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Celebrating the Continuum of Medical Education: A Year in Review

Four years ago, UCSF undertook the redesign of our undergraduate medical education curriculum — its first redesign in fifteen years. Over 300 staff and faculty came together to design one of the most innovative curriculums in the country — one that sets out explicitly to improve healthcare for patients. This August, we officially launched Bridges: A Curriculum for the 21st Century Physician. To say this has been an exhilarating time is an understatement. I remain incredibly grateful for the talented deans, faculty, students, and staff who made this launch possible and I look forward to reporting the outcomes of this innovative and groundbreaking curriculum.

As we celebrate this landmark achievement it is important to reflect that undergraduate medical education does not exist in a vacuum but rather is part of a larger education continuum. The UCSF Resident and Fellow Quality Improvement Program laid the groundwork for the Bridges curriculum by proving that when education joins forces with clinical care, everyone thrives. All aspects of our medical students’ clinical learning experience are directly influenced by our partners in Graduate Medical Education (GME) and Continuing Medical Education (CME). Innovations at the residency program level improve and enhance medical student learning. CME-based faculty development workshops teach our faculty how to be better educators — to both medical students and residents. What happens in one corner of the medical system, impacts patients, learners, and educators.

For this reason, this edition of the *UCSF Medical Education Year in Review* shines the spotlight on the innovations within the UCSF Graduate Medical Education program. We have a lot of celebrate! In particular, the consistently forward thinking leadership of Associate Dean for GME and CME, Bobby Baron.

As you read through the accomplishments of our GME program, you will recognize several themes that resonate across the continuum of medical education:

- Improving healthcare for patients through quality improvement projects
- Addressing healthcare equity by building a more diverse and compassionate physician workforce
- Teaching physician resiliency and well-being

Whether you are a residency program director, undergraduate course director, or faculty member, I think you will find the innovations highlighted here encouraging and inspiring.

Sincerely,

Catherine R. Lucey, MD

Vice Dean for Education

*The Faustino and Martha Molina Bernadett Presidential Chair in Medical Education*
In 2015-2016, the University of California, San Francisco (UCSF) trained 1,478 residents and fellows in 26 residency, 62 ACGME/ABMS fellowship, and 87 non-accredited fellowship programs. As one of the largest graduate medical education (GME) programs in the United States, UCSF is leading the way in innovations in education, patient care, research, and community service. In partnership with UCSF Health, San Francisco Veterans Affairs Medical Center, and Zuckerberg San Francisco General Hospital and Trauma Center, as well as 60 additional training sites, we strive every day to provide our residents and fellows with the highest quality education and training, graduating some of the best doctors in the world.

In recent years, there has been significant national focus on improving the clinical learning environment. We now know that the quality, safety, and cost of care provided in the environment in which physicians train predicts the quality of their lifelong practice. As a result, GME programs around the country are increasing their work in six focus areas: patient safety, health care quality and equity, care transitions, supervision, fatigue management, and professionalism. UCSF has been at the forefront of this national conversation, particularly in the areas of patient safety and quality improvement.

Ten years ago we developed the UCSF Resident and Fellow Quality Improvement Incentive Program. This program, the first of its kind in the country, is an incentive program that gives residents and fellows three all-trainee goals in patient experience, quality of care, and cost of care. Each residency and fellowship program also has the opportunity to develop additional program-specific quality goals. This program has resulted in multiple innovative projects to improve patient care, including the development of an interprofessional curriculum, improving physician communication, and a medication reconciliation program.

UCSF’s longstanding work improving the clinical learning environment was recognized this year through a new competitive grant program, Pursuing Excellence, sponsored by the Accreditation Council for GME (ACGME). UCSF was selected as one of eight Pursuing Excellence Innovators across the country. Through the support of this grant, we aspire to be a national leader in further innovations and best practices in the clinical learning environment.

In March 2016, the “California’s Macy Regional Conference on Innovation in GME: Building a Better Workforce for Better Health” highlighted the innovative work done at UCSF and other GME institutions in the state of California. The conference, supported by the Josiah Macy Jr. Foundation and organized by UCSF, highlighted statewide examples of innovation in GME. Themes included new models of developing and financing GME, teaching and assessment of new competencies, the development of new sites and new inter-professional collaboration, and the use of innovative technology. UCSF presented innovations in resident and fellow well-being and resiliency; trainee engagement in quality improvement and patient safety; interprofessional learning; improving health equity; global health training; and building a more diverse workforce. We invite you to explore the work we are doing to improve our clinical learning environment and improve the lives of our patients.

Sincerely,

Bobby Baron, MD, MS
Associate Dean for Graduate Medical Education
Building a Better Workforce

California provides a poignant illustration of the problems plaguing modern health care, including lack of physician diversity, disparities in physician distribution and unequal access to quality care.

Solutions to address these problems and improve health care through graduate medical education (GME) in California were highlighted at the “California’s Macy Regional Conference on Innovation in GME: Building a Better Workforce for Better Health,” hosted by UCSF.

Sponsored by the Josiah Macy Jr. Foundation, the conference at UCSF was one of six regional sites chosen by the foundation to discuss what was needed and what could be done to improve the health of the public by improving GME.

The conference was the first of its kind in California, featuring 58 innovations in GME addressing the healthcare needs of the state – with 15 of them highlighted as oral presentations – and four national speakers, including the president of the Macy Foundation, George Thibault, MD.

The day’s presentations underscored the need for GME to focus not only on the competencies needed for the 21st century, but also for greater individualization; more diverse training settings with increased focus on interprofessional education and teamwork, and personal wellness to ensure that GME produces more humane and satisfied physicians.

“...The presentations demonstrated that innovations in GME are occurring even without expansion of federal GME funding. The residents and fellows are themselves working to build a better healthcare system.”

Bobby Baron, MD, MS
Associate Dean for Graduate and Continuing Medical Education

Find out more:
http://macyfoundation.org • http://tinyurl.com/GMEseries • http://tinyurl.com/GMEpresentations
The Accreditation Council for Graduate Medical Education (ACGME) has been increasingly focused on the quality of the clinical learning environments in which residents and fellows are trained. Last year, they challenged the GME community to help address issues of quality and safety in areas of trainee engagement, faculty development, interprofessional learning and strategic integration between GME and health systems.

UCSF was one of eight graduate medical education training sites nationally to receive a competitive grant last year from ACGME through its Pursuing Excellence in Clinical Learning Environments initiative.

Over four years, the UCSF team will focus on enhancing resident engagement in quality improvement work that is already underway in UCSF Health around lean management health techniques, which includes defining the process, implementing changes, analyzing the outcomes and proposing further improvements.

“With Pursuing Excellence, we aim to create a seamless integration of residents and fellows into UCSF’s lean management system to develop the problem-solving skills of providers and staff in continuous improvement efforts,” says Bobby Baron, MD, MS, Associate Dean for Graduate and Continuing Medical Education.

“The idea is to get residents more engaged in that work,” he says. “Through this process, we think we will address more goals, including faculty development, interprofessional learning and training residents in quality, safety, and value, so that patients will experience better care.”

Find out more: http://www.acgme.org/What-We-Do/Initiatives/Pursuing-Excellence/Overview
Up to 80 percent of residents suffer from “burnout,” feeling overwhelmed and exhausted, according to recent research.

“There are a lot of feelings of depression and burnout among residents, especially in their first year,” says Eve Ekman, PhD, MSW, a postdoctoral fellow at UCSF’s Osher Center for Integrative Medicine. “They are not given explicit training or support on how to manage these feelings and how to adapt them into everyday life.”

These stressful feelings can lead to decreased empathy and suboptimal care for patients and can result in medical errors. Ekman is bringing the power of meditation to try to address the health and wellbeing of the doctors themselves — to increase residents’ resiliency and ultimately improve health care delivery.

In a pioneering effort, she has brought a mindful-based intervention to residents in internal medicine, pediatrics and family medicine as part of a pilot program she launched last year.

Ekman admits that some of the participants are suspicious of the touchy-feely nature of her course, with one resident even going so far as to declare that it was “so San Francisco… this isn’t going to help me!” She notes that by the end of the training, this person was a frequent user of meditation practices during difficult times at the hospital.

The curriculum, Supporting Provider Resilience by Upping Compassion and Empathy (SPRUCE), involves three separate but overlapping skill sets. First, participants learn about emotions and how to recognize the experience of anger, enjoyment, shame and sadness in particular.

They then learn how to manage these emotions through meditation. “Meditation obviously can help with relaxation, but what it really helps us do is train our attention and to tolerate and deal with difficult and disturbing emotions,” says Ekman.

Finally, residents learn how to take advantage of social support, facilitated specifically to reinforce what is learned about emotions.

Ekman relies heavily on evidence and what is known from science about stress and stress reduction for her program. She hasn’t yet analyzed the mountains of data she has collected from participants, but the qualitative interviews with residents about their experiences are promising.

“It confirms that there is a significant amount of palpable distress for these residents and that there is a great need for these type of trainings,” she says.

People may resist the idea of meditations, for example sending compassion to the patients they can’t really help, but I counter with: ‘What is the other option? Numb out, beat yourself up about it? How else can you manage these stressful feelings?’ That seems to resonate with a lot of people.”

Eve Ekman, PhD, MSW, postdoctoral fellow at UCSF’s Osher Center for Integrative Medicine
The official job description for a GME program coordinator tends to focus on administrative responsibilities, including keeping up with national accreditation requirements and hospital policies; maintaining trainee and program data; managing program recruitment efforts; and managing finances, human resources, and program systems. What is often not evident from the job description is that the program coordinator is an integral member of the program leadership team, functioning as the administrative partner to the program director while at the same time serving as the front-line contact for his/her residents and fellows.

But still this does not adequately describe the role.

“The program coordinator plays a key role in supporting the well-being of the trainees on a daily basis, whether it’s answering a health insurance question, problem-solving simple or complicated issues, or just listening when a resident or fellow needs support,” says Amy Day, director of Graduate Medical Education. “They are an amazing group of professionals who care a tremendous amount about their programs, and more importantly their residents and fellows,” Day says.

Program coordinators have an impact in all aspects of their programs. For example, they are often the first people to review applications and therefore play an important role in advocating for women and under-represented minorities. “Overall we help shape what our programs look like and the values we want to reflect through the people who match with our programs,” says Miriam Gray, a program coordinator for radiation oncology, who is also a member of their diversity committee that launched this year.

UCSF has nearly 130 program coordinators for its more than 160 ACGME and non-ACGME training programs, and their roles vary slightly, depending on the size of their residency or fellowship programs and how many programs each supports.

To provide program coordinators with professional development and networking opportunities, Day has created program coordinator milestones and a development curriculum, which includes monthly meetings, workshops, and networking events to better connect the coordinators to each other and to provide them with the support they need to do their very best work. This curriculum has received national attention as every GME institution looks for ways to innovatively support their program coordinators and their important work.

Increasingly, their jobs are evolving. “More than just administrative tasks, the more personal side of trainee well-being is becoming part of my job description over the last couple of years,” says one of the Department of Surgery’s residency program coordinators, Rachelle Bresnahan, who has been working in residency education for 12 years. While the department is working on a more formal well-being program, she lends her ear to residents fearful of going to leadership with all types of personal and private issues, from relatives passing away and relationship troubles to depression and workplace burnout.

“We have tried to provide a safe haven where they can come to us to express their feelings confidentially.”

Ultimately, supported trainees make better doctors. “The program coordinators do what they do because they love their residents and fellows and take pride in the fact that they are helping develop the best physicians in the country,” says Day.
FACULTY

Maurice Garcia, MD, Assistant Professor of Urology – for founding the UCSF transgender genital surgery clinical program and pioneering curricula for residents on the social, clinical and surgical elements of transgender surgery, including helping develop the first of its kind, a national CME course on “The Anatomy of Gender Transition.”

Jeanne LaBerge, MD, Professor of Radiology – for spearheading the establishment of the first new independent specialty with the American Board of Medical Specialties in more than 20 years: Interventional Radiology, which allows residents to enter this discipline more efficiently.

Sumant Ranji, MD, Professor of Medicine and Associate Program Director of the Internal Medicine Residency Program – for being the major force in advancing patient safety and quality in graduate medical education, including forming a month-long rotation for first-year residents to provide training in procedures, quality and safety, and helping develop the position of Chief Resident for Quality and Safety in the internal medicine residency program.

Sandrijn van Schaik, MD, PhD, Associate Professor of Pediatrics – for outstanding leadership and ongoing innovation efforts for resident and fellowship advancement and dedication to medical education, mentorship and the well-being of trainees.

RESIDENTS & FELLOWS

Wendy Feng, MD, Resident in Psychiatry – for creating an innovative resident wellness curriculum for residents that included massage, meditation, Tai Chi, and yoga, which additionally served to inform and educate psychiatry residents’ work as mental health care practitioners.

Kimberly Kallianos, MD, Resident in Radiology and Biomedical Imaging – for stewarding the Patient Care Fund as the co-chair of the Resident and Fellow Council for the past two years, which successfully funded more than a dozen projects under her leadership, bringing significant benefits directly to patients.

Lekshmi Santhosh, MD, Fellow in Pulmonary & Critical Care Medicine – for developing a new interest group to foster learning, mentorship and collaboration within critical care, improving curriculum and advocating for the needs and well-being of fellows.

Luz Silverio, MD, Resident in Emergency Medicine – for making extraordinary contributions to the emergency medicine residency program as a clinical educator, developer of novel teaching tools and writer of a popular online blog about orthopedic injuries.

Corinna Zygourakis MD, Resident in Neurological Surgery – for taking a leadership role in addressing the UCSF-wide goal of decreasing costs of care her project, “OR Surgical Cost Reduction,” and for conducting a pilot survey of UCSF residents about their financial well-being, with a focus on cost of living.

GME STAFF

Awarded for doing a bit of everything for their programs and doing it well, making improvements to processes along the way. The nominators of these exceptional staff members raved about their contributions to their residency and fellowship programs, excerpted below.

Martha George, Program Coordinator for the UCSF-East Bay Surgery Residency Program
“Martha is the glue by which our program is held together. She not only does the innumerable duties of a coordinator, but performs the jobs of five other administrative staff members.”

Sara Hoover, Program Coordinator for Pediatric Pulmonology, Neonatal-Perinatal Medicine, Pediatric Hospital Medicine, and Neonatal Neurology
“Sara is a pillar for the other members of the pediatric program coordinators’ team, which she helped create and grow...Sara has found the perfect balance between a respectful and understanding attitude towards the trainees’ busy schedules, and diligent persistence to ensure that all regulatory requirements are met.”

Twinkle Patel, Team Manager, Program Coordinators for Pediatric Fellowships
“Twinkle manages to perform any role necessary to support her staff in finding success. She’s a manager, a coordinator, a collaborator, an innovator and much more. She works hard to produce a healthy and proficient work environment that enables the fellowship unit to accomplish more than meeting deadlines and completing requests by fellows and faculty.”

Sharon Salapare, Program Administrator for the Psychiatry Clinical Training Programs
“In all that she does, Sharon is always willing to problem-solve, is unflappable, and is a true team-player... Through her tireless efforts, Sharon has greatly increased the educational experiences of residents, fellows and psychology trainees.”
Harini Sarathy, MD, MPH

Clinical Fellow in the Division of Nephrology

As an immigrant from Mumbai, India who wants to pursue medical research, Harini Sarathy is “highly visa-bound,” as she puts it. “It’s an issue for most of us foreigners because we don’t get access to some of the highest institutes of learning due to visa issues,” she says.

Given her research aspirations, she says it was almost a shock that the Division of Nephrology was willing to sponsor her as a foreign-trained physician to be a research fellow. “I feel like this fellowship program chose me,” she says. “It was so welcoming, with so many others from different countries who found a place here. I didn’t find that to be true at some of the other places I interviewed.”

Sarathy’s love of nephrology began with a childhood steeped in mathematics. Although in the Indian educational system, she entered medical school straight out of high school, she had a math teacher mother and an engineer father, so she had longed to pursue something involving mathematics.

The opportunity to combine medicine and math came in 2007 when she moved to the United States to attend a public health program in biostatistics and epidemiology. Missing clinical work, she later decided to enter an internal medicine residency, where a large part of her patient population was on dialysis for kidney problems.

Working with kidney disease patients cemented her career goal. “Nephrology marries the best of studying human physiology and math,” she says. “In fact, you have to like numbers if you want to be a nephrologist, because the field is all about the numbers.” Most kidney disease is diagnosed through blood work values.

Sarathy’s research focus is on understanding how patients with kidney disease can manage their hypertension more effectively, as it manifests differently in people of different races. “My interaction with patients fuels my research, and my research is all about improving patient outcomes,” she says. “They are intertwined in what I do to make numbers meaningful.”
We now have a huge number of residents and fellows engaged in quality improvement projects that they are designing through our Resident and Clinical Fellow Quality Improvement Incentive Program. This program creates a unique partnership in which trainees make meaningful contributions to the health system, and are rewarded for it. It results in improved patient care, and pays off both educationally and financially.

Glenn Rosenbluth, MD, Director of Quality and Safety Programs, GME
Amanda Johnson, MD, MBA
Resident in Internal Medicine, Primary Care

At a very young age, Amanda Johnson was already well aware of racial and social inequity issues. In the early 1990s, her family lived near Los Angeles where her African-American father was reluctant to drive with them on the freeways, apprehensive of subjecting his daughters (Johnson is the oldest of six girls) to potentially being pulled over and interrogated by police. Her family moved back to Milwaukee in 1992, where she grew up in the neighborhood that was the site of the Summer 2016 protests following a police shooting.

By the time she had her first real science class in the fourth grade, she had decided she could tackle social injustice by becoming a doctor. “The combination of being able to apply science and address a social need was particularly appealing,” she says.

With an unwavering desire to address social change through medicine, Johnson chose to go into primary care, focused on vulnerable populations. “I think every health care provider can be an advocate for things like housing and mental health resources and education, but I think it resonates most strongly coming from primary care, where these issues are foundational to the health of the people we are taking care of,” she says.

Beyond advocating directly for her patients, Johnson takes part in a number of initiatives to increase diversity in medicine at the resident and faculty levels. She has also developed educational materials for residents to address disparities in hypertension among African-American patients as part of a broader curriculum in primary care practice transformation. “Hypertension inequity is far more multifaceted than just prescribing medicines,” she says.

Medical opinion speaks volumes, says Johnson, and she is dedicated to leveraging her impact in whatever ways she can. For example, she had a diabetic patient who was under house arrest with a surveillance anklet on her foot. “It was dangerous in addition to being incredibly dehumanizing and surveillance could be performed in other ways,” says Johnson, so she wrote a letter to have the anklet removed, explaining that the foot was at risk of amputation otherwise.

“I feel like we should speak up and help protect our patients’ health however we can,” she says.
Teaching Patient Safety Through an Interprofessional Curriculum

Challenging situations occur all the time in healthcare settings, from incorrect medication or vaccinations to a late diagnosis of cancer or a patient death. Instead of blaming an individual healthcare provider or dwelling on the negative outcome, an innovative new curriculum aims to give learners a way to process adverse events and medical errors by focusing on the system and how they can help improve it.

In “Outpatient Systems Analyses – An Interprofessional Curriculum to Teach Patient Safety,” trainees choose a case from their clinic experience at the San Francisco VA Health Care System. Through interviews and chart review, they identify safety problems, differentiate between the individual and systems factors and focus on error prevention.

Because errors are occurring in real clinics where professionals of different fields work alongside each other, the curriculum includes students and residents in medicine, nursing, nutrition, psychology, pharmacy and social work, says Associate Professor of Medicine Maya Dulay, MD, who is the associate director for clinical care and education of the SFVA’s interprofessional Education in Patient Aligned Care Teams (EdPACT) Program.

By bringing together multiple disciplines, an interprofessional team can find ways to approach safety problems from a variety of different perspectives and experiences – to yield deeper insights into errors happening in the systems and begin to think about what solutions might prevent them in the future.

“People often think, mistakenly, that if we just try harder or have more education, we will have less errors. We know that is not true,” says Krista Gager MS, RN, AGNP-BC, an assistant professor of nursing, who was a nurse practitioner trainee at SFVA and is now faculty with EdPACT. “Actually, how to take care of patients safely is by letting them and other providers know what is going on.”

The new curriculum reinforces the importance of communication and teambuilding, which are also at the core of EdPACT.

Dulay notes that there is a big difference between “team-based care” and “high functioning team-based care.” “If a team is dysfunctional, you actually see more burnout and dissatisfaction and patients perceive the miscues between team members,” she says. The curriculum focuses on interprofessional team-building skills: collaboration, conflict resolution, respect for team members’ different roles and a culture of constructive and reinforcing feedback so all team members get better at what they are doing.

“Our aspiration is that after trainees go through our program, they know how to foster a higher function for the teams they work on in the future,” says Dulay.

Nurse practitioner Kristin Weaver and physician Maya Dulay check the schedules for the patient-aligned care teams.

Find out more: http://tinyurl.com/edpact
Teaching Doctors How to Communicate More Effectively to Reduce Errors

Medical errors are responsible for between 50,000 and 250,000 deaths per year in the United States. “The sad truth is that despite everyone having the best of intentions, we can make errors that can result in harm to patients,” says Professor of Pediatrics and Residency Program Director Daniel West, MD.

While there can be many causes of medical errors, the majority are from communication errors, he says. Many of those occur during transitions in care, when responsibility is being passed off from one provider to another.

“There is a lot of good data to suggest that when we transition patients from one provider to another, we are not doing as well as we think we are,” says Associate Clinical Professor of Pediatrics and GME Director of Patient Safety and Quality Glenn Rosenbluth, MD.

Borrowing from the technique of high reliability communication methods used by the aviation industry in particular to significantly reduce communication errors and improve safety, an initiative called I-PASS targets the most common transition in care: when a change of shift occurs within the hospital wards.

The I-PASS program is focused on residents but could apply to anybody doing patient handoffs at a change of shift.

The comprehensive training program that Rosenbluth and West helped develop with collaborators at nine other children’s hospitals across the US and Canada uses standardized communication principles, such as always talking about the same type of information in same order so the person receiving the information knows what to expect. Another key principle is using “check backs” where the person receiving the handoff repeats a summary of the information to demonstrate they fully understand.

With the implementation of I-PASS, Rosenbluth, West and their colleagues showed that total medical errors decreased by 23 percent and errors that harmed patients decreased by 30 percent – without increasing the time to do transitions. “People were not taking longer, just talking differently,” says West.

After those findings were published in the New England Journal of Medicine, Rosenbluth and West are working with their colleagues to disseminate I-PASS to 32 other training programs across the United States.

“Not only are we identifying gaps in communication but we are actually providing a strategy to reduce those gaps,” says Rosenbluth.

When viewed through the lens of competency-based medical education, I-PASS is a prime example of the idea that trainees should be able to demonstrate a level of skill in competencies that are essential to providing the care that society needs in the 21st century. “How good are you at giving patient handoff?” becomes directly connected to patient outcomes that actually matter, such as error reduction and improving patient safety.

“I think I-Pass is a really great step toward a future of competency-based medical education that is patient-outcome centered,” says West.
Improving Health Equity Through Alignment of Residency Training Programs

“Health equity” is achieved when every person has the opportunity to attain his or her full health potential without barriers due to social issues, according to the Centers for Disease Control and Prevention. Attaining this requires addressing inequalities, injustices and healthcare disparities – requiring healthcare professionals to be equipped with the knowledge and skills to intervene at the intersection of medical and social care.

“Zuckerberg San Francisco General Hospital and Trauma Center attracts residents interested in health equity issues, many of whom want to pursue careers of clinical practice and advocacy work in the service of vulnerable populations,” says Laura Gottlieb, MD, MPH, associate professor in the department of family and community medicine. Residency programs and special program tracks based at ZSFG often address aspects of health equity with their trainees, but those programs traditionally have existed in disciplinary siloes. There wasn’t any standardization or collaboration across programs on topics relevant to all trainees, such as leadership, advocacy, community engagement and quality improvement.

Last year saw the launch of the Zuckerberg San Francisco General Training and Education Programs for Underserved Populations (STEP UP), a program to strengthen and align the different programs at ZSFG that train residents in care for vulnerable populations.

STEP UP spans across UCSF residency programs, and currently includes faculty and residents representing the departments of Family and Community Medicine, Emergency Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology and Psychiatry.

“As an institution, UCSF is trying to more fully commit to not just improving health but improving health equity,” says Gottlieb. “Strengthening and aligning the various training programs that are focused on serving vulnerable populations is one key step on the way to meeting this challenge.”

Find out more:
http://stepup.ucsf.edu • http://tinyurl.com/CompMap
Fellowship Program Provides Practical Global Health Skills

The world’s healthcare needs are shifting. On a global scale, healthcare workers are increasingly managing chronic illnesses and creating sustainable health systems, rather than primarily responding to infectious disease outbreaks and humanitarian emergencies. Many of the chronic conditions that are leading causes of death – including cancer, diabetes, heart disease and stroke – can be prevented or treated if the right resources are available.

The Health Equity Action and Leadership (HEAL) Initiative aims to transform the view of global health to consistently deliver care to those in need by providing skill sets to health professionals who have a deep commitment to health equity and social justice – both domestically and abroad.

“We recognized that the will to do good in underserved areas doesn’t mean that you have the skills to do so,” says Joseph Scarpelli, MPH, program manager of HEAL in UCSF’s department of medicine. “We’ve seen a lot of well intentioned healthcare workers flounder or burn out.”

The HEAL Initiative provides a supportive environment and mentored training so healthcare workers can not only live and work in low-resource settings, but thrive, whether that be an under-served area of the United States or a developing country. “We want to make serving the poorest of the poor a viable choice for our fellows,” says Scarpelli.

Half of the HEAL fellows (49 total in the program’s second year) are medical fellows in the United States, at sites such as the Navajo Nation or federally-qualified health centers in urban and rural settings. These fellows rotate every six months between domestic and international sites during the two-year fellowship, but never actually practice at UCSF.

The other half of the fellows are interdisciplinary employees at partner sites in Haiti, India, Liberia, Malawi, Mali, Mexico, the Navajo Nation and Nepal. These fellows went through local education systems and remain employed at their sites. “We really value the unique perspective of the people who are already doing the work,” says Scarpelli. “It brings an important voice to the conversation that would be lacking if it was just UCSF-trained physicians practicing global health.”

The program emphasizes inter-professional partnerships. “It doesn’t make sense to train only doctors to go to these places to serve, when a whole care team makes up global health delivery,” says Scarpelli. Teams include nurses, doctors of different disciplines, social workers and community health workers who reach those who would otherwise be neglected by health care.

HEAL launched in 2015 and the first class will complete their two-year cycle in 2017.

“We want to make serving the poorest of the poor a viable choice for our fellows.”

Joseph Scarpelli, MPH, program manager of HEAL

Find out more: https://healinitiative.org
An e-mail arrived in Christopher Fee, MD’s inbox that illustrates the power of achieving diversity in the healthcare workforce. The mother of an African American child being seen in the emergency department by two women – an African American attending physician and another under-represented in medicine resident – wrote to convey her daughter’s amazement that those were actually her doctors.

“In many ways that is a small success, a little joyful experience, but it means everything,” says Fee, a professor of emergency medicine. “That girl saw these two physicians that might change her outlook, and who knows, 15 years down the road maybe she will be applying to our program.”

The UCSF Emergency Medicine residency program, which Fee directs, is committed to enhancing diversity within its program, as well as more broadly throughout emergency medicine and the medical profession overall.

The residency program is a prime example of working toward achieving diverse representation. About forty percent of the current first year class is underrepresented in medicine.

Enrichment of the percentage of those underrepresented in medicine is achieved in a number of ways. One step is by rejecting standard cutoffs on metrics such as board scores. The department has also invested in nearly doubling the number of applicants invited to return for a second look, where travel expenses and hotel are covered.

“In the grand scheme of things the price is well worth the potential gains of having more applicants come and feel welcomed, and the diversity it brings to our program,” says Fee. He credits a years-long effort by his predecessor, his department’s leadership, faculty and “innumerable others” in working to increase diversity.

The department’s Residency Diversity Committee plays a critical role in recruiting a broad representation of residents. Led last year by Kai Romero, MD, who was in her last year of residency, the committee is a resident-directed group dedicated to diversifying the program.

“Once you start having more under-represented minorities, more feel like it is a place that welcomes them and they want to go there,” says Romero. “We have spent a lot of time trying to figure out the best way to do that,” which includes outreach to medical students before it comes time to apply to residency programs.

All the effort pays off ultimately, both for helping the residents develop cultural sensitivity and understand their patients’ choices, and for the patients themselves.

“It is incredibly reassuring to a patient to be able to interact with a provider who they feel understands them,” Romero says. “It doesn’t have to be someone of the same ethnicity or same cultural background, but having a diverse group working together benefits everyone and certainly helps our patients to feel heard.”

“Increasing the Diversity of Residency Programs to Build a More Representative Workforce

Christopher Fee, MD, Professor of Emergency Medicine

In the grand scheme of things, the medical professional workforce should look like the people they are taking care of, whether that be an emergency department or a primary care clinic or an operating room.”
Michael Garcia, MD, MS

Resident in Radiation Oncology

At the age of four in Santa Fe, NM, Michael Garcia decided that he wanted to be a doctor after witnessing his mother being diagnosed with, and surviving, cervical cancer. He recalls that even at such a young age he was impressed with the amount of time his doctors spent with her and how they took time to explain what was happening.

When it came time in medical school to choose a specialty, he knew he wanted a field dealing with cancer and he was particularly drawn to the field of radiation oncology, which entailed significant face-to-face time with patients. He also appreciated the two-pronged approach for treating cancer that radiation provided: It not only could be used to cure cancer, but also to provide relief from symptoms.

“The palliative care aspect of radiation oncology was very appealing to me,” says Garcia, who had two close uncles who suffered greatly from cancer toward the ends of their lives.

“Even after someone is cured of cancer, they can suffer from its emotional effects long after, and worry about it coming back,” he says.

His mother’s experience was the first of many scenarios he is all too familiar with now: hearing the word “cancer” can immediately invoke fear and panic of death and suffering. “Having a provider attuned to a patient’s background and cultural understanding about medicine and disease can help educate them and alleviate the fear that accompanies a cancer diagnosis,” he says.

Toward this end, one of his major interests is increasing under-represented minorities in the field of radiation oncology. He has started a radiation oncology interest group in the medical school to increase awareness of the specialty and he serves on the radiation oncology diversity committee.

Garcia and a female attending physician saw a female Latina patient recently who summed up the issue of representation, he says. “She told us, simply, that it was nice to see people like her take care of her.”
Born to a young teenage mother, Peter Movilla, MD, experienced not only adversity, but a tough young mom who pushed him to pursue his education.

His mother was only 14 when she had Movilla, dropping out of the sixth grade when she became pregnant. By age 17 she had three young children and had separated from Movilla’s father. With unstable housing, the family moved frequently and by the time he reached fifth grade, Movilla had attended five different schools in New Jersey.

But the unwavering force throughout his unsteady childhood was a focus on education. “From a very young age, my mother instilled in me the value of education,” says Movilla. “Nobody in my family had ever even gone to college, and for her, it was important that we become educated to overcome all of the socioeconomical hardships that we faced on a daily basis.”

In medical school, Movilla gravitated to obstetrics and gynecology with a desire to help women like his mother who spend their lives grappling with women’s rights issues involving education and reproductive health. He knew he definitely could relate to the challenges of a single mother trying to work, go to school and take care of kids at the same time.

“I see some of the socioeconomic burdens that my family faced growing up brought up in visits with first-time moms,” he says. “It isn’t just about their health but also their education or their financial situation affecting their health.”

Movilla’s background keeps him connected to his patients, ever watchful for the role he can play not only in their health but in helping them with social services or helping overcome barriers to education. He also shares his mother’s story for inspiration: she is attending college to become a surgical technician, and he may even get to work with her some day.
Programs at a Glance

The School of Medicine is home to 1,478 graduate medical education trainees — residents and fellows taking part in 180 different programs. Fourteen of our 26 core residency programs are ranked in the top 10 in the nation; nine of those are in the top five and three (Dermatology, Neurology, and Neurosurgery) are ranked number one.

<table>
<thead>
<tr>
<th>Residency Program</th>
<th>No. Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>86</td>
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<tr>
<td>Child Neurology</td>
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<tr>
<td>Dermatology</td>
<td>20</td>
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<tr>
<td>Emergency Medicine</td>
<td>51</td>
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<tr>
<td>Family Medicine</td>
<td>45</td>
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<tr>
<td>Internal Medicine</td>
<td>178</td>
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<tr>
<td>Medical Genetics</td>
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<tr>
<td>Neurological Surgery</td>
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<td>Neurology</td>
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<td>Nuclear Medicine</td>
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<tr>
<td>Obstetrics and Gynecology</td>
<td>35</td>
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<tr>
<td>Ophthalmology</td>
<td>15</td>
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<tr>
<td>Orthopaedic Surgery</td>
<td>35</td>
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<tr>
<td>Otolaryngology</td>
<td>18</td>
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<tr>
<td>Pathology-Anatomic and Clinical</td>
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<tr>
<td>Pediatrics</td>
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</tr>
<tr>
<td>Plastic Surgery</td>
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<td>Preventive Medicine (General, Public Health, Occ Med, Aer)</td>
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<tr>
<td>Preventive Medicine (Occupational &amp; Environmental Medicine)</td>
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<tr>
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<td>Radiation Oncology</td>
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<td>Radiology-Diagnostic</td>
<td>55</td>
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<tr>
<td>Surgery</td>
<td>56</td>
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<tr>
<td>Surgery (East Bay) Program</td>
<td>40</td>
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<tr>
<td>Thoracic Surgery</td>
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<tr>
<td>Urology</td>
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<td><strong>TOTAL</strong></td>
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<table>
<thead>
<tr>
<th>Fellows by Department</th>
<th>No. Fellows</th>
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<tbody>
<tr>
<td>Anesthesia</td>
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<tr>
<td>Dermatology</td>
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<td>East Bay Surgery</td>
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<tr>
<td>Emergency Medicine</td>
<td>5</td>
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<tr>
<td>Family Community Medicine</td>
<td>3</td>
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<tr>
<td>Internal Medicine</td>
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</tr>
<tr>
<td>Neurological Surgery</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>Obstetrics &amp; Gynecology</td>
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<tr>
<td>Ophthalmology</td>
<td>6</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>10</td>
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<tr>
<td>Otolaryngology</td>
<td>2</td>
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<tr>
<td>Pathology/Lab Medicine</td>
<td>19</td>
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<tr>
<td>Pediatrics</td>
<td>76</td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Radiology</td>
<td>34</td>
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<tr>
<td>Surgery</td>
<td>62</td>
</tr>
<tr>
<td>Urology</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>540</strong></td>
</tr>
</tbody>
</table>

Resident and Fellow Diversity

- White/Caucasian: 757 / 54%
- Asian: 426 / 31%
- African American/Black: 67 / 5%
- Hispanic/Latino: 91 / 6%
- Other: 39 / 3%
- American Indian/Alaskan Native: 9 / 1%
As he saw costs for a quality medical education continue to increase, Steven Schroeder, MD, recognized the vital need for private support for medical students, and stepped up to help at UCSF.

But then he has always been a forward thinker. Dr. Schroeder chose medicine over law because he wanted to explore new possibilities rather than old texts. He co-founded one of the nation’s first university-sponsored health maintenance organizations, during his very first faculty appointment, at George Washington University, and founded one of the first academic divisions of general internal medicine, at UCSF. He began tobacco control research in an era when U.S. smoking rates were still very high and cigarettes were sold alongside aspirin in pharmacies.

Today, he is a Distinguished Professor of Health and Health Care at UCSF and director of the UCSF-based Smoking Cessation Leadership Center, a national program office of the Robert Wood Johnson Foundation.

While he and his wife, Sally, also support their undergraduate and graduate institutions – Stanford, Harvard, and Smith College – they’ve been associated with UCSF for the better part of 40 years.

“It struck me that UCSF is more a part of my life than any other institution,” he says. “What I like about UCSF is that it’s got wonderful values, a public service mission, and does a very good job at selecting students and residents who are smart and diverse, have character, believe in service, and are generous of spirit.”

Generosity of spirit can likewise characterize the Schroeders. At UCSF, they have provided annual funding for medical student research since 2011, and have thus far helped six students complete summer research projects related to health policy and society.

Additionally, in 2013, they established the Steven and Sally Schroeder Endowed Scholarship at the UCSF School of Medicine; the third Schroeder Scholar has just been awarded for the 2016–17 academic year. The Schroeders have met the scholars and learned about their studies – and have been inspired by their stories.

One Schroeder Scholar, a medical student set to graduate in 2018, plans to return to her underserved community in California’s Central Valley. “Your support has allowed me to recommit myself to the decision I made before entering into medical school and know the financial burden of this education will be secondary to my mission of helping others when I graduate,” she wrote to the Schroeders.

Schroeder says that the couple considers it a privilege to give to UCSF students, and hopes more UCSF faculty and friends will support bright young scholars.

“An investment in young people is one of the best ways to use money that I can think of, especially the talented, often altruistic young people here at UCSF,” he says. “I hope that, with support, these students will be able to craft their own careers, independent of debt.”
Medical Education Fundraising

FY16 GIVING BY DONOR CATEGORY

2,000

125

100

75

50

25

Total Donors: 2,170
- Degreed & Resident Alumni: 1,906
- Faculty: 59
- Other Individuals: 107
- Corporations & Foundations: 98

FY16 TOTAL GIFTS & NEW PLEDGES
Total: $3,387,043
- Current Funds: $2,220,244
- Endowment Funds: $1,166,797
**Scholarship at a Glance**

- **HONORS AND AWARDS**
  (national, international and regional)
  to 152 faculty and trainees

- **GRANTS**
  awarded, funded by 29 funding agencies

- **PUBLICATIONS**
  124

- **PRESENTATIONS**
  158

- **WORKSHOPS**
  114

- **TOTAL LECTURES, PRESENTATIONS AND WORKSHOPS**
  in 21 countries

- **INVITED LECTURES**
  given by 72 faculty and staff
  (2014 lectures totaled 167, 2013 totaled 76)
HONORS & AWARDS

NATIONAL AND INTERNATIONAL HONORS AND AWARDS

- Ascher, Nancy. International Liver Transplant Society (ILTS) Distinguished Service Award, Chicago, IL.
- Autry, Amy (Meg). Editorial Board Obstetrics and Gynecology, American Congress of Obstetricians and Gynecologists (ACOG).
- Brock, Tina. Best oral presentation award at the Monash Pharmacy Education Symposium for: A “flipped” pharmacy student-led pharmacology course for physiotherapy students: Trading medicines information for flexibility, Prato, Italy.
- Chang, Anna. 2015, D. W. Reynolds Foundation 2nd Place Product of the Year.
- Goldman, Jonathan. Fellow, Faculty Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom.
- Martinez, Alma. LMSA Faculty Award, Latino Medical Student Association.
- Peters, Tymothi. The 2016 Unsung Hero Award, Society for Academic CME.
- Pitzen, Roger. Dr. Michael Adams Award for Teaching Medical Students, Georgetown University School of Medicine.
- Rennike, Stephanie. 2016 Ray E. Helfer Award for Innovation in Medical Education from the Academic Pediatric Association for “Shared Decision Making: A Multi-Site Education Bundle Improves Patient Engagement and Communication during Inpatient Rounds.”
- Saba, George. 2016 Visiting Professorships. University of Modena, School of Medicine & University of Bologna, Modena, Bologna, Italy. Societa Italiana Psicologia e Psicoterapia Relazione, Rome, Italy.
- Satterfield, Jason. 2016 Ray E. Helfer Award for Innovation in Medical Education and selected for the Presidential Plenary Session.

REGIONAL HONORS AND AWARDS

- Ascher, Nancy. 2015 Chancellor Diversity Awards for Promoting Women’s Excellence, UCSF.
- Fulton, Tracy. Class of 2018, Long Award for Excellence in Teaching, UCSF School of Pharmacy.
- Fulton, Tracy. Dean’s Innovation in Education Award, UCSF School of Pharmacy.
- Hastings, Jennifer. Lifetime Achievement Award, Diversity Center of Santa Cruz.
- Mitrovic, Igor. Apple Award for Excellence in Teaching (Fall and Winter), UCSF School of Pharmacy.
- Perkins, Jennifer. “Mentor of the Year” Passing the Scalpel organization, UCSF.
- Robertson, Patricia. Honoree, Glide Memorial Church, San Francisco for our Undergraduate Research Internship Program for Under-represented Pre-med Undergraduate Students from University of California, Berkeley.
- Rohde, Dana. Apple Award for Excellence in Teaching, UCSF School of Pharmacy.
- Saxe, JoAnne. 2015 Hartford Institute for Geriatric Nursing Scholar, UCSF.
- Sklar, Diane. 2016 David Lawrence Community Service Award, Kaiser.
- Teherani, Arianne. 2016 University of California Faculty Climate Action Champion for the University of California, San Francisco campus, University of California Office of the President.
- Teherani, Arianne. 2016 Faculty Sustainability Award, UCSF.
- van Schaik, Sandrijn. 2016 Pathways Program Mentoring Award, UCSF.
- Wilson, Elisabeth. 2015 AAMC Arnold P. Gold Humanism Award.
- Wilson, Elisabeth. 2016 Gold-Headed Cane, Faculty Induction.
- Xenoudi, Pinelopi. Excellence in Academics Award, American Dental Education Association (ADEA) and John C. Green Society, UCSF.
SCHOOL OF MEDICINE
CONVOCATION AWARD WINNERS

Teaching Excellence Award for Cherished Housestaff (TEACH)
- Casey Ward, MD, Department of Surgery
- Emily Abdoler, MD, Department of Medicine
- Kareem Moussa, MD, Department of Ophthalmology
- Jasmine Rassiwala, MD, MPH, Department of Medicine
- Lekshmi Santhosh, MD, Department of Medicine

Teaching Award for Clinical Faculty
- Peter Ganz, MD, Department of Medicine
- Sirisha Narayana, MD, Department of Medicine
- Vanja Douglas, MD, Department of Neurology
- Taft Bhuket, MD, Department of Medicine at Highland Hospital

Osler Distinguished Teaching Award
- Elisabeth Wilson, MD, MPH, Department of Family and Community Medicine

ESSENTIAL CORE TEACHING AWARDS (ECTA)
- Abul Abbas, MBBS, Pathology. Inspirational Teacher
- Lundy Campbell, MD, Anesthesia. Excellence in Faculty Small Group Instruction
- Gabriela Dellapiana, MD, MS4, Graduated Class of 2015. Excellence in Student Small Group Instruction
- Gurpreet Dhaliwal, MD, Medicine. Outstanding Lecture
- Tracy Fulton, PhD, Biochemistry and Biophysics. Innovative Teaching
- Brandon Imber, MD, MS4, Graduated Class of 2015. Excellence in Student Small Group Instruction
- Andrew Leavitt, MD, Laboratory Medicine. Commitment to Teaching
- Alexander Levy, MD, Internal Medicine. Outstanding Foundations of Patient Care Preceptor
- Erin Mathes, MD, Dermatology. Outstanding Foundations of Patient Care Preceptor
- Ryan Padrez, MD, Pediatrics. Excellence in Faculty Small Group Instruction
- Barnard Palmer, MD, MEd, Surgery. Outstanding Lecture Series
- Gina Solomon, MD, MPH, Medicine. Outstanding Contribution to an Elective

HENRY J. KAISER AWARDS FOR EXCELLENCE IN TEACHING
- Danielle Campagne, MD, FACEP, Emergency Medicine – UCSF Fresno. Excellence in the Fresno Medical Education Program
- Lundy Campbell, MD, Anesthesia. Excellence in a Classroom Setting
- Cheryl Jay, MD, Neurology. Excellence in an Ambulatory Care Setting
- Alexander Levy, MD, Internal Medicine. Excellence by Volunteer Clinical Faculty
- Jonathan Nye, MD, Psychiatry. Excellence in an Inpatient Care Setting
VOLUNTEER CLINICAL FACULTY AWARDS

Charlotte Baer Memorial Award
- Susan Buchbinder, MD, Medicine

Special Recognition Award Recipients
- John Brown, MD, Emergency Medicine
- Elizabeth Johnson, MD, Family and Community Medicine
- Jeanne Quivey, MD, Radiation Oncology

UCSF EXCELLENCE AND INNOVATION IN GRADUATE MEDICAL EDUCATION AWARDS

Program Administrator Awards
- Martha George, Surgery
- Sara Hoover, Pediatrics
- Twinkle Patel, Pediatrics
- Sharon Salapare, Psychiatry

Faculty Awards
- Maurice Garcia, MD, MAS, Urology
- Jeanne LaBerge, MD, Radiology
- Sumant Ranji, MD, Medicine
- Sandrijn van Schaik, MD, PhD, Pediatrics

Resident and Fellow Awards
- Wendy Feng, MD, Resident Physician, Psychiatry
- Kimberly Kallianos, MD, Clinical Fellow, Radiology
- Lekshmi Santhosh, MD, Clinical Fellow, Medicine
- Luz Silverio, MD, Resident Physician, Emergency Medicine
- Corinna Zygourakis, MD, Resident Physician, Neurosurgery

ACADEMIC SENATE DISTINGUISHED FACULTY AWARDS

Distinction in Teaching Award
- Jennifer Babik, MD, PhD, Medicine
- Janet Koo Shim, PhD, Social & Behavioral Sciences, School of Nursing

Distinction in Mentoring
- Sheri Weiser, MD, MA, MPH, Medicine
- Susan Kegeles, PhD, Medicine

TEACHING SCHOLARS PROGRAM (TSP) GRADUATES

- Denise Connor, MD, Medicine, VAMC. Graduating Medicine Residents’ Perceptions of Diagnostic Reasoning.
- Denise Davis, MD, Medicine, VAMC. Mentoring Across Racial, Ethnic and Power Differences.
- Rosalind De Lisser, RN, MS, NP, Community Health Systems. Interprofessional Faculty Needs Assessment for Behavioral Health Teams.
- Amber Fitzsimmons, PT, MS, DPTSc, Physical Therapy. Evaluating Social Responsibility in Physical Therapy Education.
- Lynn Flint, MD, Medicine, Geriatrics. Developing an Integrated Geriatrics and Palliative Care Fellowship.
- Caitlin Hasser, MD, Psychiatry. Interprofessional Faculty Needs Assessment for Behavioral Health Teams.
- Atif Qasim, MD, Medicine. Understanding Differences in Expert and Novice Interpretation of Cardiac Ultrasound.
- Brian Schwartz, MD, Medicine. Assessing Infectious Diseases Physicians as Teachers and Role Models in Early Medical Student Education.
- Jaekyu Shin, PharmD, Clinical Pharmacy. Incorporating MyDispense, a Computer Program Simulating Community Pharmacy Practice, into Therapeutics II.
TEACH FOR UCSF
CERTIFICATE PROGRAM

Certificate in General Teaching: *Completed 35 hours of instruction with skills assessments.*
- Annette Carley, RN, MS, NNP, PNP, FHCN Administration, School of Nursing
- Denise Connor, MD, Medicine
- Kaissa De Boer, BSc, MD, Medicine
- Darren Fiore, MD, Pediatrics
- Shruti Kant, MD, Emergency Medicine
- Ellen Laves, MD, Pediatrics
- Ingeborg Schafhalter-Zoppoth, MD, Medicine, California Pacific Medical Center
- Hilde Schjerven, PhD, Laboratory Medicine
- Jaekyu Shin, PharmD, Clinical Pharmacy

Certificate in Clinical Teaching: *Completed 18 hours of instruction with skills assessments.*
- Lena Fenik, MD, UCSF Fresno
- Valerie Gruber, PhD, Psychiatry
- Margarita Sotelo, MD, Medicine

Certificate in Simulation Teaching: *Completed 24 hours of instruction with skills assessments.*
- Darren Fiore, MD, Pediatrics
- Thorsten Smul, MD, Anesthesia

AAMC TEACHING FOR QUALITY (TE4Q) CERTIFICATE
- Atkinson-McEvoy, Lee R.
- Baron, Robert B
- Bekmezian, Arpi
- Chang, Anna
- Chen, Lee-May
- Chodos, Anna
- Crevensten, Henry
- Eilers, Helge
- Fisher, Weston
- Fogh, Shannon
- Haehn, Melissa
- Hess, Christopher
- Jain, Shonul
- Kobashi, Brent
- Lai, Cindy
- Leard, Lorriana
- Lucatorto, Rachael
- Lyndon, Audrey
- Mazotti, Lindsay
- McGrath, Mary
- Mittal, Pooja
- O’Brien, Bridget
- O’Sullivan, Patricia
- Polevoi, Steven
- Ranji, Sumant
- Rao, Rajni
- Rennke, Stephanie
- Rosenbluth, Glenn
- Sehgal, Niraj
- Shunk, Rebecca
- Tabas, Jeff
- Tice, Jeffrey
- Van Osdol, Sheri
- VanSchaik, Sandrij
NEW MEMBERS

- Jennifer Babik, MD, PhD, Medicine
- Angel Chen, RN, MSN, PNP, Family Health Care Nursing
- Denise Davis, MD, Medicine
- Mitchell Feldman, MD, Mphil, Medicine
- Ivan Gomez, MD, FAAFP, Family & Community Medicine
- Claire Horton, MD, MPH, Medicine
- Conan MacDougall, PharmD, MAS, BCPS, Clinical Pharmacy
- Steven Pletcher, MD, Otolaryngology–Head and Neck Surgery
- Sumant Ranji, MD, Medicine
- Josette Rivera, MD, Medicine
- George Saba, PhD, Family & Community Medicine
- Stacy Sawtelle Vohra, MD, Emergency Medicine
- JoAnne Saxe, DNP, ANP-BC, FAAN, Community Health Systems
- Nicole Schroeder, MD, Orthopaedic Surgery
- Justin Sewell, MD, MPH, Medicine
- Christopher Stewart, MD, Pediatrics
- Patrick Treseler, MD, PhD, Pathology
- Ram Vaderhobli, DDS, MS, Preventive and Restorative Dental Sciences
- Naomi Wortis, MD, Family & Community Medicine

MATCHED ENDOWED CHAIR PROGRAM (CURRENT ACADEMIC YEAR)

- Andrew Goldberg, MD, MSCE, FACS, Roger Boles, MD Academy Chair in Otolaryngology Education
- Ann Poncelet, MD, William G. Irwin Endowed Chair
- Glenn Rosenbluth, MD, Academy Chair in the Scholarship of Teaching and Learning
- George Rutherford, MD, Salvatore Pablo Lucia Chair in Preventive Medicine
Anesthesia and Perioperative Care
- Anne Donovan, MD
- Monica Harbell, MD
- Gail Shibata, MD
- John Turnbull, MD

Biochemistry and Biophysics
- Geeta Narlikar, PhD

Cellular and Molecular Pharmacology
- Kevan Shokat, PhD

Dermatology and Pediatrics
- Kelly Cordoro, MD

Emergency Medicine
- Esther Chen, MD
- Christopher Fee, MD
- Jacqueline Nemer, MD
- Evelyn Porter, MD, MS
- Eric Silman, MD

Emergency Medicine and Clinical Pharmacy
- Zlatan Coralic, PharmD

Emergency Medicine and Pediatrics
- Steven Bin, MD

Family and Community Medicine
- Laura Gottlieb, MD
- Isabel Lee, MD
- Lydia Leung, MD
- Kristen Pellegroun, MD
- Margaret Stafford, MD
- Katherine Strelkoff, MD

Laboratory Medicine
- Lamorna Swigart, PhD

Medicine
- Soraya Azari, MD
- Nitish Badhwar, MD
- Danielle Brandman, MD, MAS
- Anna Chodos, MD
- Jessica Eng, MD
- Stanley Fong, MD
- Gerald Hsu, MD
- Joel Karliner, MD
- Leah Karliner, MD
- Mary Margaretten, MD
- Kenneth McQuaid, MD
- Mary C. Nakamura, MD
- Nha-Ai Nguyen-Duc, MD
- Peter Sayre, MD, PhD
- Scott Steiger, MD
- Steve Tringali, DO
- Neil Trivedi, MD
- Jinoos Yazdany, MD, MPH

Microbiology and Immunology
- Elizabeth Joyce, PhD

Neurological Surgery and Pathology
- Joanna Phillips, MD, PhD

Neurology
- Jeffrey Gelfand, MD
- Howard Rosen, MD
- Tina Shih, MD

Obstetrics, Gynecology and Reproductive Sciences
- Margaret Chen, MD
- Naomi Stotland, MD

Ophthalmology
- Saras Ramanathan, MD

Orthopaedic Surgery
- Alexis Dang, MD

Pathology
- Kuang-Yu Jen, MD, PhD
- Rageshree Ramachandran, MD, PhD

Pediatrics
- Nelson Branco, MD
- Charnjeet Brar, MD
- Michael D. Cabana, MD, MPH
- Eric Crossen, MD, MPH
- Eliza Hayes Bakken, MD
- Jyothi Marbin, MD
- Holly Martin, MD
- Sue Rhee, MD
- Elizabeth Robbins, MD
- Ted Ruel, MD

Physiology
- Loren Frank, PhD

Psychiatry
- David Donovan, PhD
- Steven Lieske, MD, PhD
- Patrick O’Reilly, PhD
- Joshua Woolley, MD, PhD

Radiology and Biomedical Imaging
- Michael Hope, MD
- Liina Poder, MD
- Elissa Price, MD

Surgery
- Jonathan Carter, MD
- Emily Finlayson, MD, MS
- Hobart Harris, MD, MPH
- Matthew Lin, MD
- Lygia Stewart, MD
GRANTS

EXTRAMURAL


**INTRAMURAL**

**Innovations Funding Grants**

The Haile T. Debas Academy of Medical Educators, in collaboration with the UCSF Program in Interprofessional Education and the UCSF Library and Center for Knowledge Management, awarded 20 new Education Innovations Funding awards for the 2016-2017 academic year. Totaling $309,742, these intramural grants make significant contributions to educational excellence at UCSF. Working collaboratively to integrate programs and resources expands our capacity to provide the campus community with more efficient and effective support that leverages creative partnerships, raises the visibility of scholarly work in education, and reaches successfully across traditional domains in education.

Our collaboration of three UCSF programs that fund education innovations addressed a range of priorities in education of students and trainees at UCSF. The call resulted in an unprecedented crop of strong proposals. Thus, we sought and identified additional funding partners including the Department of Medicine at Zuckerberg San Francisco General and Tideswell™ at UCSF. The three UCSF programs share responsibility for reviewing the submissions.

- Abdoler, E. Standardizing Learning for Advanced Medical Students through a Comprehensive Toolkit for the Creation of Supplemental Electronic Curricula.
- Birch, K. Integrating Care through the Division of Population Health: An Interprofessional Clinical Elective (ICE).
- Huang, E. Making the Conversation Meaningful: On-the-ground Investigation of TAASE as a Novel Tool for Intraoperative Assessment.
- Kohlwees, J. Creation of a Learner-Driven GME Evaluation Network for Internal Medicine Resident and Fellowship Programs.
• Larouche, J. Just-in-Time Competency Based Clinical Orthopaedics Teaching.
• Lo, D. What Does it Take? Creating an Attending and Staff Development Kit for Inpatient Interprofessional Teams.
• Mackin, L. The AWV Curriculum: An Innovative, Accessible Curriculum Designed to Prepare Interprofessional Healthcare Providers to Conduct the Medicare Annual Wellness Visit (AWV) in a Primary Care Group Visit Format.
• Mills, L. and Imbert, E. Improving Adherence with Relationship-Centered Communication for Diverse and Vulnerable Populations.
• Morgan, S. Training Healthcare Professionals to Identify and Respond to Victims of Human Trafficking.
• Narayana, S. Bridging the Gap: Using Hypothesis-Driven Physical Exam to Mold the 21st Century Physician.
• Naunheim, M. Teaching Observation Program (TOP) in the Operating Room.
• Nguyen, R. Word on the Wards – An Interprofessional Health Coaching Program.
• Porter, E. Financial Education for Academic Residents (FEAR).
• Rapp, J. Video Acquisition for Case-Based Surgical Resident Education.
• Thomas, L. Development of a Competency-Based Curriculum to Enhance Resilience and Professionalism in Residency Through Near Peer Leadership.
• Weiss, R. Patients Teaching Providers: Using Videotaped Patient Narratives to Train Empathic, Patient-Centered Providers.
• Yukawa, M. Interprofessional Students Education at a Skilled Nursing Home.

OTHER INTRAMURAL
• MacDougall, C (PI). Branched-Logic Online Cases as a Tool for Enhancing Clinical Simulation in Medical and Pharmacy Curricula. Troy C. Daniels Curricular Innovation Award, UCSF School of Pharmacy. May 2016-May 2017.
PUBLICATIONS

3. Artino AR, Jr, West DC and Gusic ME. Foreword: The more things change, the more they stay the same. Acad Med. 2015;90(11 Suppl):SI-SIII.

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INVITED LECTURES

49. Chen HC. Applying Entrustable Professional Activities to Undergraduate Medical Education: Questions and Considerations. Medical Education Today: From Knowledge to Medical Competence, Dieter Scheffner Fachzentrum Symposium, Charite-Universitatsmedizin. Berlin, Germany, November 2015.
50. Chen HC. Early Learner Engagement in the Clinical Workplace. Advances in Health Professions Education Research and Development Symposium, Expertisecentrum Voor Onderwijs En Opleiding, University Medical Center Utrecht. Utrecht, Netherlands, September 2015.
54. Chou C, Kalet A. Remediation in Medical Education. Loma Linda University School of Medicine. Lake Arrowhead, CA, October 2015.
58. Chou C. Feedback in Medical Education. Infectious Disease Society of America. San Diego, CA, October 2015.
75. Feldman M. Primary Care Workforce, Practice and Training in the United States. Beijing Hospital, Ministry of Health. Beijing, China, April 2016.

92. Irby DM. Motivation and Engagement: The Twin Elixirs of Medical Education. Northern Constellation Regional Conference, Northern Ontario School of Medicine. Thunder Bay, ON, Canada, April 2016.


96. Irby DM. Promoting Educational Scholarship. Northern Constellation Regional Conference, Northern Ontario School of Medicine. Thunder Bay, ON, Canada, April 2016.


112. Lucey CR. Reimagining Medical Education. Medical College of Wisconsin. Milwaukee, WI, April 2016.


114. Lucey CR. The Future of Medical Education. Israeli Association for Medical Education (Healer): Hebrew University Medical School. Tel Aviv, Israel, February 2016.


133. Papadakis M. Plenary Speaker, Symposium on the Science of Medical Education, UCLA. Los Angeles, CA, October 2015.


144. Robertson P. Careers in Obstetrics and Gynecology. Pre-Health Student Alliance, University of California, Davis. Davis, CA, October 2015.

145. Robertson P. The History of the LGBTQ Curriculum at UCSF. Sex and Gender Medical Education Summit, Mayo Clinic. Rochester, MN, October 2015.


152. Saxe J. Continuous Quality Improvement in Health Care: Theory, Implementation and Application. the Nethersole School of Nursing, Chinese University of Hong Kong. Hong Kong, China, September 2015.

153. Saxe J. Advanced Nursing Practice: Ethical and Legal Perspectives. The Nethersole School of Nursing, Chinese University of Hong Kong. Hong Kong, China, September 2015.

154. Saxe J. Innovative Care Models in Advanced Nursing Practice. The Nethersole School of Nursing, Chinese University of Hong Kong. Hong Kong, China, September 2015.

155. Schwartz B. Results of a National Survey of Medical Student Microbiology Course Directors. Association of Medical School Microbiology and Immunology Chairs Education Meeting. Antigua, Guatemala, January 2016.


175. ten Cate O. Competency-Based Training with Entrustable Professional Activities. East Virginia Medical School. Norfolk, VA, April 2016.


177. ten Cate O. Designing EPAs (Online Lecture). International Medical Education Conference, China Medical University Hospital. Taichung, Taiwan, November 2015.


181. ten Cate O. Entrustable Professional Activities and Entrustment Decision-Making as Assessment (Online Lecture). International Medical Education Conference, China Medical University Hospital. Taichung, Taiwan, November 2015.


186. ten Cate O. Entrustable Professional Activities: Aligning Competency-Based Medical Education with Everyday Clinical Practice. Association for Medical Education in Europe (AMEE) Annual Meeting. Glasgow, Scotland, September 2015.

187. ten Cate O. Entrustable Professional Activities: How to Establish Summative Entrustment for an EPA. Yale University Medical Education Day. New Haven, CT, May 2016.
188. ten Cate O. Entrustment Decision-Making in Competency-Based Teaching and Assessment in Health Professions Education. International Association of Medical Science Educators (IAMSE) Conference on Medical Education. Leiden, Netherlands, June 2016.

189. ten Cate O. Entrustment Decisions and Assessment in the Clinical Workspace (Webinar). Association for Medical Education in Europe (AMEE). Dundee, Scotland, November 2015.


191. ten Cate O. EPAs and Entrustment as Assessment in the Clinical Workplace. Royal College of Physicians Meeting on EPAs. Edinburgh, Scotland, January 2016.

192. ten Cate O. EPAs in the Undergraduate Medical Curriculum – Lessons Learned. Royal College of Physicians Meeting on EPAs. Edinburgh, Scotland, January 2016.


196. ten Cate O. Metaphors of Workplace Learning in Clinical Medicine, Perspectives on Workplace Learning Symposium. Netherlands Association for Medical Education (NVMO). Rotterdam, Netherlands, November 2015.

197. ten Cate O. More Nuts and Bolts About EPAs in GME. Yale New Haven Hospital GME Retreat. New Haven, CT, May 2016.


199. ten Cate O. Observing Medical Education through the Lens of Self-Determination Theory (Webinar). Health Professions Education Program, Uniformed Services University of the Health Sciences. Bethesda, MD, February 2016.


201. ten Cate O. Reframing the Goal of Training in Health Care: Trusting Trainees and Professionals to Care for the Patients, Education Grand Rounds. Uniformed Services University of the Health Sciences. Bethesda, MD, April 2016.

202. ten Cate O. Setting the Scene - Competency-Based Medical Education with Entrustable Professional Activities. Trination Alliance Meeting. Sydney, Australia, March 2016.

203. ten Cate O. Should We Trust Our Current Approaches to the Evaluation of Trainees in the Clinical Workplace? Yale University Medical Education Day. New Haven, CT, May 2016.


206. ten Cate O. The Quest for Competent Medical Graduates Steps Toward a Holy Grail? Neuroscience Grand Rounds. Yale University Medical Education Day. New Haven, CT, May 2016.

207. ten Cate O. Usefulness of Entrustable Professional Activities in the Competency-Based Monitoring of Residents. Gerald Ujiki, Medical Education Grand Rounds, Department of Surgery, Northwestern University. Chicago, IL, October 2015.

208. ten Cate O. Werkplekleren Aan De Hand Van Entrustable Professional Activities. Onderwijsdag Begeleiding in De Afstudeerfase Van De MPA Opleiding. Utrecht, Netherlands, March 2016.

209. ten Cate O. Why Entrustable Professional Activities as a Focus of Learning, Teaching and Assessment of Learners and Professionals. International Medical Symposium. Sydney, Australia, March 2016.


211. Tong LD. Systems Analysis Methodology for Understanding Academic Difficulties. General Faculty of Medicine, Kuwait University School of Medicine. Kuwait, May 2016.


220. West DC. Designing Surveys to Effectively Measure Outcomes in Research, Quality Improvement, and Education. Grand Rounds, St Christopher’s Children’s Hospital. Philadelphia, PA, October 2015.


222. West DC. The New Frontier in Medical Education: The Promises and Challenges of Patient-Centered and Competency-Based Medical Education. Grand Rounds and Visiting Professor, Department of Pediatrics, University of Michigan. Ann Arbor, MI, March 2016.

223. West DC. The New Frontier in Medical Education: The Promises and Challenges of Patient-Centered and Competency-Based Medical Education. Grand Rounds, St Christopher’s Children’s Hospital. Philadelphia, PA, October 2015.

224. West DC. The New Frontier in Medical Education: The Promises and Challenges of Patient-Centered and Competency-Based Medical Education. John L Perlstein Memorial Lecture, Department of Pediatrics, University of Louisville. Louisville, KY, November 2015.

SUBMITTED PRESENTATIONS


39. Duijn CCMA, Bok GJ, ten Cate O, Mandoki M, Kemer WDJ. Entrustable Professional Activities in Competency-Based Veterinary Education. Association for Medical Education in Europe (AMEE) Annual Meeting. Glasgow, Scotland, September 2015.


63. Jain S, Azari S. Building the Workforce: Grant Funding to Expand an Underserved Primary Care Medicine Track At San Francisco General Hospital. Macy Regional Conference on Innovations in Graduate Medical Education. San Francisco, CA, March 2016.


70. Kruidering M. Critical Reflection in Medical Education. International Association of Medical Science Educators (IAMSE) Conference on Medical Education. Leiden, Netherlands, June 2016.


133. ten Cate O. Metaphors of Workplace Learning in Clinical Medicine. Symposium Perspectives on Workplace Learning. Netherlands Association for Medical Education (NVMO), Rotterdam, Netherlands, November 2015.

134. ten Cate, O. Combining Quality and Quantity of Motivation in Understanding the Academic Performance of Medical Students. Association for Medical Education in Europe (AMEE) Annual Meeting, Glasgow, Scotland, September 2015.

135. Van Den Broek S, Querido S, Wijnen-Meijer M, Van Dijk M, ten Cate O. How Students Come to Think, Act and Feel Like a Physician: Factors Affecting Professional Identity Formation During Medical School. Association for Medical Education in Europe (AMEE) Annual Meeting, Glasgow, Scotland, September 2015.


WORKSHOPS


94. ten Cate O. Competency-Based Training with Entrustable Professional Activities. East Virginia Medical School. Norfolk, VA, April 2016.

95. ten Cate O. Entrustable Professional Activities: How to Establish Summative Entrustment for an EPA. Yale University Medical Education Day. New Haven, CT, May 2016.

96. ten Cate O. Entrustment as Assessment – Recognizing the Ability, the Right and the Duty to Act. Flinders University. Adelaide, Australia, March 2016.

97. ten Cate O. Working with EPAs in Workplace-Based Curricula Workshop. Flinders University. Adelaide, Australia, March 2016.


West DC, Kelly T, Balmer D. Designing Surveys to Effectively Measure Outcomes in Research, Education and Quality Improvement Projects. Pediatric Academic Societies (PAS). Baltimore, MD, May 2016.

West DC. Designing Surveys to Effectively Measure Outcomes in Research, Quality Improvement, and Education. St. Christopher’s Children’s Hospital. Philadelphia, PA, October 2015.


Young JQ, Fiore KA, Chisholm MS, Stagno SJ. Medical Humanities and the Psychiatry Resident: Approaches to Fostering Humanism and Professional Development through Study of the Arts. American Association of Directors of Psychiatric Residency Training Annual Meeting. Austin, TX, March 2016.


Yukawa M. Structuring Geriatric Education Across the Physician Education Continuum to Create Win-Wins. 13th Annual Reynolds Grantee Meeting. St. Louis, MO, October 2015.


Match Day ’16