inconsistent assessment times of SAHL-S and APTHL-S, differences in inter-rater reliability of SPT instructors, and lacking validity of APTHL-S. Future research should explore how enhanced SHL among SPTs improves communication with patients in clinical practice, alongside self-reported measures of whether the elective supported students' personal and professional goals.

2025 Education Showcase Abstracts

Title: A-014 Using Versa Chat for AME Innovations Funding Educational Grant Proposal Review

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: To optimize the review process for AME Innovations Funding proposals.
BACKGROUND: The UCSF Haile T. Debas Academy of Medical Educators' Innovations Funding (IF) program provides intramural grants to support innovations in health professions education.1,2 Annually, 40-50 letters of intent are received, from which 20-30 teams are invited to submit proposals. Each proposal is reviewed by 3 IF Committee members. Reviewer comments and feedback from the IF Committee ranking meeting are summarized. Constructive feedback is sent to all teams along with the funding decision letters.
METHODS: Launched in August 2023, Versa (UCSF's secure generative AI platform) is increasingly being used for clinical and educational purposes.3 In the 2025-26 IF funding cycle, Versa was used to summarize reviewer feedback. Through an iterative process, prompts were developed to summarize the feedback, focusing on proposal strengths and weaknesses. The first 10 proposals from 2024 were used to test and improve the prompts. Reviewer comments were summarized using Versa. Next, Versa output was compared to the feedback compiled by program leaders manually.
RESULTS: Differences between Versa output and human-compiled feedback fell into one of five categories: 1. Versa output was more specific than human feedback (n=6); 2. Versa did not reconcile contradicting reviewer comments (n=4); 3. Versa output was less specific than human feedback (n=3); 4. Versa combined unrelated points in one sentence (n=1); 5. When given limited amount of information to process, Versa generated additional inaccurate statements (n=1). Versa language was more formal and less supportive than human feedback. This process informed the development of 2025 Versa prompts, which were used to summarize feedback for 26 proposals submitted in the 2025-2026 funding cycle.
DISCUSSION: Versa can help optimize the IF proposals review process. However, Versa output needs to be carefully read and edited. Prompts will be further refined to improve specificity and accuracy.

2025 Education Showcase Abstracts

Title: A-015 Development and Dissemination of Novel Menopause Curriculum for Pre-Clinical Medical Students

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:

Purpose:

Our team, comprised of both Obstetrics & Gynecology attendings and fourth-year medical students developed a case-based, interactive lecture for preclinical medical students.

Background:

This project aimed to fill a gap in the curriculum surrounding menopause and the physiologic process of aging in people with ovaries.

Methods:

The curriculum was designed with the following learning objectives: understand the physiologic changes and diverse clinical manifestations associated with the menopausal transition, the history surrounding the Women's Health Initiative (WHI), and appropriate hormonal and nonhormonal therapies. Course materials were informed by prior UCSF lectures, pertinent news sources, and physician expertise. Didactic materials were delivered via clinical vignettes, all of which were presented in a lecture-based format. The course was evaluated via an optional, anonymous survey as well as by a free response question on the course final examination.

Results/Product:

Of the students who participated in the survey (n=6), all expressed positive thoughts about the lecture. Students specifically identified the lecture's interactivity and discussion of the WHI as its main strengths. They provided constructive feedback about the structure – preferring didactic information delivery prior to case-based application and the inclusion of summary tables for key concepts. On the exam, 93.7% of students received full credit for their responses.

Discussion:

Overall, the menopause curriculum was deemed successful both by student feedback and performance on examinations. Moreover, it provided an opportunity for fourth-year medical students to develop peer education skills and work closely with OB/GYN mentors. While the case-based structure was useful for promoting student engagement, the curriculum may be more effective if preceded by structured didactic content. Our main limitation was the low survey response rate, an expected result of an optional survey administered days prior to their exam. Future directions include assessing students' knowledge and satisfaction with pre/post surveys.

2025 Education Showcase Abstracts

Title: A-016 Opportunities and Challenges of Subspecialty Learning in Longitudinal Integrated Clerkships (LICs): Qualitative Study of LIC Learners

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE:
To explore medical students' perceptions of the opportunities and challenges for learning in subspecialty clinics in longitudinal integrated clerkships (LICs).
BACKGROUND:
LICs are a clinical training model built on the principles of continuity between students, clinicians, and patients. Many LICs rely on subspecialist faculty and clinics for general specialty experiences, i.e. a Pediatric Cardiologist preceptor for a Pediatrics placement. There is limited literature on how subspecialty placements with select patient populations and conditions affect students' core clinical experiences; our study focused on the opportunities and challenges of LIC subspecialty placements.1,2
METHODS:
We invited 16 medical students who completed a year-long LIC at the University of California, San Francisco to participate in semi-structured interviews. Our interview guide was framed by workplace learning, asking participants about 3 stages of integration into their subspecialty clinic: orientation, responsibilities, and assessment. Five authors analyzed transcripts using directed qualitative content analysis to identify opportunities and challenges.
RESULTS:
Eight students completed interviews. Participants described several opportunities afforded by subspecialty LIC placements: exposure to interprofessional care, entrustment of advanced clinical skills like counseling, and mastery of sub-specialty-specific knowledge. Challenges included learning curves for handling the patient complexity and attaining the baseline knowledge required of the subspecialty, both limiting meaningful participation in patient care. Another challenge was lack of exposure to what participants felt were core experiences like "never [seeing] an appendectomy."
Participants identified the pivotal role of preceptors in addressing challenges and providing opportunities for learning. For example, preceptors provided optional inpatient experiences or taught topics outside of their subspecialty to broaden trainees' knowledge.
DISCUSSION:
The subspecialty learning experience provides opportunities distinct from generalist learning experiences. Our next steps are to actively incorporate these findings into faculty development and student orientation to address challenges and share strategies with other clinical training programs interested in utilizing subspecialist placements.

2025 Education Showcase Abstracts

Title: A-017 Goals of Care Simulations in the Neurology Department

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation will be finalized by April 15 and an updated abstract will be required.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: To develop and assess the efficacy of a multidisciplinary pilot program for goals of care simulation training in the Neurology department.
Background: Simulations are a well-established trainee teaching tool and are used by the UCSF Neurology department for neurologic emergencies, procedures, and code strokes. However, trainees have limited opportunities to practice goals-of-care and end-of-life conversations where prognostic uncertainty, high morbidity, and likelihood of prolonged disability add nuance and complexity that have been shown to benefit from additional training [1-3]. Similarly, there are few opportunities to practice interdisciplinary, language-concordant, and culturally-sensitive care alongside nursing, case management, and other staff. We aim to develop a pilot course that addresses this unmet medical education need.
Methods: Three cases were developed between the Neurology and Palliative Care divisions and reviewed with nursing, simulation, and clinical skills educators at the Kanbar Center. Participants will complete anonymous pre- and post-simulation surveys using Likert scale ratings to assess comfort levels with simulation topics. Following simulations, participants will attend a complex-care didactic and participate in a group feedback session. Data analysis will assess shifts in trainee responses over time.
Results: Simulations will occur in March 2025 and will include 10 second-year Neurology residents. Cases involve: (1) discussion of long-term nutrition & rehabilitation post-ischemic stroke, (2) end-of-life discussions after intracranial hemorrhage, (3) family communication prior to brain death testing. This pilot includes standardized patients, medical translators, and trainees. Survey results and analytics will follow.
Discussion: We developed a new simulation series for complex conversations between patient families and interdisciplinary providers after severe neurologic injury. We anticipate improvements in self-assessed competence and comfort with providing culturally-sensitive, language-concordant palliative and end of life care that can be tracked as participants progress in their education. Future iterations of this curriculum will also incorporate trainees from nursing, social work, and other disciplines.

2025 Education Showcase Abstracts

Title: A-018 Getting Artificial Intelligence to the Healthcare Education

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: We sought to assess the impact of one platform used by pre-clerkship medical students at Saint Louis University. Background: Artificial Intelligence (AI) is a reality that can no longer be ignored in our daily lives. Several healthcare platforms simulate patient-provider communications, including some that use AI technology to create standardized/simulated patients.
Methods: From 2021 to 2023, through an institutional license with the product developer, first and second year medical students engaged with several screen-based conversational Artificial Intelligence Virtual Simulated Patient (AI-VSP) cases. These included a healthy patient, respiratory disease, abdominal pain, and chest pain. Students focused solely on history-taking, without engaging in diagnosing or treatment aspects. Faculty course directors encouraged but did not require engagement with the platform. Upon completion of each encounter, students received an overall performance score based on a rubric designed by the case developers.
Results: The 441 student participants engaged as follows: 2 encounters (n= 168), 3 encounters (n=73), and 4 encounters (n=21). Average number of questions asked: 1st encounter = 46; 2nd encounter = 53; 3rd encounter = 48, 4th encounter = 53. Session length averages: 1st encounter = 17 min; 2nd encounter = 16 min; 3rd encounter = 16 min; 4th encounter = 18 min. Overall performance score averages: 1st encounter = 45%; 2nd encounter = 48%; 3rd encounter = 42%, and 4th encounter = 46%. Despite fluctuations in performance metrics, individual students' later encounters demonstrated progressive refinement of skills (data not shown).
Discussion: Students consistently engaged in a reasonable duration with an apparently appropriate number of questions for history gathering encounters. This suggests current medical students are ready to engage with conversational AI tools to supplement existing educational methods for developing clinical skills.

Title: A-019 Operationalizing Supervision Levels to Better Characterize Autonomy of General Surgery Trainees

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: Explore how surgical faculty operationalize supervision levels when working with trainees.
Background: Increasingly, surgeons raise concerns that residents are not ready for independent practice on graduation due to decreasing operative autonomy.1 Within the competency-based education model with designated Entrustable Professional Activities (EPAs), supervision has been conceptualized on a scale with discrete options (limited participation, direct supervision, indirect supervision, practice ready) to delineate progression in lessening supervision. Mid-level trainees often fall under indirect supervision for an extended period with few senior trainees assessed as practice ready, making the need for a more nuanced entrustment-supervision scale critical to operationalizing EPA assessments and promoting resident autonomy.2
Methods: We conducted three focus groups (n=13) with surgical faculty to explore how faculty operationalize supervision levels. Focus groups were recorded, transcribed verbatim and analyzed using an inductive approach. Key themes and sub-codes were identified based on the research question, instrument questions and literature review.
Results: Participants stressed the importance of a pre-operative discussion with the trainee. Reasons for modulating the level of supervision include faculty-resident familiarity, resident experience, case complexity, procedure-associated risk and OR team composition. Trust that the resident would call for help when needed greatly influenced willingness to decrease supervision. Faculty described a progression of surgeon behaviors from passive assistance to remaining unscrubbed and distracted with several transitional steps. Participants felt that 'practice ready' needs to be better defined, noting that residents should be independent for the core EPAs only in cases with straightforward anatomy and with recognition of when to call for help.
Discussion: Findings highlight the importance of a resident's clinical judgement in faculty supervision decisions, especially anticipation of surgical risks and recognition when assistance is needed. Steps in decreasing supervision described will facilitate creation of a more nuanced entrustment-supervision scale to better characterize the progression of resident autonomy.

2025 Education Showcase Abstracts

Title: A-020 Development of a Consensus-Based Competency Framework for Behavioral Sleep Medicine Trainees

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: To describe the development of a consensus-based competency framework for behavioral sleep medicine trainees.
Background: Behavioral sleep medicine (BSM) is a nascent but growing multi-professional field that provides behavioral interventions for common sleep disorders. At present, there is no consensus agreement for areas of proficiency related to BSM training, leading to significant variability in BSM trainee experiences and the potential to adversely impact patient care.
Methods: I conducted a comprehensive literature review that yielded a single study outlining an initial draft of competencies for individuals interested in pediatric BSM. These findings revealed the lack of a comprehensive, trans-disciplinary competency framework. To move toward the development of a competency framework, I worked with the Society for BSM to release a national call for individuals to apply to be part of a competency working group. Eleven individuals applied and agreed to participate in the working group using a consensus-based approach.
Results: Members of the working group were provided with an orientation as to how to develop appropriate competency statements, and then prompted to each submit 5-10 BSM competencies. I conducted a content analysis that yielded five competency domains including: 1) Knowledge of sleep pathophysiology and clinical disorders; 2) Assessment and Diagnosis; 3) Evidence-Based Interventions; 4) Professional Development and; 5) Communication. These competency domains will be discussed and voted on in an upcoming meeting of the working group. Following ratification of the competency domains, group members will be assigned to small groups to generate and describe additional competencies under each domain, as needed. Each competency will then be voted on by the working group, with 70% participation required and >50% approval to be included in the BSM competency framework.
Discussion: This working group is in the early stages of development and we anticipate that all group work will be completed by Spring 2025.

Title: A-021 Getting Out of the Loop: Pediatric Colonoscopy Skills and Cognitive Load Theory

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation will be finalized by April 15 and an updated abstract will be required.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: To assess the impact of a colonoscopy teaching intervention using cognitive load theory.
Background: Colonoscopy is a challenging skill to learn and teach, particularly identifying, avoiding, and managing colonoscopic loops. Cognitive load theory (CLT) has shown relevance for studying colonoscopy learning. Focused on limitations of working memory, CLT categorizes working memory demands as intrinsic load (task completion), germane load (learning), and extraneous load (unproductive processing). To promote enhance fellow learning about colonoscopic loops, we developed, implemented, and studied a curricular intervention using CLT.
Methods: We performed a mixed methods study. Three clinical pediatric GI fellows and seven faculty participated. Colonoscopies were observed and teaching methods transcribed. Cognitive load was measured using Cognitive Load Inventory for Colonoscopy (CLIC) and global performance using Gastrointestinal Endoscopy Competency Assessment Tool (GiECAT). Based on observations and measurements, seven faculty and one fellow worked together to develop a "loop curriculum," which was then implemented. Post-implementation, colonoscopies were again observed and measurements taken. We assessed for impact with pre- and post-intervention CLICs, performance measures, and semi-structured interviews.
Results/Product: We observed 23 colonoscopies pre-intervention and 31 post. During the post-intervention phase: fellows attempted more reduction maneuvers (1.3 pre vs 2.4 post, P=0.003); fellows reduced more loops (17.4% pre vs 58.1% post, P=0.003); attendings took over less (82.8% pre vs 54.8% post, P=0.03); and attendings held the scope for less time (21.1 minutes pre vs 9.6 post, P=0.02). Post-intervention, intrinsic and germane load decreased, and performance increased. Qualitative analysis of interviews revealed multiple relevant themes.
Discussion: Our CLT-informed curriculum was associated with improved colonoscopic loop performance, overall colonoscopy performance, and cognitive load. While improved skill development as training progresses is expected, the caliber of improvement suggests a primary impact of the intervention. This quantitative impact is supported by qualitative themes.

Title: A-022 A Workshop for Preparing Healthcare Workers for Harm Reduction Conversations

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To evaluate a workshop designed to educate a range of healthcare professionals in harm reduction concepts and practices.
BACKGROUND: Integrating harm reduction services into medical settings can reduce stigma and improve engagement with patients who use drugs (PWUD). However, harm reduction is underrepresented in health professions education. Consequently, healthcare workers may be unprepared to discuss harm reduction with their patients. At our institution, a separate survey of internal medicine residents found that the majority were uncomfortable discussing overdose prevention strategies with PWUD. Curricula adapted to a range of healthcare professionals may help close this gap.
METHODS: Patient navigators within our interprofessional addiction consult team in a safety-net, academic hospital designed a 45-minute workshop on harm reduction core concepts and practices. The workshop included a module on harm reduction principles, a video on functions of specific safer-use supplies, and a case-based practice on history taking and addiction treatment. We led three workshops to third-year medical students (n=15), internal medicine residents (n=4), and bedside nurses (n=6). We administered pre/post free-response surveys evaluating participants' knowledge of safer-use supplies, overdose prevention resources, and taking a harm reduction-focused history. We coded survey answers as correct/ incorrect and compared pre- and post-workshop answers using a paired t-test.
RESULTS/PRODUCT: At baseline, participants lacked knowledge of safer-use supplies, overdose prevention resources, and taking a harm reduction-focused history. Upon workshop completion, all participants demonstrated significant improvement in all three competencies (Table 1; overall rate of correct answers: 13.3% (pre) and 89.3% (post), $p < 0.001$).
DISCUSSION: This brief workshop improved core harm reduction knowledge in medical trainees and bedside nurses. Specifically, upon workshop completion, participants were more prepared to discuss safer-use supplies, refer patients to harm reduction resources, and take a substance use history. Our workshop materials are readily accessible online.

Title: A-023 A Needs Assessment for an Antiracism Curriculum in Emergency Medicine: A Multi-Institutional Cross-Sectional Survey

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: Perform a needs assessment through a multi-institutional cross-sectional survey for an emergency medicine (EM) antiracism curriculum.
Background: Despite calls for antiracism education in medicine, longitudinal antiracism curricula are lacking in the literature.
Methods: We developed a survey to assess familiarity with relevant terminology, comfort with skills and strategies to promote antiracism, prior training, and views on an ideal curriculum, then distributed it to 12 institutions across the United States with EM and/or Pediatric EM programs. We analyzed the data with descriptive statistics and calculated differences between training level and underrepresented in medicine (URM) and non-URM status.

Results: One hundred twenty-two people replied to the survey. Most (54.9%) identified as attendings and 32.8% identified as trainees (resident or fellow). Twenty-six (21.3%) identified as URM. Ninety-three percent of respondents agreed that an understanding of antiracism is important for the practice of EM. Respondents reported high familiarity (>90% able to define) with terms such as race, racism, and implicit bias. Fifteen percent of non-URM respondents reported that they had heard of these terms but were unable to define them, compared with 0 URM-identifying respondents ($p < 0.001$). Trainees were significantly more likely than attendings to report that they could teach others these concepts (36% vs 21%, $p < 0.007$). Respondents preferred a mix of educational strategies, including small group case-based discussion (69%), lectures from content experts (57%), workshops (49%) and community engagement-based activities (46%), with URM-identifying respondents significantly more likely to request the latter (69% vs 40%, $p = 0.007$). Respondents emphasized a need for longitudinal, interactive, locally contextualized sessions with practical skills to create change in systems-based practice.
Discussion: While most respondents have familiarity with and training in some antiracism concepts, many do not feel facile with antiracist practice or teaching. Our results show specific curricular areas and strategies to utilize.

2025 Education Showcase Abstracts

Title: A-024 Bridging the Language Gap Among Healthcare Students

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To explore the impact of adding Arabic subtitles to Osmosis from Elsevier videos on the academic performance of Arab healthcare students.
BACKGROUND: Primary and secondary education are usually taught in students' native language. In university, however, healthcare education is primarily taught in English, which may lead to students facing language barriers. For instance, in Arabic-speaking countries such as Syria, Algeria, and Saudi Arabia, the challenges inherent to the language transition can negatively impact healthcare students' academic performance. Chain of Education and Osmosis from Elsevier collaborated to remedy this problem by adding Arabic captions to health education videos. Here, we investigate their effect on students' academic performance.
METHODS: Around 40 dedicated volunteers from distinct healthcare fields, including nursing and medicine, are collaborating to provide Arabic captions for the Osmosis from Elsevier YouTube videos. Volunteers work in pairs: one captions while the other reviews, with each video averaging 10 minutes in length. Thanks to their efforts aided by the use of trusted bilingual dictionaries, more than 120 videos have been captioned so far. This study is based on a survey aimed at determining the efficacy of Arabic subtitles to increase Arab healthcare students' academic performance by enhancing their comprehension of the material.
RESULTS: Initial analysis suggests students may achieve higher performance when educational videos are captioned in their mother tongue. Next steps include ongoing captioning and concurrent survey data collection.
DISCUSSION: The survey examines whether these captions enhance comprehension and retention of complex concepts. To date, 83 students completed our survey. Of those, 58 (70%) attributed their increased confidence to the Osmosis from Elsevier and Chain of Education Arabic captions. Some survey respondents requested audio captions and expressed frustration with incomplete coverage of healthcare topics.

2025 Education Showcase Abstracts

Title: A-025 Utilizing Generative AI in the Development of Medical Students' Patient Communication Skills

Notes

- **Abstract Characteristics:**
  We have designed a curriculum but haven't implemented it; there is no data.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: The purpose of this study is to evaluate the impact of AI patient simulation technology on the preparation of preclinical medical students for real-life clinical practice. We are interested in piloting the simulation platform Patient Communication Simulators (PCS) Spark with volunteer California Northstate University (CNSU) medical students to assess whether they address vulnerabilities in health education.
Background: Artificial Intelligence (AI) has rapidly expanded to impact all fields of work and daily life. Healthcare platforms like PCS Spark utilize AI technology to create standardized patients that simulate patient-provider communications.1 PCS in particular has been used at various health professions education universities and claims to address limitations such as time constraints, faculty availability, and resource scarcity, by simulating patient encounters through conversational Al avatars.2
Methods: We propose a convenience sample study of current CNSU medical students. We are particularly interested in preclinical learners (MS1s and MS2s) but will recruit students from all four years of their training. Participants will be asked to evaluate their impressions of the PCS Spark platform through post-scenario questionnaires for up to 10 clinical scenarios. Interested subjects will also be given the option to participate in 1-2 focus groups for additional feedback regarding their experiences. We will not use a control group for this study. Our proposed study is currently undergoing IRB review.
Evaluation Plan: Our evaluation strategy includes simple summaries of aggregate responses for survey items. We plan to analyze student performance on encounters (e.g. number of encounters, questions asked per encounter, overall performance in each encounter, etc). We will analyze focus group notes for emerging themes.
Discussion: This work could help the simulation community refine tools for medical education and advance the integration of AI technology in medical training.

2025 Education Showcase Abstracts

Title: A-027 Learning the end of the story: accessing electronic health records for practice-based learning among residents

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: We report on the development and evaluation of an outcomes-based patient data report to residents.
BACKGROUND: The ACGME has called for improved and increased data usage from electronic health records (EHR) for residents to track individualized patient clinical and quality outcomes. This focus represents an opportunity for real-time competency development in practice-based learning and improvement using 'big data.' Yet challenges exist in defining what patient outcomes data may be most useful for reflection and improvement in practice and determining accurate attribution of patient data to individual residents.
METHODS: Our multi-step design-based research study included: a)retrospective validation of an attribution algorithm to capture inpatient primary providers, b)creation and automated distribution of an outcomes report for second and third year pediatric and internal medicine residents on hospital medicine rotations, and c)resident evaluation of report utility via survey. Survey was analyzed using descriptive statistics. This study has occurred from fall 2024 to present.
RESULTS/PRODUCT: We validated the attribution algorithm against a prior data set with a 77% true positive rate. Through cognitive interviews, residents confirmed a high recall (no 'false positives' were identified). 24 residents received the outcomes-based report with evaluation survey. Based on resident input, outcomes included unexpected events such as re-admission or labs resulting after the resident's rotation ended. Currently, 45.8% (n=11/24) residents have completed the survey, and 90.9% (n=10/11) indicated they would use the report again.
DISCUSSION: While data analysis is ongoing, our project has confirmed the opportunity available via EHR for the automated delivery of an individualized, outcomes report to senior residents on hospital medicine rotations and suggests a strong utility of such a report. While optimization of the report is likely needed, next steps include strategizing how to make report generation and distribution financially feasible so residents may continue to benefit from this practice-based learning opportunity.

2025 Education Showcase Abstracts

Title: A-028 Optimizing Teledermatology Education in U.S. Dermatology Residency Programs: Strategies and Innovations

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: Identify the educational strategies that dermatology faculty use to effectively teach store-and-forward (SAF) teledermatology to residents.
BACKGROUND: The COVID-19 pandemic led to a rapid integration of teledermatology in dermatology residency programs (1). During this transition, structuring resident education in teledermatology proved challenging (2). Since teledermatology has continued, we recognized the importance of identifying the strategies faculty use to effectively teach future dermatologists store-and-forward (SAF) teledermatology in alignment with principles of diversity, equity, and inclusion (DEI).
METHODS: The study employed a seven-step medical education questionnaire design process (3). A scoping review of methods for teaching telehealth, retrieving 466 articles and extracting data from 14 articles, informed the development of a nationwide survey. The survey included questions about program characteristics and ten educational strategies (rated from least effective (1) to most effective (5)) and was distributed to 127 teledermatology educators. Optional interviews were offered to participants.
RESULTS: Fifty-two respondents (41%) across the US participated. Teledermatology is mainly practiced at outpatient Veterans Health Administration Hospitals (51%) and inpatient academic medical centers (49%). The most effective strategies included soliciting diagnoses (mean=4.51±0.97), reviewing morphology (4.48±0.64), and outlining diagnostic and management plans (4.13±0.96). An open-ended question about incorporating DEI in teaching revealed that educators discuss manifestations of clinical findings in diverse skin tones and review comparative photos on online atlases. Interviews revealed recommended strategies for new SAF programs, including developing checklists for sign-outs and asking residents to describe their thought processes thoroughly.
DISCUSSION: Teledermatology offers teaching opportunities for residents and trainees to emphasize aspects of DEI, provide care for underserved populations, and hone skills in in-depth skin analysis. These findings will help inform curriculum elements and guidelines for effective strategies in SAF teledermatology sign-outs for educators and residents.

2025 Education Showcase Abstracts

Title: A-030 Measuring Inclusivity and Belonging in a Clinical Learning Environment: Development of a Novel Instrument

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: We aim to develop a survey that measures students' perception of inclusivity and belonging in the clinical learning environment.
BACKGROUND:
Inclusive clinical learning environments enable learners to thrive, excel academically, and deliver high-quality patient care. However, effectively measuring inclusivity and belonging remains a challenge. Few existing tools such as the Undergraduate Clinical Education Environment Measure (UCEEM) tool are grounded in a sociocultural theory framework but does not focus specifically on students' perceptions of inclusivity and belonging. To address this gap, we have developed a 12-item tool based on the expansion of UCEEM with social identity theory.
METHODS: After undergoing cognitive interviews to assess clarity and comprehension of each item among 10 medical students, this survey was then piloted among 48 medical students at the UC Berkeley-UCSF Joint Medical Program (JMP). Using the Messick validity framework, each item question had four Guttman scaled statements that correlated to four waypoint levels within a construct map. Waypoint 0 = disengaged; Waypoint 1 = engaged but isolated, not included or valued; Waypoint 2 = engaged but neither isolated, included or valued, Waypoint 3 = engaged, included, and valued.
RESULTS: We collected 31 full responses (65% response rate). Nine of the twelve items demonstrated tight banding (increased reliability) for waypoint levels 1 and 2. For waypoint level 3, there was a wider distribution of the item locations as demonstrated by less banding. The separation reliability to measure internal consistency was calculated using Expected A Posteriori (EAP) which was slightly closer to 1 at 0.798 similar to a Cronbach alpha of 0.80.
DISCUSSION: Third-year JMP 3 students scored highest on the tool followed by JMP 2 students and then JMP 1 students. Next steps involve implementing this survey tool among a larger cohort of medical students across a multi-institutional platform to gather validity evidence.

Title: A-031 Coaching across differences: Teaching coaching skills to longitudinal FCM preceptors

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose/ Background: In a longitudinal clerkship, preceptors work with students over the course of a year and have a unique opportunity to serve as a coach (Brown, 2022). In the family medicine clerkship at UCSF, students primarily work with busy volunteer clinicians. These clinicians may not seek out formal faculty development to learn the skills to coach students effectively (Steinert, 2019). We created a CME-funded, asynchronous module series to deliver coaching micro-skills. Methods: Our module series focused on imparting basic coaching skills, mentoring through impostor phenomenon and mentoring with a critical race theory framework through a variety of media formats. The module series was 135 minutes in total and participants were able to obtain up to 12 units of CME credit. Participants completed a pre- and post- survey to assess the impact of this module series on their perceived confidence in mentoring students, including learners who are struggling, excellent learners, learners who may be dealing with feelings of imposter syndrome and learners from marginalized and historically excluded backgrounds. Expected Results: We expect 20-30 participants to complete the post-survey. Early data confirm that participants to feel significantly more confident in working with different types of learners, as well as addressing imposter syndrome and systemic racism in their longitudinal preceptorship relationships using their new coaching skills. Discussion: There is evidence to support the need for a diverse group of clinician educators who appropriately reflect medical student diversity and can serve as coaches and mentors for students from underrepresented backgrounds (Kaundinya, 2021). We have not yet met this goal and thus need to help our current preceptors learn the skills of coaching across differences. Although these asynchronous module series are able to teach micro-skills, it is unclear if these skills translate into meaningful coaching experiences for our learners.

Title: A-032 Identity affirmation: Evaluating the impact of student-preceptor identity concordance in the FCM clerkship

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: In the UCSF family and community medicine (FCM) clerkship we explored continuity pairings between clerkship students and longitudinal FCM preceptors as a source for identity affirmation and mentorship. Background: Learners with marginalized identities have less access to social capital, cultural capital, and mentorship networks than their peers (Pascarella, 2004). Affirmation interventions can help insulate individuals against these environmental threats (Cook, 2012).Methods: In our pilot program, we matched 16 students and preceptors based on overlapping self-identified identities. The pairs worked together for one half day to one full day every other week between Jan 2024 and Dec 2024. We adapted a post survey from a similar program at the SFVA to evaluate key outcome metrics of the mentorship relationship. We will also compare the end of clerkship preceptor evaluations between those in the pilot and the control group. Expected results: 75 students and 23 preceptors were interested in identity-affirming pairing. In this pilot, we matched 16 students with preceptors with at least one similar identity, 8 with overlapping intersectionality. Early data confirms higher than average scores in respect questions and creation of a positive learning environment. We also analyzed which students were not able to be paired due to lack of similar preceptor identity. Discussion: Our preceptors do not reflect the diversity of our student body and this data has helped us identify the specific areas of need for preceptor recruitment. We are also aware that women and BIPOC preceptors continue to have a heavier mentoring load because of the historical impact of systemic racism and gender discrimination. To address the unmet mentorship need now, we have offered a CME- funded faculty development module promoting the role of equity-minded mentoring across differences for all preceptors in FCM110.

2025 Education Showcase Abstracts

Title: A-034 Who Decides? Building Inclusive Competencies in Graduate Medical Global Health Training

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation will be finalized by April 15 and an updated abstract will be required.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: This project seeks to UCSF's GME Global Health Training Pathway from a transformative, anti-oppressive lens, centering expertise of partners hosting UCSF GME trainees for global health rotations.
BACKGROUND: UCSF's GME Global Health Pathway contains courses in need of updating; notably, anti-oppressive topics are currently not mentioned. Additionally, it is remarkable that many decisions made in content taught to global health trainees are made by north Americans at academic institutions. This project seeks to integrate voices of educators in low-middle income countries (LMICs) and rural areas into curriculum building.
METHODS: A literature review was conducted to generate candidate competencies in multidisciplinary GME global health education; this identified 93 articles with 294 potential competencies. Thematic analysis was completed yielding 144 discrete items. The next step is completing a modified Delphi process, a group of 21 participant reviewers were identified from 5 collaborating partner sites who host UCSF trainees. We are currently in round 1; the panel of reviewers was sent a Qualtrics survey to rate each of the competencies and opportunity to suggest additional competencies. In Round 2, we will provide the mean and median as well as dispersion data for each of the competencies in Round 1 and the panel will re-rate the list of competencies along with the list of new competencies generated in Round 1. Round 3 will be considered if the list of new competencies generated need further consideration and input from the panel.
RESULTS/PRODUCT: The data collection is anticipated to be final by April 15.
DISCUSSION: The information gathered from this project will, to our team's knowledge, be the first list of interdisciplinary GME global health competencies that has centered the expertise of global partners from LMIC and rural sites, allowing for redevelopment of UCSF's GME Global Health Pathway's course offerings.

Title: A-035 "Trial and Error" - How Do Interns Learn Their Role-Specific Workplace Skills?

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE
To answer the following research question: "How do interns learn workplace skills"? Understanding how interns learn PGY-1-specific skills could empower them to manage their workplace learning opportunities.

BACKGROUND
Many of the workplace skills interns need to function in their roles are taught briefly (single didactic session) or are not formally taught at all. These role-specific skills – e.g., managing a task list, constructing a patient handoff, calling a consultant – are not addressed like core medical knowledge subjects (e.g. diabetes) or clinical skills (e.g. procedures) which are reinforced through supervisor feedback and overlapping didactics throughout residency.
METHODS
We conducted a qualitative study based on a constructivist paradigm. We performed semi-structured interviews of 16 interns from the UCSF internal medicine residency program. Interview transcripts were analyzed using template analysis. Codes were identified, refined, and grouped into overarching themes.

RESULTS
Participants described limited formal orientation and didactics around some intern skills. Planning, formal goal setting, and direct feedback were not described. Instead, interns described an iterative learning process ("trial and error") informed by peers and supervisors, cross-task learning (improving one skill by drawing insights from performing closely related tasks), and collateral learning (learning by being on the receiving end of a task executed by their colleague). Participants identified time and workload pressures as positive influences on learning. Technology (e.g., EHR templates, artificial intelligence text drafting) played an important role in shaping interns' learning process.
CONCLUSIONS
Interns learn many role-specific skills through an iterative and unstructured approach that aligns with studies of workplace learning, which is often incidental to the work rather than a deliberately pursued objective. Learning is influenced by colleagues and context, including evolving technology. There may be opportunities to enhance this implicit approach to skill acquisition.

2025 Education Showcase Abstracts

Title: A-037 Queering the Curriculum: Preparing

Family Medicine Residents to Care for Transgender, Non-Binary, and Gender Diverse

People

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation will be finalized by April 15 and an updated abstract will be required.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: Enhance the Gender Health Elective in the UCSF Family Medicine Residency to teach residents a nuanced approach to the care needs of Transgender and Gender Diverse (TGD) patients.
BACKGROUND: TGD communities experience significant health disparities due to barriers accessing routine and gender affirming health care.
Improvements to the didactic curriculum incrementally improved comfort with TGD health topics, but the lower-order learning modality left the majority of graduates feeling unprepared to meet the needs of TGD patients. Challenges finding consistent clinical experiences left elective time underutilized with less opportunity for practice and application of knowledge gained.
METHODS: Using Kern's 6 Steps for Curriculum Development, we utilized needs assessment and targeted surveys to identify educational gaps in TGD care. Using concepts from Curriculum Development for Medical Education, we developed a facilitator guide containing multi-modal additions to the Gender Health Elective, including goal setting, structured content review, case-based learning, and 1:1 facilitated faculty mentorship. We developed a clinical case series to help residents develop nuanced approaches and complex clinical decision-making in TGD care. We designed a pre- and post- evaluation survey and post-elective interview to examine each resident's self-assessed competencies, practice preparedness, and assess the strengths and limitations of each elective component.
RESULTS/PRODUCT: Four residents will complete the Gender Health Elective this year. Two have completed the elective thus far, and one completed both pre-and post- survey elements. Preliminary results demonstrated improvements in resident self-assessed competencies in every realm, demonstrating the value of the enhanced elective design. Further iterative improvements to the case-based modules and mentorship sessions will be implemented for residents completing the elective later this academic year with additional results anticipated.
DISCUSSION: Where clinical experiences are limited, a structured and multimodal approach to resident learning grounded in educational theory can improve self-assessed competency in care for TGD patients.

2025 Education Showcase Abstracts

Title: A-039 How Does a Surgical Skills-Focused Rotation Alter Learner's Experiences in the Operating Room?

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To provide summative evaluation for one component of the surgical skills curriculum.
BACKGROUND: Despite reports that simulation can result in skills transfer to the operative setting and accelerate trainee learning curves, evidence surrounding surgical simulation curricula remains under development. In 2022, UCSF introduced a one-month surgical skills rotation to the skills curriculum, during which interns spent a month in the simulation center fulfilling specific requirements.
METHODS: First- and second-year residents who completed the rotation during their intern year participated in semi-structured interviews assessing their perspectives on the skills rotation and its influence on their subsequent experiences in the operating room. Interviews were conducted by a graduating medical student, who also conducted thematic analysis of the interviews alongside two skills lab faculty members. Codes were developed inductively and synthesized into themes through discussion.
RESULTS: Four first-year and two second-year resident interviews provided sufficient information for thematic development. Residents identified components of the rotation that made it valuable, including one-to-one instruction time from faculty and the inclusion of laparoscopic and robotic skills. Residents who were able to scrub cases during the rotation also found this component important. Second, residents were motivated during the rotation both intrinsically, through a desire for self-improvement, and extrinsically, through a desire to pass foundational assessments required to be certified as a surgeon. Third, after completing the rotation, residents reported receiving increased opportunities in the operating room due to improved foundational knowledge, which accelerated their progression to more advanced skills.
DISCUSSION: With decreased training time spent in the operating room, it's important to ensure resident learning in the operating room is optimized. A skills rotation that includes coaching, application in the operating room, and sufficient motivation can result in increased operative opportunities. As such, we anticipate this rotation will accelerate achieving autonomy.

Title: A-041 Enhancing Pediatric Medical Resident Competence In Tracheostomy And G-Tube Management Through An Interprofessional Led, Simulation-Based Workshop

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose:
We, a team of interprofessional colleagues including advanced practice practitioners, respiratory therapists, family educators and physicians, created and evaluated a simulation-based workshop to improve pediatric residents' clinical skills, confidence, and collaborative, patient-centered approach to manage common technologies.
Background:
In 2021, UCSF pediatric residents reported feeling under-prepared to manage children with medical technologies, such as tracheostomies, central lines, and G-tubes[1][2].To address this need, we developed and implemented a four-hour simulation-based workshop focused on specialized procedural knowledge, aligning with Entrustable Professional Activities (EPAs) in pediatric complex care[3].
Methods:
The workshop featured didactic sessions and procedural simulations using mannequins and 3D-printed models. Interprofessional colleagues facilitated workshops with pediatric interns six times over three years (2021-2024), with an average attendance of 13 residents per session. Knowledge assessments and confidence surveys were conducted before and after each session starting in 2023. In 2024, caregiver experts provided narrative experiences, assisted in teaching, and helped assess residents during simulated G-tube and tracheostomy exchanges. Descriptive statistics were performed on participant-matched pre- and post-surveys. We report the change in median knowledge based on 8-question multiple-choice and short-answer assessment scores, and self-reported confidence (rated 1-5 on a Likert scale), using a Wilcoxon signed rank test.
Results:
Approximately 86 residents participated between 2022 and 2024, and 56 completed pre- and post-survey assessments between 2023-2024. The median assessment score increased by almost 50% from 36.6% pre-test (SE = .024) to 85.7% post-test (SE= .023), $p< 0.001$. The median change in confidence was 1.77 points (2.40 pre-test (SE=.098) to 4.17 post-test (SE=.053), $p< 0.001$. All 27 participants in 2024 were directly observed and successfully performed both a simulated tracheostomy and G-tube change.
Discussion:
This interprofessional workshop effectively improved pediatric residents' knowledge, confidence, and collaborative skills. Its team-based, co-designed structure provides a robust model for enhancing residency training in pediatric complex care.

Title: A-042 Developing Non-Technical Skills in Otolaryngology Residents: Outcomes from a Novel Leadership Curriculum

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: To develop and evaluate a novel leadership curriculum for otolaryngology head and neck surgery (OHNS) residents.
Background: Leadership skills are essential for physicians, yet surgical training often lacks structured education in leadership development(1). OHNS residents, in particular, frequently navigate multidisciplinary interactions, high-pressure decision-making, and complex team dynamics, highlighting the opportunity for targeted leadership development. To address this gap, we developed and evaluated a needs-based(2) leadership curriculum for OHNS residents.
Methods: Three sessions were offered to OHNS residents covering the following topics: 1) understanding your own leadership style, 2) navigating difficult conversations and 3) public speaking. All sessions were led by content experts. Pre and post surveys were conducted to understand the effectiveness of individual sessions. Questions were structured using a five point Likert scale which were converted to a 1-5 scale (1 = strongly disagree; 3 = neither agree nor disagree; 5 = strongly agree). Wilcoxon rank tests were used to compare pre and post session survey data.
Results: 96% of residents participated in at least one of the three offered sessions. Survey data demonstrated significant improvements across multiple areas. Participants reported increased comfort in adapting leadership styles (Pre: 3.28; Post: 4.52, $p < 0.0001$) and a better understanding of diverse communication preferences (Pre: 3.81; Post: 4.24, $p < 0.033$). Participants also reported improved comfort in initiating difficult conversations (Pre: 2.88; Post: 3.81, $p < 0.045$). Across the three sessions, >90% of respondents agreed or strongly agreed that each session was a good use of their time and valuable to their future practice.
Conclusions: This novel leadership curriculum enhanced participants' abilities to adapt their leadership styles, understand diverse communication preferences, and navigate difficult conversations. This training addresses a notable gap in traditional surgical training by integrating leadership development into resident education.

2025 Education Showcase Abstracts

Title: A-043 Health Equity Rounds: An Interprofessional Case Conference Series

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE:
We describe the development and implementation of Health Equity Rounds (HER) in the University of California, San Francisco (UCSF) Department of Pediatrics (DOP).

BACKGROUND:
Studies within the UCSF DOP demonstrated a need for a longitudinal curriculum to improve resident education in delivering equitable care.1,2 These studies emphasized the importance of having an interprofessional healthcare team and recognizing the wisdom of our local communities.2 To meet this need, we adapted the HER framework developed by Boston Children's while seeking interprofessional and community collaboration.3
METHODS:
We recruited an interprofessional team from the UCSF DOP. The team identified cases that illustrate inequities in patient care, researched structural drivers that contributed to these inequities, and invited guest speakers from relevant professions and community organizations to offer their insights. The team then presented the cases to an interprofessional audience using a format that included didactic and facilitated small group components. The session structure included a case review, an analysis of structural and historical drivers, relevant evidence-based tools to combat the identified drivers of inequity, and a review of advocacy opportunities for participants. Following each session, participants were asked to complete a survey asking for feedback and key takeaways.
RESULTS:
Two HER sessions were implemented in 2024. The majority of post-session survey respondents reported they would like to attend more HER (93%). Most respondents (83%) were able to share a practice change they would take away from the discussion.
DISCUSSION:
HER is an effective space for the UCSF DOP interprofessional healthcare team to discuss inequities in patient care and identify mitigation opportunities. Next steps include increasing the frequency of HER and expanding our evaluation survey to include assessment of how our unique interprofessional curricular approach might influence future provision of care by participants.

2025 Education Showcase Abstracts

Title: A-045 Exploring Pedagogical Content Knowledge in Chief Residents: Insights from Morning Report Facilitation

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: This study identifies key domains of pedagogical content knowledge (PCK) used by chief internal medicine residents (CRs) during morning report (MR) facilitation to inform their development as clinical educators.
Background: MR facilitation is a critical educational activity in internal medicine residencies, yet little research explores the practical teaching knowledge CRs develop (1). Shulman's PCK framework highlights that effective teaching extends beyond content expertise, incorporating knowledge of learners and instructional strategies (2-3). Understanding PCK in MR facilitation can reveal strengths and areas for CR growth.
Methods: We observed UCSF CRs facilitating MR at three sites (Parnassus, ZSFG, SFVA) and conducted semi-structured interviews to explore their preparation and reflections. Thematic analysis was performed using PCK as a sensitizing concept.
Results: Cognitive load significantly impacts CRs' facilitation skills. A lower cognitive load allows CRs to implement effective teaching, whereas a higher load hinders it. Three PCK domains—knowledge of self, learners, and the clinical problem—shape CRs' preparation, influencing learning objectives, assessment strategies, and pedagogical approaches. During facilitation, eight factors across three PCK domains were identified, either increasing or decreasing cognitive load depending on context. Strength in one domain enhanced others, while deficits hindered overall effectiveness (e.g., poor content organization limiting real-time adaptability).
Discussion: A deeper understanding of these PCK domains can enhance CRs' preparation and reflection, fostering long-term growth as educators. However, our study's small sample from a single, well-resourced institution limits generalizability. Despite this, our findings provide a foundation for supporting CRs in MR facilitation across diverse settings.

Title: A-046 Implementation of an asynchronous department-wide emergency department alternatives to opioids curriculum

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation will be finalized by April 15 and an updated abstract will be required.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: To develop an asynchronous, non-didactic-based alternative to opioids (ALTO) curriculum for ED clinicians targeting the most prevalent pain-related chief complaints in the ZSFG ED.

Background: Pain is the most common reason people seek emergency care. ED-ALTO programs have shown promise with respect to reductions in opioid administration, effective pain control, patient satisfaction, and overall culture change toward sustainable, opioid-free treatment options.

Methods: We developed three curricular objectives. Educational strategies to meet these objectives included performing a scoping literature review to determine evidence-based pharmaceutical interventions to treat the top five pain-related chief complaints in our ED, integration of clinical decision support in the form of best practice advisory (BPAs) pop-ups into our electronic health record, provision of ongoing electronic and in-person ALTO teaching, and conducting quarterly clinician outreach and feedback. We performed a baseline and quarterly retrospective analyses during the curriculum implementation period to determine utilization of ALTO.

Results: In the first year of the project, while we saw no difference in ALTO use in treatment of the top five pain-related complaints in our ED before or after implementation, we did see a decrease in the number of written opioid prescriptions, the total number of opioids administered in the ED, and increased use of ice and heat packs to treat pain. Our evaluation plan includes assessment of clinician barriers to using ALTO for pain control, effectiveness of the BPAs in changing practice, and usefulness of our outreach and feedback. We will also conduct ongoing retrospective analyses of the electronic health record to determine changes in ALTO use over time.

Discussion: This curriculum demonstrates the feasibility of implementing a department-wide ED-ALTO program based on electronic health record clinical decision support along with ongoing teaching and feedback.

2025 Education Showcase Abstracts

Title: A-048 Development and Expansion of a Novel Case-Tracking Curriculum to Improve Self-Directed Patient Case Review in an Internal Medicine Residency

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:

PURPOSE:
Systematic tracking of patient outcomes is a crucial intervention against misdiagnosis, and self-directed reflection is a core component of the ACGME's Problem-Based Learning and Improvement competency (1). However, there remains a skills gap for residents due to a lack of structured education. We describe the development of a longitudinal curriculum to promote deliberate, self-directed case tracking among internal medicine residents.

BACKGROUND:
Deliberate tracking of patient outcomes is a key practice of master clinicians, though the lack of formal curricula, the disjointed nature of residency training and EMR privacy limitations hinder this skill development (2). In 2023, our team developed a virtual Patient Dashboard that automatically displays a running list of patients cared for by each resident. This powerful tool has yet to be embedded within a longitudinal curriculum to promote self-directed case tracking among residents.

METHODS:
Our curriculum expands upon an existing small-group session in R1 that introduced structured case-tracking. In 2024 we piloted an additional didactic session that addresses more nuanced and stage-appropriate considerations of self-directed case tracking for R2/3's. We aim to implement a third didactic session prior to R1/R2 night float to demonstrate to residents how to add patients to their dashboards and document a targeted clinical question for future review, all from within the EMR.

RESULTS/PRODUCT:
Prior to each session, we collect qualitative data that explores residents' behaviors and attitudes towards the value of the Dashboard in case tracking. We plan also to collect quantitative data regarding dashboard access, as a surrogate for time spent in reflective practice.
DISCUSSION: Implementing a case-tracking curriculum for trainees can improve deliberate, reflective practice by teaching systematic, structured case review techniques. Our curriculum aims to expand on existing tools and didactics to develop and assess habits of self-directed, reflective practice amongst residents (3).

2025 Education Showcase Abstracts

Title: A-049 Narrative Medicine 2.0: Piloting an Interactive Curriculum Platform

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation will be finalized by April 15 and an updated abstract will be required.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: This project aims to develop and evaluate a virtual curriculum platform that expands access to narrative medicine (NM) by providing a structured, interactive space for interdisciplinary engagement, reflection, and collaboration.
BACKGROUND: With high burnout rates in healthcare, NM has demonstrated potential in enhancing well-being and clinical skills. However, accessibility remains limited, and the effectiveness of virtual engagement compared to in-person participation is unclear. By piloting an online platform, we seek to explore how digital tools can expand NM's reach, foster meaningful reflection, and support educators in integrating NM into their programs through an archive of curated texts, media, and discussion prompts.
METHODS: We are developing a centralized NM website at UCSF that will: (1) house curriculum content, including literary and multimedia materials with discussion questions; (2) enable interactive engagement, allowing users to post and respond to reflections in real time and asynchronously; and (3) provide a sustainable, scalable resource for integrating NM across health professions.
RESULTS: Quantitative data by web analytics will include number of site visits, page views, and user engagement metrics. Qualitative data by user surveys will include feedback on platform usability, perceived value, content relevance, and quality; reflections posted on the website will also be thematically analyzed.
DISCUSSION: This project will inform the scalability and accessibility of NM in health professions education, creating a cross-disciplinary community of practice at UCSF. Findings will contribute to innovative curriculum design aimed at fostering professional fulfillment and reducing burnout, with the potential for adaptation across departments and specialties.

Title: A-050 The Current State of Advising for Underrepresented Pre-health Professional Students: A Scoping Review

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To evaluate the current state of pre-health—defined here as pre-medical, pre-dental, pre-doctoral nursing, and pre-pharmacy—advising in college and high schools across the United States.
BACKGROUND: Advising and mentorship relationships play a crucial role in the application process and matriculation into health professional schools. Given that diversity in health professional fields enhances patient trust and health outcomes, it is essential to foster diversity among pre-health students through effective advising and mentorship. There remains a gap in understanding regarding the current state of advising and mentorship for pre-health professional careers, especially for students from historically marginalized backgrounds
METHODS: This scoping review aimed to explore the existing landscape of advising for underrepresented students pursuing pre-health professional careers by conducting a scoping review using three primary databases—PubMed, Embase, and Web of Science—supplemented by a grey literature search through the UC Library website and Google. Data collection is ongoing, with 141 of 391 total articles selected for full-text review.
RESULTS/PRODUCT: The majority of studies reviewed thus far are descriptive reports on pipeline and enrichment programs for underrepresented and minority pre-health students. Emerging themes are related to the structure and effectiveness of targeted mentorship programs and pathway programs aimed at increasing diversity in medical, dental, pharmacy, and nursing schools. The most common recurring theme is mentorship as an informal component, however few programs explicitly described the structure or extent of mentorship provided. There were also more studies focusing on high school level programs as opposed to undergraduate level programs–highlighting a notable gap in the literature on structured advising.
DISCUSSION: These findings aim to highlight current advising practices, and gaps to inform future investments into public university advising infrastructure. This will ultimately contribute to more equitable opportunities for underrepresented students, allowing for enhanced patient care and improved patient outcomes.

2025 Education Showcase Abstracts

Title: A-051 Developing End-of-Training Entrustable Professional Activities for Psychiatry: Results and Methodological Lessons

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: To develop entrustable professional activities (EPAs) for psychiatry and to demonstrate an innovative, validity-enhancing methodology that may be relevant to other specialties.
Method: A national task force employed a three-stage process over three years to develop EPAs for psychiatry. In stage 1, the task force used an iterative consensus-driven process to construct proposed EPAs. Each included a title, full description, and relevant competencies. In stage 2, the task force interviewed four nonpsychiatric experts in EPAs and further revised the EPAs. In stage 3, the task force performed a Delphi study of national experts in psychiatric education and assessment. All survey participants completed a brief training program on EPAs. Quantitative and qualitative analysis led to further modifications. Essentialness was measured on a five-point scale. EPAs were included if the content validity index was at least 0.8 and the lower end of the asymmetric confidence interval was not lower than 4.0.
Results: Stages 1 and 2 yielded 24 and 14 EPAs, respectively. In stage 3, 31 of the 39 invited experts participated in both rounds of the Delphi study. Round 1 reduced the proposed EPAs to 13. Ten EPAs met the inclusion criteria in Round 2. Example EPAs with the highest content validity index included manage psychiatric patients longitudinally, manage psychiatric emergencies, conduct psychiatric diagnostic evaluations, manage patient's psychiatric conditions with medications, manage involuntary commitment and treatment, and assess and manage decision-making capacity.
Discussion: The final EPAs provide a strong foundation for competency-based assessment in psychiatry. Methodological features such as critique by nonpsychiatry experts, a national Delphi study with frame-of-reference training, and stringent inclusion criteria strengthen the content validity of the findings and may serve as a model for future efforts in other specialties.

2025 Education Showcase Abstracts

Title: A-052 A Novel Social and Structural Drivers of Health Curriculum for UCSF Dermatology Residents

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To develop a social drivers of health (SDH) curriculum for UCSF dermatology residents to enhance patient-centered care.
BACKGROUND: SDH are the conditions in which people are born, grow, live, work, and age, and which collectively influence health. Effectively applying an understanding of how SDH affect patient care is an essential physician competency. However, in dermatology residency, this skillset has historically been developed by the "hidden curriculum" rather than one with formal objectives.
METHODS: In Spring 2020, we developed a 3-year didactic and experiential SDH curriculum with eight learning objectives, consisting of lectures, grand rounds sessions, journal clubs, and community engagement opportunities. We also developed a "Health Equity Chief" role for senior residents, and a patient navigator role to better care for patients with the most complex medical and social needs. We surveyed outgoing senior residents at baseline and annually following implementation to assess their familiarity with SDH in specific patient populations and comfort in addressing them.
RESULTS: All (n=8) residents responded to our baseline survey (2020). Data from the 2023 and 2024 classes were analyzed in aggregate (n=14, response rate 50%) to assess curriculum efficacy. After implementation, there was improvement in learners' awareness of challenges faced by every patient population: from 3.12 (STD 0.66) to 4.52 (STD 0.69) ($U=4$, $p<0.05$). Learners became more comfortable handling clinical scenarios requiring them to identify and address specific SDH (e.g., access to housing, refrigeration, and laundry) though this difference was not statistically significant: 3.5 (STD 1.06) before versus 4 (STD 1.16) after implementation, ($U=13.5$, $p>0.05$). Finally, many expressed that our curriculum improved their ability to care for patients in complex social circumstances.
DISCUSSION: Our experience indicates a formal SDH curriculum can improve residents' ability to care for populations with complex social needs. We advocate for implementing SDH curricula into dermatology training programs nationwide.

2025 Education Showcase Abstracts

Title: A-053 Achieving educator milestones with integration of anti-oppressive education practices: design and implementation of a new Teach for UCSF Certificate Program

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose:
To describe the development and implementation of a new UCSF faculty development certificate grounded in educator milestones.
Background: Recently published Clinician Educator Milestones outline fundamental skills for medical educators,1 and can inform faculty development.2 In reviewing these milestones, we recognized the need to expand the existing Teach for UCSF Certificate program with a foundational certificate to ensure all academic educators have the same basic knowledge and skills.
Methods: We used the published milestones to create a new "Educators Essentials" certificate, with integrated learning objectives related to anti-oppressive and anti-racist education. We engaged faculty developers from across UCSF health professional schools to ensure applicability to all faculty, including clinical and non-clinical faculty. The resulting curriculum consists of eight 90-minute sessions delivered in-person over 2 days, followed by an experiential opportunity (teaching observation, CV or curriculum consultation) to allow participants to put essential skills into practice. We collected survey data about participant satisfaction after each session.
Results: In the first 13 months of the program, 198 participants from 6 different professions attended day 1 (across 5 dates) and 113 day 2 (across 4 dates). Evaluations completed by 97% of participants showed high ratings of individual sessions (mean 4.5-4.7 on a 5-point scale). In survey comments participants expressed appreciation for the in-person format, the opportunity to engage with others and the time allotted to reflect. 55 out of 113 participants who completed both parts participated in an experiential activity, with CV consultations the most popular option.
Discussion: The new certificate attracted a substantial number of participants and was highly rated. While completion rates for both in-person sessions are high, participation in experiential learning activities is lagging. We are currently exploring underlying reasons and other options to ensure participants apply lessons learned to their daily practice and further career development.

2025 Education Showcase Abstracts

Title: A-054 Developing a Longitudinal Community Medicine Distinction

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE:
The purpose of this project was to develop and implement a Community Medicine Distinction track within a family medicine residency program. This track aims to meet the needs of residents seeking deeper exposure to underserved community clinics, health education, advocacy, and scholarly projects, ultimately preparing them for careers in diverse community health settings.
BACKGROUND:
This project was informed by residents' feedback indicating a desire for more meaningful engagement in community clinics beyond the standard rotations. Our mission statement emphasizes the value of longitudinal patient relationships and community-based learning in fostering well-rounded, patient-centered physicians.
METHODS:
A two-year, opt-in distinction was designed, focusing on four pillars: clinical care in community clinics, leadership and health education, health policy and advocacy, and a capstone scholarly project. Residents in their PGY1 year were invited to apply, indicating interest in clinic sites and potential capstone ideas. A dedicated 4-hour block per week was assigned for the distinction, with time divided between clinical work and project time. Community-based clinic sites include La Clinica Vallejo Main, Jesse Bethel teen clinic, Care Without Walls for Kaiser members experiencing homelessness, and the Contra Costa County jail. Evaluation will include resident feedback, clinic preceptor assessments, and analysis of capstone project outcomes.
RESULTS/PRODUCT:
The distinction track has allowed residents to experience longitudinal patient care in underserved settings, develop leadership skills, and engage in advocacy and policy work. While formal evaluation is ongoing, early feedback has been positive, with residents reporting increased confidence in working with underserved populations and completing community-focused projects. Evaluation will include resident satisfaction surveys, preceptor feedback, and an assessment of scholarly project impact.
DISCUSSION:
The Community Medicine Distinction provides a valuable framework for developing residents' skills in community health, advocacy, and leadership. Preliminary outcomes suggest that the distinction meets residents' needs for deeper community engagement, preparing them for careers in underserved clinical settings.

Title: A-055 Epidemiology and Biostatistics Curriculum Development and Evaluation to Prepare Medical Students for Evidence-Based Practice

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose:
To describe the development and evaluation of an epidemiology and biostatistics curriculum integrated with other disciplines, equipping medical students with skills to practice evidence-based medicine (EBM).
Background:
Despite the importance of epidemiology and biostatistics in medical education, there is no consensus on how to integrate these subjects into the foundational sciences curriculum.1 Many programs teach them as standalone courses, often failing to connect critical appraisal of research studies with clinical application. To address this gap, UCSF integrated Epidemiology, Biostatistics, and Population Science (EBPS) throughout the curriculum, ensuring students develop skills to evaluate an ever-growing body of evidence.
Methods:
Curriculum was developed using an inquiry-based learning approach2 with progressive milestones. In Year 1, students become critical consumers of medical research. In Years 2 and 3, they apply evidence in clinical care. Advanced coursework in Year 3 teaches research design and analysis, preparing students to conduct research in Year 4. Key curricular enhancements included faculty development, new teaching materials featuring structured “cassettes” with lectures, small group sessions, journal clubs, case-based discussions, and weekly assessments, as well as peer teaching programs and faculty office hours. Evaluation metrics included student ratings of faculty efficacy, faculty feedback, and student performance on exams.
Results:
Following enhancements, student evaluations of faculty effectiveness improved from 3.8/5.0 (SD=0.52) in the first five years to 4.4 (SD=0.45) over the last two. Faculty feedback reflected greater satisfaction in teaching EBPS, citing improved student engagement and preparation for sessions. Additionally, the percentage of students scoring at or above the national average on the USMLE Step 1 EBM discipline increased from 87% to 94%.
Discussion:
The UCSF EBPS curriculum represents an integrated model for teaching epidemiology and biostatistics. By embedding these principles longitudinally and aligning them with clinical practice, the curriculum enhances students’ ability to critically evaluate new evidence to practice EBM.

2025 Education Showcase Abstracts

Title: A-056 Enhancing Clinical Education Through Generative AI-Powered Virtual Simulations

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: This project explores the integration of Generative AI-powered virtual simulations to enhance clinical education for NP students by providing immersive, interactive scenarios that replicate real-world clinical experiences and address issues of health equity.

Background: Generative AI offers a transformative approach to clinical education by creating interactive simulations that supplement traditional learning. These simulations can bridge gaps in resources and provide diverse, cost-effective educational opportunities. They address limitations in access to standardized patients and labs while exposing students to a broad range of patient demographics and clinical scenarios, fostering cultural competence and sensitivity to health disparities.

Methods: The project involves creating virtual simulations using various AI technologies: Versa for generating case variations, Midjourney for visual patient representations, WellSaid for audio components, and D-ID for realistic patient movements. Five different cases with a chief complaint of headache will be created. Students will complete the cases including collecting a history and vcreating a differential diagnosis, assessment statements, and treatment plans. Simulations will be integrated into the NP course site, and faculty oversight will ensure content accuracy and absence of bias. The study received IRB approval, and data will be analyzed through pre- and post-surveys, student feedback, and engagement metrics.

Results: We have created the three cases, and have piloted in a clinical reasoning course for graduate primary care nurse practitioner students. Nine students participated in total. Students completed both pre and post-tests. Results will be shared from pre and post test data and anaylsis of themes. Overall, students experienced satisfaction with the simulation.
Discussion: AI-powered simulations provide a valuable supplement to traditional clinical education, offering flexible, cost-effective learning opportunities. The results will guide future integration and scaling of these tools, with potential expansion across programs and broader educational settings.

Title: A-057 'What Would I Bring to a Professional Setting?': A Qualitative Study of Medical Student Self-Disclosure

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: What kinds of disclosures do medical students make in the clinical environment? By what process do they determine when to self-disclose?
BACKGROUND: Self-disclosure is crucial for fostering connection and resilience in professional settings (1,2); however, the norms governing this process in medicine are poorly understood. Existing research largely focuses on how attending physicians make disclosures about personal illness to colleagues (3), leaving gaps in understanding how medical professionals share most aspects of their personal selves at work and how this process occurs for medical students.
METHODS: Medical students at a single institution who had completed their core clinical rotations were invited to participate via survey. Participants were selected using maximal variation sampling for self-reported gender, race, sexual orientation, and disability status to complete one-on-one, semi-structured interviews. Interviews were transcribed, anonymized, and coded. We analyzed our data using constructivist grounded theory and secondarily with conventional content analysis.
RESULTS: We interviewed 9 participants. Interviews ranged from 38 to 67 minutes. Key findings include: 1) disclosures range in topic and depth from “mundane” to “off limits,” and personal identities influence how individuals categorize them along this spectrum; 2) disclosures often fall within a "negotiable middle space" on the spectrum, where disclosures defy ingrained norms for medicine and disclosure decisions are heavily influenced by personal, interpersonal, institutional, and cultural forces; 3) intellectual safety, the belief that cognitive disclosures will not be harshly judged, may be prerequisite for emotion-disclosures and certain identity-disclosures.
DISCUSSION: Medical students’ self-disclosures in the clinical environment include a wide range of topics and are influenced by several forces. Personal identities are particularly influential. Our findings have implications for fostering safety and connection in the clinical environment. Curricula on professional identity may benefit from explicitly discussing self-disclosure.

Title: A-058 Evaluation of a Visual Arts based Pilot Program on Healing Centered Engagement and Advocacy for First Year Medical Students

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: We present a program evaluation of (Un)Telling the Story: Healing Centered Engagement and Advocacy through Visual Arts, a pilot workshop for first-year medical students set in the San Francisco Museum of Modern Art (SFMOMA).
Background: Partnerships between art museums and medical institutions are increasingly popular for promoting empathy and communication skills1. However, few partnerships focused on social advocacy exist3, despite this area being a core feature of health humanities instruction2. We aim to use visual art to honor stories of marginalized communities and uncover assumptions through the trauma-informed care framework.
Methods: We designed a three-hour workshop at SFMOMA for first-year medical students during a Physician Identity week. Activities included four established health humanities pedagogies. Participants completed anonymous post-session surveys about workshop quality and objectives, an hourlong interview with workshop facilitators, and a Perspective-Taking scale of the Interpersonal Reactivity Index pre- and post-session.
Results: Seven students participated in the workshop. Six participants (86%) completed both the pre- and post-session surveys. All participants completed the post-workshop interview.
All participants would recommend this workshop to their peers. Six (86%) participants agreed that they felt more comfortable discussing structural trauma in the workshop compared to a classroom space. Six participants (86%) agreed that the workshop provided an opportunity to practice collaboration in constructing meaning for works of art. On the Perspective Taking scale, participants' scores for "trying to understand their friends better by imagining how things look from their perspective" increased post-session (mean score 3.17 vs 3.83, p=0.025).
Interview themes identified included feeling emotional connectivity to peers, developing an understanding of one's identity and biases, and appreciating the importance of centering the patient's voice.
Conclusion: The pilot program was overall well-received by students and suggests that visual art instruction coupled with trauma-informed care framework can broaden perspectives and recenter the patient's story.

2025 Education Showcase Abstracts

Title: A-060 Training Senior Gastroenterology Fellows as Endoscopy Teachers

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:

PURPOSE

To develop and implement a curriculum to teach senior gastroenterology (GI) fellows best practices in teaching endoscopy with opportunities for supervised practice.

BACKGROUND

GI fellows receive no formal training in teaching endoscopy, though evidence-based best practices and training courses exist for attendings. We previously performed a qualitative study exploring educational affordances and barriers of near pear endoscopy teaching without formal structure. [1] Near peer teaching was well received and perceived as especially beneficial for senior fellows. Development of a structured curriculum paired with near peer teaching may enhance these benefits.

METHODS

Using Kern's 6-step method, literature review and our previous study constituted needs assessments. We developed several goals and specific learning objectives. The curriculum was informed by experiential learning theory. Educational strategies included a video lecture, hands-on workshop, supervised near peer teaching sessions with feedback, and a reflective discussion with faculty centered on perspectives and approaches towards endoscopy teaching. Learner evaluation consisted of pre/post surveys, recorded feedback form, and direct observation of teaching competencies. Program evaluation consisted of pre/post surveys with additional group interviews and post-graduation follow-up planned.

RESULTS

4 senior fellows have completed the curriculum to date. Participants strongly agreed (average 4.75/5) that the curriculum improved their ability to teach endoscopy. Post-curriculum surveys indicated trend towards increased confidence in teaching endoscopy (2.25 vs 3/5, p=0.06) and delivering feedback (2 vs 3.375/5, p=0.004). Scores on every survey item measuring self-assessed knowledge or comfort with teaching specific endoscopic motor or cognitive skills increased compared with pre-curriculum scores. Learners consistently demonstrated 9/10 endoscopy teaching competencies; taking over the scope when learner unable to progress was less consistently demonstrated.

DISCUSSION

This curricular project demonstrates that training senior GI fellows as endoscopy teachers is feasible. Preliminary data, limited by the small number of participants to date, indicate positive changes on survey responses.

2025 Education Showcase Abstracts

Title: A-061 "You Don't Have To Explain What Is Understood:" Perceptions And Experiences Of Racial Affinity Group Caucusing With Minoritized Pediatric Residents

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:

PURPOSE

This study evaluated the perceptions and experiences of Black, Indigenous, and People of Color (BIPOC) learners participating in Racial Affinity Group Caucuses (RAGCs) within graduate medical education, examining their role in supplementing diversity, equity, and inclusion (DEI) curriculum to foster individual development towards antiracism.

BACKGROUND

The heightened awareness of anti-Black racism since 2020 has driven efforts in medical education to address racism as a root cause of health disparities. However, pedagogical approaches to cultivating antiracist learning environments remain underexplored. RAGCs, widely studied in K-12 education, have recently emerged in medical education. Our qualitative study explored the impact of RAGCs on BIPOC pediatric residents.

METHODS

Participants were recruited from graduates of the University of California, San Francisco (UCSF) pediatric residency program, which integrated RAGCs as a component of its DEI curriculum. Purposeful sampling was used to recruit ten former residents who attended at least one RAGC session from 2019–2021, and semi-structured 90-minute interviews were conducted. A constructivist approach and qualitative thematic analysis identified recurring patterns in participants' experiences and key insights.

RESULTS/PRODUCT

Three major themes emerged: (1) RAGCs created psychological safety by providing a supportive environment, (2) facilitated critical conversations about racism in medical education and patient care, and (3) reduced the burden on some BIPOC residents, mitigating the "diversity tax" – the unrecognized labor of advancing institutional DEI initiatives. Participants reported that RAGCs provided a strengthened sense of community, increased critical consciousness, and supported the integration of their racial and professional identities.

DISCUSSION

RAGCs demonstrate significant potential as a tool in medical education, promoting psychological safety, critical consciousness, and community among BIPOC learners. When integrated with antiracism curricula, RAGCs serve as an effective pedagogical strategy for fostering equitable learning environments. Future research should assess their impact in undergraduate medical education and explore broader implementation strategies.

Title: A-062 Unveiling Self-Regulated Learning Practices in Surgical Residents: A Scoping Review

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: Conduct a scoping review to map self-regulated learning (SRL) strategies used by surgical residents into a single collated resource
BACKGROUND: SRL is a challenging but proactive approach that can help surgical residents maximize learning among their many competing demands1. General frameworks for SRL in this population are discussed but lack a comprehensive list of strategies2.
METHODS: Following the Arksey and O'Malley framework, we searched five electronic databases (PubMed, Embase, Web of Science, Cochrane, CINAHL) on July 16, 2024. We included journal articles in English discussing SRL strategies utilized by surgical residents. Two team members independently reviewed abstracts, and six team members reviewed full texts in pairs with an initial calibration process and iterative conflict resolution. We characterized resident behavior by the three phases of Zimmerman's cyclical model of self-regulation: forethought, performance, and self-reflection3.
RESULTS: Twenty-three articles were included from 4493 abstracts screened. For forethought: (1) Residents preoperatively identified and communicated learning goals to faculty via email or educational timeouts; (2) Residents used various resources to review steps of procedures and anatomy of relevance in preparation for cases. For performance: (3) Mental rehearsal, or practicing motor tasks in one's mind, supported case preparation and skill retention for infrequent procedures, especially for senior residents; (4) Help-seeking behaviors included eliciting the expertise of supervisors and near peers through discussions of intraoperative tasks and procedural variations among faculty. For self-reflection: (5) Written, oral, or mental reflections of one's performance and experiences helped residents iteratively identify key learning points, areas of improvement, and reactions to clinical events.
DISCUSSION: Our scoping review identified specific strategies that surgical residents use to maximize SRL inside and outside of the operating room. The outlined SRL behaviors can help residents engage in practice-based learning and improvement by evaluating their current practices and considering new positive habits.

Title: A-063 Examining Clinical Algorithms in Medicine: A Case-Based Approach to eGFR, Spirometry, and ASCVD

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: To develop an interactive, case-based workshop for first-year medical students to critically appraise and examine the harmful impacts of race-based clinical algorithms in medicine
Background: Race-based clinical algorithms (ie.eGFR, spirometry, and ASCVD risk scores) are widely utilized in clinical decision-making, but misrepresent race as a biological rather than social construct—perpetuating inequities in clinical prediction, diagnosis, treatment, and outcomes for systematically marginalized patient populations. This curriculum was designed to elucidate the origins of key clinical algorithms, quantify differences between race-based and race-neutral approaches, and offer equitable alternatives in clinical practice.
Methods: This workshop was conducted for all 180 first-year UCSF medical students, collaborating with Justice and Advocacy in Medicine course faculty. We developed goals, learning objectives and a teaching guide with accompanying interactive exercises. The team comprised of a student researcher, content experts and the course directorship team, utilizing a three-part structure: (1) mini-lecture introducing each algorithm—eGFR, spirometry, and the ASCVD risk score calculator; (2) critique of key logical errors in prior studies promoting race-based medicine; (3) simulation in which students applied these algorithms to real-world clinical scenarios, comparing race-based versus race-neutral approaches in cardiac, pulmonary, and renal disease management. All participants were asked to complete evaluation surveys for this workshop as a part of the official course evaluation.
Results: Final results of official course evaluations are pending analysis at the time of abstract submission, but early qualitative responses indicated increased understanding of biases inherent to race-based algorithms, improved ability to apply race-neutral approaches, and greater recognition of disparities. Students highlighted the effectiveness of interactive, case-based learning in reinforcing clinical application.
Discussion: This educational intervention enhanced students' ability to contextualize clinical algorithms with real-world numerical values and future directions include expanding the curriculum to additional clinical algorithms and integrating this content at different levels of medical training.

Title: A-064 A Qualitative Needs Assessment of Mentorship Programs Across the University of California, San Francisco Department of Medicine

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: We aimed to provide a comprehensive needs assessment of current mentorship programs for trainees and faculty across the University of California, San Francisco (UCSF) Department of Medicine (DOM).
BACKGROUND: Mentorship is essential for academic physician career development; however, mentorship programs lack standardized guidelines and adequate prioritization. Across the DOM, the various divisions, internal medicine residency, and fellowship programs operate distinct, overlapping mentorship structures. We aimed to conduct a comprehensive overview and needs assessment of the DOM mentorship landscape.
METHODS: We conducted a qualitative needs assessment through structured interviews with key stakeholders, including DOM division chiefs, fellowship program directors, residency leadership, and other mentorship initiative leaders. Interviews explored existing mentorship structures, funding support, evaluation metrics, diversity equity and inclusion efforts, and implementation outcomes. Questions probed the effectiveness of current programs, challenges faced, and opportunities for innovation.
RESULTS/PRODUCT: Preliminary inductive thematic analysis of the 64 interviews revealed five key themes indicating a need for: [1] dissemination of best practices for mentorship programs across divisions, [2] financial and non-financial recognition of mentorship champions, [3] targeted support for specific physician groups (e.g. physicians with backgrounds underrepresented in medicine, early-career research faculty with funding gaps, and physicians requiring remediation), [4] creation of a centralized resource hub for professional development, [5] robust evaluation metrics to guide future improvements in mentorship programs.
DISCUSSION: This analysis identifies opportunities for targeted intervention to improve faculty and trainee development within the UCSF DOM, with findings applicable to other academic departments. Future efforts should prioritize developing clear recommendations for implementation, evaluation, and recognition of mentorship programs with centralized resource sharing to promote best practices.

Title: A-065 EPAs for Pathology: Development of Materials and Assessment Tools in Intraoperative Consultations

Notes

- **Abstract Characteristics:**
  We have designed a curriculum but haven't implemented it; there is no data.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
Purpose: To describe the development of materials and assessment tools for surgical pathology intraoperative consultation.

Background: Intraoperative consultation is very complex and is required once pathologists graduate from residency, but rarely do trainees have the opportunity to perform all components unsupervised. This limits trainee confidence and opportunity for competency. Entrustable professional activities (EPAs) are observable skills that define the practice of medicine, and the College of American Pathologists Graduate Medical Education Committee has published a recommended EPA for intraoperative consultation (1), prompting us to consider what educational materials and assessments we have to help the trainee to gain entrustment in this complex skill.

Methods: A review of the current involvement of Surgical Pathology Fellows at UCSF with intraoperative consultation practice formed a needs assessment. A lack of assembled educational materials was identified. Assessment tools and opportunities for evaluation toward a goal of entrustment were needed. A working group of faculty and academic educators designed resources to address these areas to address the gaps identified.

Results/Product: A curriculum was designed that provides educational materials, including unknown sets with opportunities for self-reflection. Also, assessment tools, including a trainee log and ad-hoc attending feedback consisting of retrospective O-SCORE as well as prospective entrustment, were developed. Faculty education is planned on the use of these tools, as well as 'in the moment' conversations to encompass ‘what-ifs’ and differential diagnoses.

Discussion: To meet the EPA for intraoperative consultation, we developed a curriculum and assessments to build trainee confidence and to receive feedback on this complex skill. We filled a knowledge and practice gap with a set of training materials for individual practice. We identified many opportunities to collect ad-hoc feedback that will facilitate a summative decision for this EPA. Undertaking this project strengthens our understanding of how to develop resident competency.

Title: A-066 Preliminary Exploration of an Exam Review Panel Coupled with Faculty Development Aimed at Improving Item Quality

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To evaluate perceptions of educators involved in exam development about an exam review process and faculty development intended to improve item quality.
BACKGROUND: Exam items can contain unintended flaws that affect the validity of examinations. Employing faculty development with an exam review panel of peer reviewers may help address item writing flaws and improve the quality of items. Studies have assessed feedback from item reviewers about the peer review process. However, the overall perception of course directors, item writers and reviewers on the effectiveness of an exam review panel following a faculty development training session is unknown.
METHODS: This was a cross-sectional study of faculty at the University of California, San Francisco (UCSF) School of Pharmacy. A survey to assess the effectiveness of a faculty development training and exam review panel was administered one academic year after these interventions were implemented. Descriptive statistics were used to summarize participants' demographics and responses. Short answer responses were thematically analyzed.
RESULTS: Twenty-seven out of 32 participants (84%) completed the survey. Seventy-eight percent participated in the training and 64% assembled an exam review panel. Over 60% of both course directors and item writers felt that the exam review panel improved the quality of the exam at least a moderate amount. Themes included: 1. Challenges with the exam review process, participants, and outcomes, 2. Positive views on the exam review process, participants, and outcomes, and 3. Proposed solutions to challenges with the pre-existing process.
DISCUSSION: This study demonstrated the feasibility and acceptability of implementing faculty development coupled with a review panel aimed at improving item quality. Next steps include exploring potential solutions to refine the exam review process and comparing the number of item writing flaws before and after convening the exam review panel.

Title: A-067 Preparing Underrepresented Advanced Practice Nursing Students' Transition to Underserved and Rural Primary Care Areas

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: Develop and implement a supplemental advanced practice nursing (APN) curriculum to prepare underrepresented APN students to successfully transition to primary care practice in underserved and rural areas.
BACKGROUND: Future APNs from underrepresented backgrounds face barriers at every stage of their education and transition to practice. Supporting the development of APNs will improve care for medically underserved patients and fill the need for future primary care providers in Federally Qualified Health Centers (FQHCs) in HPSAs, which will reduce health disparities and move towards health equity. Underserved Coalition for Bay Area Advanced Practice Training (UCBAAPT), a 4-year federally funded program, is centered on addressing these workforce gaps through a multi-pronged approach to implement curriculum that promotes individual strengths and advances wellness, resilience, transition to practice, and career connections.

METHODS: UCBAAPT recruited APN students from underrepresented backgrounds and provided tuition support along with clinical immersions in primary care. Following a gap analysis, UCBAAPT developed trainings in collaboration with UCSF Office of Restorative Justice Practices, UCSF Office of Career and Professional Development, and community clinicians from FQHCs. UCBAAPT Scholars participated in three focus groups and completed two exit forms to assess program satisfaction and post-graduation commitment to working in HPSAs.
RESULTS: 28 students from Family Nurse Practitioner, Pediatric Nurse Practitioner, and Nurse-Midwifery specialties were selected as Scholars in the first year and 57% self-identified as underrepresented minority and 75% from disadvantaged backgrounds. Scholars valued skills-based trainings, continuity of clinical placements, and career networking opportunities. Four months post-graduation (12/28), 50% of Scholars reported employment at FQHCs, 42% in primary care settings, and 42% in medically underserved communities.
DISCUSSION: UCBAAPT is well-positioned to prepare underrepresented APN students for a sustainable career providing primary care in HPSAs through the multi-pronged curriculum. Future offerings include mentorship from clinicians and additional skill-based trainings for managing complex patient panels.

Title: A-068 Bridging the Equity Education Gap: A Learning and Development Program for Faculty

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: To develop and evaluate a faculty development program to equip medical educators with the skills and confidence to teach trainees about health equity.

BACKGROUND: Most Diversity, Equity, and Inclusion (DEIJ) training focuses on trainees, while faculty who are expected to teach these topics are generally less prepared and may lack DEIJ training themselves 1. The need for longitudinal DEIJ curricula for residents has been also highlighted 2. In response to resident feedback, we revised an existing pediatric resident wards curriculum to integrate health equity topics. Prior to implementing the new health equity curriculum, we performed a local needs assessment of Pediatric Hospital Medicine faculty revealing more than half (55%) did not feel equipped to discuss health equity with learners in a classroom.

METHODS: To address identified gaps, we created an asynchronous workplace learning-based program. We utilized a workplace learning framework to develop resources such as speaker notes, demonstration videos, supplemental readings, office hours, and direct observation by a peer mentor 3. Faculty were assigned to deliver the resident lectures bi-weekly. After each lecture, qualitative feedback was elicited from faculty on the resources' effectiveness. Anonymous trainee surveys on lecture content and delivery were reviewed with faculty, creating a trigger for reflection on the training experience.

RESULTS/PRODUCT: During Jun-Dec 2024, 17 lectures were given by 11 faculty. Qualitative feedback revealed faculty view speaker notes and demonstration videos as the most valuable resources. Post-session evaluations completed by trainees revealed a mean satisfaction score of 4.6 (Likert 1-5, n=43) with 93% of trainees feeling "satisfied" or higher with the faculty's teaching on equity topics.

DISCUSSION: Our workplace-based faculty development program resources appear helpful in supporting medical educators to deliver equity focused didactics to trainees, as evidenced by initial trainee and faculty feedback. Next steps include collecting post-intervention faculty surveys.

2025 Education Showcase Abstracts

Title: A-069 Application Of Coaching Skills Across Contexts

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: This interpretivist qualitative study explores how coaches transfer coaching skills in multiple contexts, providing new evidence for benefits of coaching programs beyond the direct coach-coachee relationship. This transfer of skills demonstrates return on investment in coaching programs, and enhances efforts to strengthen cultures of teaching, learning, and educator wellbeing.
BACKGROUND: Coaching is growing as a pedagogical strategy in medical education. Despite benefits to learners, coaching programs are resource intensive, prompting a high demand for evidence of coaching effectiveness. To date, most evidence has focused on student satisfaction, technical skill acquisition, and impact on coaches themselves. Some literature suggests these outcomes may underestimate the true impact of coaching by failing to consider how coaches' learning and development can have beneficial effects beyond the students they coach.
METHODS: We conducted an interpretivist qualitative study using data from semi-structured interviews with current faculty serving as medical student coaches. The interview guide and coding template were created using concepts from literature on coaching and actor-oriented transfer. Actor-oriented transfer suggests that understanding how individuals "construe situations as similar" is important to understanding how learning and improvement of performance occurs. We analyzed data through an iterative process using template analysis.
RESULTS/PRODUCT: Based on eight initial interviews, we found multiple ways that participants transfer coaching skills in personal and professional roles. Participants described using skills, such as appreciative inquiry or critical self reflection, with other students, residents/fellows, colleagues, patients, family, friends, and themselves. We identified three main themes: (1) Transfer as generalization of coaching skills learning, (2) Transfer deepened participants functioning in other roles, and (3) Transfer has multi-level benefits for the individual and organization.
DISCUSSION: Coaches transfer coaching skills in multiple contexts, providing new evidence for benefits of coaching programs. This transfer demonstrates return on investment in coaches, and enhances efforts to strengthen cultures of teaching, learning, and educator wellbeing.

Title: A-070 Exploring Department of Medicine Trainees' Perceptions of the Feedback Culture at UCSF

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To explore Department of Medicine (DOM) trainees' experiences with feedback and perceptions of the feedback culture.
BACKGROUND: A prior study of UCSF DOM faculty experiences of feedback found that faculty perceive feedback as important but risky due to fear of causing emotional distress and fear of retaliation. Some faculty also perceived trainees as lacking interest in feedback. These findings suggest a problematic feedback culture, which prompted the current study of trainees.
METHODS: We conducted semi-structured interviews with DOM residents and fellows about their feedback experiences. Interviewers ask participants to share examples of experiences with receiving and providing feedback, describe whether they are receiving the feedback they need to grow as physicians, and share what types of feedback are most effective for their professional development. Interviews were conducted on zoom, recorded, transcribed, and de-identified. We have started reflexive thematic analysis of interviews.
RESULTS/PRODUCT: We have enrolled 33 participants and completed 6 interviews. Preliminary themes suggest that, in contrast to faculty perceptions, trainees desire more feedback, particularly timely, "on-the-fly" feedback. Feedback that is not communicated verbally and directly to the trainee fosters distrust in faculty and the training environment. Several participants who previously trained at other institutions perceived the feedback culture as less specific and direct at UCSF. However, some specialties at UCSF have succeed in cultivating feedback cultures in which trainees feel well supported by growth-oriented feedback.
DISCUSSION: Although data collection is ongoing, preliminary results indicate that trainees are interested in receiving direct, specific feedback on ways to improve their performance. While there is variability in the feedback experiences between different DOM programs, our current findings suggest the need for improvements to the feedback culture within the UCSF DOM.

Title: A-071 Patient Involvement in Residency Selection: Evaluation and Learnings

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To determine the feasibility and impact of involving patients in residency selection.
BACKGROUND: Patients are impacted by the care provided by residents, but excluded from selecting who provides care for their community. Patient involvement in trainee selection is a recommended strategy to improve equity, but evidence is lacking.
METHODS: This is a prospective medical education study at the UCSF Family and Community Medicine Residency Program. English and Spanish-language patient advisory council (PAC) members participated in interviews, paired with faculty to conduct triad interviews with students. We piloted a subset of triad interviews in 2022-2023, and scaled up to all interviews for 2023-2024. Two patients joined selection committee. We issued a post-survey to stakeholders and analyzed match demographics.
RESULTS/PRODUCT: The program conducted 127 interviews 2023-2024; 117 were with PAC members and 10 with staff when patients not available. 26 interviews were in Spanish. Sixty-three stakeholders completed the post-survey (32 students, 12 faculty, 11 patients, 6 residents/fellows, 2 staff).
39/51 (76.5%) of respondents rated this process as more valuable. 56/60 (93.3%) stated they were likely to participate in a similar process in future. 49/61 (80.3%) reported a positive impact on equity. 67.7% of students stated this process would positively impact the programs ranking (21/31). The 10-year average of matched residents identifying as under-represented in medicine (URM) from 2012-2022 was 45%. This increased to 87% in 2023, and was 71% in 2024.
DISCUSSION: We implemented a pilot and scale-up of patient involvement in residency selection with favorable impact on evaluation criteria and, unexpectedly, URM representation. This structure is a promising example of power-sharing with the community we serve and addressing patient-centered priorities. Next steps will involve qualitative inquiry of the impacts of this process as well as identifying logistical supports for programs to sustain such work.

Title: A-072 Controlled and Autonomous Motivations of High and Low EPA Users among General Surgery Residents

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: Explore how general surgery residents' motivations to complete Entrustable Professional Activities (EPA) assessments align with the basic psychological needs of autonomy, competence, and relatedness, as outlined by self-determination theory (SDT)1.
BACKGROUND: Since the American Board of Surgery introduced EPAs as the primary assessment framework for general surgery residents, completion rates have varied, partly due to systemic factors2,3. However, individual motivations also warrant exploration.
METHODS: We calculated the median number of EPA assessments for UCSF general surgery residents (PGY1-4) from 6/2023–6/2024, categorizing them as high (≥ median) or low (< median) users. Residents participated in semi-structured interviews. Using directed content analysis, we applied qualitative codes derived inductively and deductively from SDT principles to identify themes.
RESULTS: Nineteen residents were high EPA users (median=19), and 13 were low EPA users (median=11). We conducted 17 interviews with 11 high and 6 low users. Rather than differing in motivations, both groups shared similar perspectives on obtaining EPA assessments. Residents noted that most assessments were faculty-initiated, emphasizing the importance of faculty buy-in and identity as educators for successful completions. When residents sought assessments, their motivations stemmed from external regulators (e.g., graduation requirements, program expectations) and the needs for autonomy, competence, and relatedness. Residents' conflicting view of EPAs as both learning tools and administrative tasks affected their willingness to seek assessments autonomously. While a desire for mastery encouraged initiation, fear of negative evaluations that could challenge self-perceived competence often deterred residents from requesting assessments. Relatedness factors, including peer comparison of completion rate and performance, increased completions.
DISCUSSION: High and low EPA users share external regulators, faculty-related influences, and basic psychological needs underlying the motivation to obtain EPA assessments. Understanding these factors can optimize the design and implementation of EPA assessments to better support resident engagement in feedback processes.

Title: A-073 Walking the Walk: Transformational Educational Approaches to an Interprofessional Substance Use Disorder (SUD) curriculum

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE:
To create an interprofessional, simulation-focused, SUD curriculum that recognizes and dismantles stigma, by first conducting a transformational needs assessment focused on anti-oppression.
BACKGROUND:
Traditional curriculum development utilizes Kern's six step model to create incremental change in explicit curricula. For topics shrouded in oppression, like SUD, this is insufficient and educational ecosystem transformation is required to address the oppression that limits their potential to be taught in a way that can dismantle oppression. Educational ecosystem transformation involves addressing the curriculum and the ecosystem that hinders the curriculum.
METHODS:
Following the model for educational ecosystem transformation described by Satterfield et al, we will perform an expanded version of Kern's six steps by first conducting a needs assessment of the ecosystem surrounding SUD in the UCSF Schools of Medicine, Nursing, and Pharmacy, starting with SOM. The needs assessment is expanded to include the institution, policies, healthcare systems, and community around SUD and how oppression and stigma still persist in those areas.
RESULTS/PRODUCT:
In AY 2021-2022, we completed a traditional needs assessment of the explicit curriculum within the UCSF SOM. We created ideal learning competencies that prioritized anti-oppression and mapped them against the SOM Bridges Curriculum to locate strengths and gaps in the SUD curriculum. As we perform an updated and expanded needs assessment, these competencies that were previously mapped will be re-reviewed for curricular opportunities. We have started to look into the SUD ecosystem at UCSF, for example the employee policy around substance use that uses stigmatizing language.
DISCUSSION:
Though we completed an initial needs assessment of the explicit SOM curriculum around SUD, an expanded needs assessment needs to be done around the updated curriculum and its educational ecosystem. We will use this information to create a simulation learning experience in SUD that arms learners with the ability to address oppression.

2025 Education Showcase Abstracts

Title: A-074 Creating a Video-Based Curriculum to Help Residents Build Skills as Clinician Educators

Notes

- **Abstract Characteristics:**
  We have designed a curriculum but haven't implemented it; there is no data.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: To create a video-based curriculum (VBC), rooted in the Stanford Clinical Teaching Program (SCTP), to teach residents leadership and education skills.
BACKGROUND: Residency education focuses on clinical skills with minimal instruction in leadership and education. Some residencies have curricula targeting these domains; however, this is inconsistent across programs. For UCSF internal medicine (IM) residents, formalized leadership training is limited to two retreats between R1-R2 and R2-R3 years. The SCTP is a curriculum for clinical educators to enhance teaching skills. This project grounds clinical education skills from the SCTP framework and displays them in a n asynchronous VBC that demonstrates skills instrumental in leadership and education.
METHODS: We disseminated a needs assessment to 188 UCSF IM residents and had 46 respondents (24.5% response rate). We queried whether videos would be useful when transitioning to senior resident and identified domains of interest. Of those respondents, 100% wanted to further develop education skills and 87% stated interest in a VBC to do so. Most respondents were interested in promotion of understanding and learning climate. Scripts for clinical scenarios were written and reviewed by UCSF clinician educators. UCSF's Anti-Oppression Curriculum Initiative was consulted to ensure alignment with university principles. A film crew was hired to film at UCSF Kanbar Center, and UCSF trainees served as volunteer actors. Videos were edited into vignettes.
RESULTS: This VBC will be available for medical educators as a tool that can be used asynchronously or to facilitate discussions while training residents to become leaders and educators. The curriculum will be evaluated with surveys from participants.
DISCUSSION: This project aims to address the need for formal training on educational and leadership skills for IM residents by using a VBC. The next steps are to integrate this into the IM residency curriculum and potentially share our project with other programs.

2025 Education Showcase Abstracts

Title: A-075 Skin Deep: Representation of Skin Color in Preclinical Educational Materials and Lectures

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:

PURPOSE

Disparities in the visual and verbal representation of dermatologic conditions across skin tones in medical education contribute to diagnostic inequities, particularly for patients with medium skin (MS) and dark skin (DS). This study evaluates UCSF's preclinical curriculum to assess the extent to which skin tones are represented in both visual and verbal instruction.

BACKGROUND

Medical education has historically overrepresented light skin (LS) in dermatologic instruction, limiting diagnostic accuracy for MS and DS. While visual representation has improved, verbal instruction on how conditions present across skin tones remains underexplored.

METHODS

A cross-sectional analysis of UCSF's 2023–2024 preclinical curriculum examined 113 lectures and 6,385 slides. Eighty-seven conditions with visible skin findings were identified. Images were categorized as LS, MS, or DS, with MS and DS combined for analysis. Visual and verbal representations were coded as LS-only or inclusive of MS/DS.

RESULTS/PRODUCT

LS images accounted for 67% of all images, while MS and DS images comprised 33% combined (MS: 14%, DS: 19%), with the highest representation in infectious disease blocks (50% of all MS/DS images) but lower representation across other foundational science courses (MS/DS averaged 52% across blocks). Verbal descriptions referenced LS in 100% of cases across all blocks, while only 15% included any mention of MS/DS. Among the 87 distinct conditions analyzed, 95% had no verbal descriptions specific to MS/DS.

DISCUSSION

Comprehensive dermatologic training requires both visual and verbal instruction for accurate diagnoses. While some progress has been made in visual representation, LS remains predominant, and verbal gaps persist across courses with dermatologic content. Addressing these gaps by integrating visual and verbal explanations into all relevant lectures may enhance student knowledge and improve recognition of skin presentations across organ systems. Future work will assess the impact of these modifications on medical student competency and patient outcomes.

2025 Education Showcase Abstracts

Title: A-076 Curriculum Evaluation for Pediatrics 110 Core Clerkship

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: Given declining exam performance, the UCSF Pediatric Clerkship leadership used a systematic approach to evaluate and improve didactic content for the core Pediatric Clerkship.
Background: While clinical experiences vary based on site and season, didactic content establishes foundational knowledge for both clinical practice and success on the NMBE subject exam.
Methods: Using a participant-oriented evaluation approach, we identified key stakeholders: students, clerkship and site directors, Foundations 1 (F1) leadership, and the Committee on Medical Student Education in Pediatrics (COMSEP). Centering on the COMSEP Curriculum for Pediatric Clerkships, student feedback and leadership expertise, we mapped all pediatric content presented in F1 and F2. Gaps, redundancies and lower-priority content were identified. A new curriculum was developed and implemented, applying anti-oppressive approaches throughout. This updated didactic curriculum was implemented at the start of 2024 for F2 students in the block clerkship and the PISCES longitudinal integrated clerkship (LIC), but was not fully implemented for other LIC students (LIFE, KLIC-SF, KLIC-EB).
Results: We removed didactic sessions that were a) redundant with F1 content or 2) not part of the COMSEP curriculum. New sessions were implemented on Pediatric Cardiology, Well Child Care, FUO, Pediatric Fever and Shelf Preparation. Existing sessions were updated. Exam failure rate peaked at 15% in 2022, decreased to 9% in 2023, and further decreased to 6% in 2024. Block clerkship students demonstrated a higher pass rate than LIC students (4% vs. 12%).
Discussion: Our team sought to improve pediatric didactic content in F2, leveraging the COMSEP curriculum to map pediatric content across F1 and F2. Following implementation of this updated curriculum, we observed an improvement in our exam pass rate. While NBME exam success is multifactorial and our approach included additional interventions, this curriculum revision served as a critical foundation for clerkship improvement.

Title: A-077 Comparing Peer vs Near Peer Feedback in an At-Home Laparoscopic Curriculum

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:

Purpose

Assessing if asynchronous feedback by near-peers is superior to peer feedback for junior residents learning laparoscopic skills in an at-home curriculum.

Background

Simulation is an effective method for teaching laparoscopy, but access to skilled faculty instructors is limited. Previously we observed that peers give effective asynchronous feedback to one another, on par with faculty feedback (1). We hypothesized that near-peers (more senior residents) will share benefits seen in peer feedback, while exhibiting improved mastery and contextualization.

Methods

This was a convergent parallel mixed-methods study of PGY1-2 residents from four surgical programs. Learners completed a nine-stage curriculum with a variety of laparoscopic tasks. Participants uploaded videos of assignments to an online platform, with cohorts randomized for review by peers (same level) or near-peers (PGY4). Performance and task completion time on an in-person final assessment was compared with t-test. Qualitative analysis of semi-structured interviews compared peer and faculty feedback.

Results

Between peer and near-peer cohorts, there was no difference in total performance ($p=0.160$) or total time ($p=0.355$) to complete tasks. We interviewed 8 participants, and identified 3 themes. First, different accountability mechanisms relate to assessor role; we noted that peers have a sense of collaboration while working together, while expressing worry over their reputation among near-peers. Next, feedback acts a learning tool, as participants learn as they give and receive feedback, and evaluating one another provided a sense of community in the peer-feedback group. Third, much of the value of the curriculum is independent of asynchronous feedback; the rubrics largely standardize feedback regardless of assessor expertise, and learners valued the curriculum design including the video examples.

Discussion

Social learning and the learning environment were optimized in the peer, but not near-peer feedback group. There was no particular advantage in feedback quality given by near-peers.

Title: A-078 Creation and Implementation of an Interprofessional Curriculum in Weight Management

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Development Project

Abstract:
PURPOSE: Develop and implement an interprofessional curriculum for trainees in the schools of pharmacy, nutrition, and medicine to learn key principles of obesity medicine and practice interprofessional skills critical to caring for weight management patients.

BACKGROUND: Over 40% of American adults are affected by obesity1. With new anti-obesity medications, the demand for comprehensive weight management care delivered by an interdisciplinary team is higher than ever. To provide effective and safe care for patients with obesity, there is a need for more interprofessional training in weight management2.
METHODS: We created a 2-week interprofessional curriculum based at the UCSF Weight Management Clinic. Drawing from the 2024 Obesity Algorithm with input from expert clinicians in obesity medicine, we developed six interprofessional clinical cases focused on the key principles of obesity medicine: nutrition, physical activity, behavioral modification, and pharmacotherapy3. Interprofessional trainees alternated days working collaboratively through cases and seeing patients in the Weight Management clinic under the supervision of weight management physicians.
RESULTS: Two iterations of the 2-week interprofessional program have been implemented with 2 pharmacy students, 2 medical students, and 1 obesity medicine fellow. Preliminary evaluation of the curriculum, as informed by the Kirkpatrick Model, has included brief interviews between learners and the course director to assess learner reaction. Initial results have shown satisfaction with the knowledge learned in obesity medicine from clinical cases, applicability of case learning objectives to patient care, and appreciation of interprofessional collaboration in weight management.
DISCUSSION: We have demonstrated that creating and implementing an interprofessional curriculum in weight management is feasible. A formal evaluation of the curriculum, after several iterations of the program, will be conducted through collation of post-surveys completed by learners. This evaluation will be used to inform future iterations of the curriculum.

Title: A-079 Development of a Tool for Constructing Vignettes in Qualitative Health Professions Education Research

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: To describe development of a tool to create vignettes for qualitative health professions education (HPE) research.
Background: Vignettes, defined as stimuli (audio, text, images) that participants will recognize and respond to, are an elicitation technique in qualitative research.(1) Vignettes are valuable for HPE research because they can be used to discuss sensitive or rare yet critical situations.(2) Despite their utility, little guidance exists on how to develop vignettes, and much HPE research using vignettes does not explain how they were created.(3)
Methods: We reviewed literature on vignettes to create a tool researchers can use for vignette construction.(1,2) After creating vignettes with the tool, we evaluated the tools' utility by piloting the vignettes with eight participants. Participants responded to structured questions about the vignettes, and their responses guided tool revision.
Product: The tool prompts researchers to consider three categories when creating vignettes: Capturing Content (constructs/theories/frameworks relevant to the vignettes), Realistic Portrayals (authenticity of vignettes), and Presentation (delivery of vignettes to participants). Within each category, the tool asked questions (e.g. "What are the main topics presented in each vignette" for Capturing Content and "Are vignettes written in second- or third-person perspective?" for Presentation) followed by two columns, one to describe the current vignette, and one for questions or changes regarding that vignette element. The process of revising vignettes based on pilot feedback elicited topics not initially included in the tool (e.g. vignettes causing polarizing responses). As a result, we modified the tool to include a section on vignette piloting and to articulate the vignette's purpose in the study.
Discussion: Our tool for vignette construction identifies content, authenticity, presentation, and purpose as key elements in vignette development and offers guidance for vignette pilot testing. This tool can be used to standardize vignette creation and improve vignette quality in future research.

2025 Education Showcase Abstracts

Title: A-080 Development of a Statement of Awarded Responsibility to Facilitate the First Transition to Independence for Anesthesia Residents.

Notes

- **Abstract Characteristics:**
  This idea is under development
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: Development of a tool to designate CA-1 Anesthesia residents ready to progress from complete direct supervision to partial direct supervision.
BACKGROUND: Anesthesia residency training is marked by progressive levels of independent practice. The entrance to and completion of training has been studied; validated methods to assess readiness for increasing levels of independence during training is lacking. 1 Competency-based milestones provide a summative framework for progression from entrance to graduation without clearly defining internal transition points or prospective decisions.2 Entrustable professional activities (EPAs) and Statements of Awarded Responsibility (STARs) provide a structured process to apply multisource feedback to prospective entrustment decisions. The feasibility of defining and implementing EPAs in Anesthesia training has been proven.3 To our knowledge, STARs have not been developed. Our 1:2 STAR will define the readiness for transition from complete, direct supervision to partial supervision following the first month of Anesthesia training.
METHODS: Formation of a stakeholder group comprised of faculty and residents. Complete iterative Delphi rounds to form consensus on the quantity and type of feedback sources required to award a 1:2 STAR to a CA-1 resident.
RESULTS/PRODUCT: This project is in process; preliminary results from Delphi rounds are expected by the time of the Education Showcase. Criteria for awarding a 1:2 STAR will be defined.
DISCUSSION: Anesthesia training is marked by natural transition points toward independence. Our goal is to develop a novel STAR to facilitate a prospective, entrustment decision for the progression from complete direct supervision to partial supervision following the first month of Anesthesia training. Using input from both trainees and invested faculty we believe we can build a relevant and easily applicable tool to help define and award the first step to independence.

Title: A-081 Can I ask something in confidence?: Assessment of the Impact and Effectiveness of a Novel Subspeciality Confidential Advising Program for Internal Medicine Residents Applying to Subspecialty Fellowships

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
PURPOSE: To assess the rate of uptake and perceived effectiveness of a subspecialty confidential advising program for internal medicine (IM) residents applying to subspecialty fellowships.
BACKGROUND: Subspecialty fellowship is a common career path for IM residents. The application process can be difficult to navigate due to overlap in resident mentors and fellowship leadership, so residents may not feel comfortable asking sensitive question during the process. To address this gap, we developed a novel confidential subspeciality advising program.
METHODS: We developed and implemented a Subspecialty Confidential Advising program. Subspecialty faculty advisors were not part of the fellowship selection process. Use of the confidential advisors was voluntary. Residents and confidential subspecialty advisors were surveyed to evaluate efficacy of this program. Satisfaction was determined by Likert scale across various domains of advising.
RESULTS: Confidential advisor utilization among IM resident survey respondents was 11 of 22 (50%) in 2022, 8 of 17 (47%) in 2023, and 12 of 17 (70%) in 2024. Most respondents strongly agreed or agreed that confidential advisors were a valuable resource. Of the 31 residents who used an advisor, 24 (77%) trusted that they would keep concerns confidential, 24 (77%) said it was helpful to have a confidential mentor, 25 (80%) found a safe space for questions, 23 (73%) received helpful advice, and 26 (83%) would recommend future residents use the program. Advisors reported that the most common advising topics included: which programs to apply to, interviews, and post interview communication. The majority of advisors reported that the strongly or somewhat agreed that it was enjoyable to mentor residents, they would recommend others participate in the program, and they would be willing to serve as a confidential advisor again.
DISCUSSION: Our confidential subspecialty advising program is effective at supporting IM residents applying to fellowship. This program could serve as a model for other residency programs.

2025 Education Showcase Abstracts

Title: A-082 The Tea House Series: Interprofessional Antiracist Education

Notes

- **Abstract Characteristics:**
  Data for this innovation or evaluation is finalized in this abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: To evaluate the effectiveness of the Tea House Series for an interprofessional audience of clinical and administrative healthcare workers. The series is a dialogue-driven curriculum built on critical consciousness pedagogy.
Background: Structural oppression in healthcare manifests as inequities in access, outcomes, and experiences1. Dismantling structural oppression requires individual behavioral change and systemic approaches. The Series provides a space for dialogue and critical thinking, anchoring participants on data in their local institution to demonstrate inequities.
Methods: The Tea House Series was redesigned for interprofessional audiences through interprofessional education values and the Transformative Model for Evaluation to iteratively modify the five-session curriculum. Modifications included replacing medicine-specific terminology with inclusive healthcare language and incorporating institution-wide disparity data. Evaluation occurred after each session and at program completion (2021-2023, seven cohorts) using 5-point Likert scales measuring sense of belonging, learning objective achievement, and confidence in antiracist action, as well as structured free-response questions addressing curriculum effectiveness and motivation for change.
Results: Participant (n=86) demographics mirrored the institution's workforce composition, including clinical and administrative healthcare workers from the Schools of Dentistry, Pharmacy, Medicine, Nursing, Graduate Division, and Physical Therapy. Quantitative analysis revealed no significant differences between professional groups in sense of belonging. Learning objective achievement was strong, with 87.4-92.1% of participants reporting moderate or complete confidence across all objectives of the series. Participants demonstrated greater confidence in taking antiracist action at individual levels (98.2% at least slightly confident) versus institutional (97.3%) and structural levels (86.7%). Free-text responses highlighted how institutional data motivated change by revealing local disparities.
Discussion: Building on the Tea House Series' established effectiveness with single-specialty physicians, this modified curriculum shows success across interprofessional audiences2. An interprofessional learning environment is necessary for collective action; the foundation needed to dismantle structural oppression in our healthcare institutions.

2025 Education Showcase Abstracts

Title: A-083 Evaluation of an Interprofessional Critical Pedagogy Curriculum on Culturally Responsive, Community-Centered Healthcare Featuring the Documentary Film "A Place to Breathe"

Notes

- **Abstract Characteristics:**
  Data from this innovation or evaluation have been collected and some preliminary results are available to share in the abstract.
- **Abstract Category:**
  Curriculum Evaluation/Education Research

Abstract:
Purpose: We aim to evaluate a critical pedagogy curriculum for interprofessional learners on culturally responsive, community-centered healthcare, featuring the film A PLACE TO BREATHE.
Background: Inequitable hierarchies in society, healthcare, and health education negatively impact patients, providers, and students. To promote equity in medical education and healthcare, we designed an interprofessional curriculum about culturally responsive, community-centered healthcare.
Methods: Following Kern's curriculum development process, we designed a critical pedagogy curriculum that utilized 1) a documentary film, 2) didactics, and 3) large and small group dialogue. We piloted the 7-session curriculum with community health worker, health interpretation, acupuncture/Traditional Chinese Medicine, pharmacy, dentistry, nursing, and medicine students. The evaluation consisted of standardized observation, facilitator reflection, and student feedback including in-class/post-class feedback and pre-course/post-course surveys. The surveys included (true/false, Likert scale, open-ended) questions to assess changes in knowledge, attitudes, and confidence in skills.
Results: 12 students participated in the curriculum and evaluation. Standardized observation, student feedback, and facilitator reflection were used to iteratively improve the curriculum. Students found small group dialogue the most valuable pedagogical methodology for interrogating the traumatic impacts of hierarchies in education, healthcare, and society and learning about centering community wisdom and culturally rooted healing in healthcare. Students had high pre-course confidence in relevant knowledge and skills. Students gained knowledge and confidence across most domains, especially in their ability to describe culturally rooted care, culturally responsive care, and structural violence.
Discussion: Critical pedagogy is a process of reflecting on one's experience of oppression and analyzing oppressive forces in society in dialogue with others to develop critical consciousness to advance systemic change. Intentionally creating an expanded interprofessional learning community that includes community health worker, health interpretation, and acupuncture/Traditional Chinese Medicine students and centers on critically reflective dialogue is a promising practice to prepare learners to collaborate in providing culturally responsive, community-centered healthcare.