



# UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

## HUB OF EDUCATIONAL INNOVATION

### Model ZSFG

“Traditionally, doctors aren’t taught to think about things like patients’ ability to access food, and how that affects their treatment,” said Dr. Margaret Wheeler, MD. “Our job is to teach them that these factors are integral to caring for someone who is both socially and medically complex.”

To help with this effort, Dr. Wheeler and family and community medicine physician Margo Vener, MD, co-direct Model ZSFG, which provides 30 UCSF medical students with deep clinical experiences and training in caring for vulnerable populations.

Participants do three of their clerkships – internal medicine and two more, such as pediatrics, obstetrics, surgery or psychiatry/neurology – in consecutive blocks at ZSFG. They also participate in didactics focused on topics such as how health care disparities play out at the bedside, and they take field trips to places like the methadone clinic. “Perhaps even more important than the training is developing a culture that people who are homeless, drug addicted, poor or mentally ill deserve to be treated with real respect,” said Dr. Wheeler.

Model ZSFG students also do a longitudinal family and community medicine clerkship at a safety net clinic, spending two days a month for a full year in the outpatient setting. “Primary care is essential to the care of the underserved, and one of the skills is getting to know patients and building on things over time,” said Dr. Wheeler.

“Seeing the same students, residents and attendings for six months makes you feel like you really



*Dr. Margaret Wheeler (2nd from left) and Model ZSFG students Jordan Spatz, Katilyn Tracy, and Zoe Kornberg*

belong here,” said Zoe Kornberg, a Model ZSFG student who plans to focus on improving women’s health at the population level. She gained a deep knowledge of the ZSFG system, learning exactly which faculty member to contact for a specialty consult. The trainings were also useful, such as a lecture on the prevalence of trauma among safety net patients. “Knowing that survivors of trauma have increased rates of chronic disease helps inform why patients might have difficulty navigating medical care or aren’t healing as fast as other patients,” she said.

Jordan Spatz, another Model ZSFG student, plans to continue his prior work with refugee populations. He does his family and community medicine clerkship at Highland Hospital in Oakland. “It’s helpful to build a long-term relationship with the providers I work with, and to see how social aspects of their patients’ diseases such as housing and income can take longer than fixing whatever acute medical problem they have,” he said.

“Model ZSFG seeks to foster our core mission and values, and to develop skills that trainees and

doctors need to care for patients well,” said Dr. Wheeler.

### UCSF Bridges Curriculum

“The way medicine is practiced in the 21st century is fundamentally different from how it was practiced in the 20th century,” said Catherine R. Lucey, MD, executive vice dean for the UCSF School of Medicine, vice dean for education, and Faustino and Martha Molina Bernadett Presidential Chair in Medical Education. “It was critical to redesign a curriculum to prepare learners to care for patients and populations in the 21st century, in a way that played to UCSF’s strengths.”

Dr. Lucey, an attending physician on the ZSFG Medicine Service and former chief resident at ZSFG, worked with more than 300 faculty, staff and medical students to overhaul how UCSF teaches medicine in the new Bridges Curriculum. Now, past its inaugural year, some of its innovations include:

**Inquiry curriculum:** From the beginning,

students are encouraged to master today's knowledge while also developing a scientific habit of mind to make new discoveries. "We use the analogy, "The bigger the island of knowledge, the longer the shore of uncertainty,"" said Dr. Lucey. Students participate in journal clubs and intensive mini-courses taught by world experts, and work on a "deep explore" project – such as participating in lab research or a clinical trial, public health initiative or clinical systems redesign – learning how to ask and answer new scientific questions.

**Clinical microsystem clerkship:** For the first 16 months, students spend one day a week in a clinical microsystem such as an outpatient clinic or hospital ward. They work with physicians, nurses, and pharmacists, learning how to collaborate effectively with inter-professional teams and use data to improve care. "Today, health care is a team-based, systems-oriented sport," said Dr. Lucey. Students also develop clinical skills in a simulation center, then practice these skills on real patients in their clinical microsystem.

**Student coaching:** Clinical microsystem clerkships are led by coaches – faculty members who teach physical diagnosis and clinical skills, oversee projects, and provide continuity to students throughout medical school. "All students should graduate from UCSF knowing that somebody knew them well and helped them be the best physician they could be," said Dr. Lucey. The 57 coaches – many of whom are ZSFG Department of Medicine faculty – meet with students individually and in small groups, provide academic guidance, and support their professional and personal development.

"We believe that being educated at UCSF makes someone a better physician, and we work to capture the essence of how UCSF physicians approach

Follow us on:

 @Neil\_R\_Powe

 /ZSFGDOM

problems and patients differently," said Dr. Lucey. For more information, visit <http://meded.ucsf.edu/bridges>

**ZSFG Residency Innovations**



**Dr. Catherine Lucey**

*Executive vice dean for the UCSF School of Medicine*



**Dr. Margaret Wheeler**

*Professor of Medicine*



**Dr. Larissa Thomas**

*Site director of the Internal Medicine Residency Program*

"Certain things about being a doctor are really hard, and some of these are especially pronounced when caring for underserved populations," said Larissa Thomas, MD, ZSFG site director of the Internal Medicine Residency Program and director of the Internal Medicine Residency Well-being Program.

She and her colleagues have developed several initiatives to help residents successfully navigate the challenging, yet deeply rewarding, work of caring for vulnerable patients including:

**Building a self-care toolbox:** Grant Smith, MD, a ZSFG chief resident, leads well-being skill-building at morning report and noon conference. Tools include mindfulness-based stress reduction, small group reflection, and positive psychology – such as team members checking in daily about one thing that went well. "Those simple things can help you realize how much good work you're doing on an everyday basis," said Dr. Thomas. "We want to prevent burnout, but we also want to promote engagement, which is considered the antithesis of burnout in the well-being literature."

**Supportive systems:** "Historically well-being has been individually directed, but we're also trying to address factors related to structures and cultures," said Dr. Thomas. She and her colleagues are investigating ways to create better systems, such as improving functionality of the

**SPOTLIGHT**

**Excellence In Education**

We thank our Academy of Medical Educator Faculty Members who support and advance the teaching mission: Alicia Fernandez, Beth Harleman, Claire Horton, Catherine Lucey, Sumant Ranji, Justin Sewell, Larissa Thomas and Lisa Winston.

We thank our School of Medicine BRIDGES Coaches who provide academic guidance for students and support their professional and personal development: Sara Goglin, Larry Haber, Liz Imbert, Mimi Margarett, Jennifer Park-Sigal, Larissa Thomas, and Vanessa Thompson.

We recognize Emily Silverman of the ZSFG Division of Hospital Medicine who teaches how live physician storytelling in Medicine can create better physicians. *JAMA Intern Med.* 2017;177(10):1409-1410

electronic health record or enhancing scheduling flexibility.

**Residency families:** Using a "design thinking" process, which incorporates empathy and experimentation to arrive at innovative solutions, Dr. Thomas helped residents identify ways to improve well-being. They piloted a "residency family" model, in which groups of about 16 residents create long-term communities. Each family is led by two or three third-year resident "captains," who receive training in coaching skills and self-compassion.

The pilot has scaled up to include 12 separate resident families. Each develops its own methods of promoting community and well-being, such as sending periodic group texts with encouraging messages or planning monthly social activities.

In addition to these well-being initiatives, quality and safety chief resident Amanda Johnson, MD, and her colleagues launched a DOM housestaff quality improvement incentive project. It seeks to increase naloxone prescriptions for patients at risk of opioid overdose.

"Equipping patients with medication and skills to protect themselves in case of an overdose is really important," said Dr. Thomas. "Ensuring that patients have access to things that can make them healthy, just as we do for any other medical issue, is an approach that is wonderfully role modeled by our faculty – and residents really incorporate that into how they learn to care for vulnerable patients."

*Elizabeth Chur*

