
The Family and Community Medicine Department Presents 22nd Annual Department of Family and Community Medicine Jack Rodnick Colloquium

May 28, 2026
9:00 AM - 5:00 PM
Mission Bay Conference Center at UCSF

Purpose:

Family medicine health care teams need to understand and manage environmental changes in order to deliver optimal patient care. The family medicine team struggles with managing the rapidly changing context of optimal biopsychosocial care of patients and this colloquium will seek to improve their ability to recognize and manage a rapidly changing context of patient care during a time of uncertainty

Educational Objectives:

An attendee completing this course will be able to improve skills and strategies for:

- 1 Apply strategies for collaborative learning and effective interprofessional communication to optimize team-based patient care.
- 2 Demonstrate the ability to clarify team roles, address overlapping scopes of practice, and enhance team dynamics through structured communication and role alignment.
- 3 Implement updated standards of care for vulnerable patient populations, including HIV, transgender, and reproductive health, within their clinical practice.
- 4 Assess clinical processes and team workflows to identify opportunities for improved coordination, patient hand-offs, and equitable care delivery.
- 5 Identify and mitigate structural biases, stigma, and inequities in healthcare delivery, applying practical strategies to promote equitable patient outcomes.
- 6 Integrate interprofessional perspectives into patient care decision-making to achieve consensus, shared responsibility, and improved health outcomes.

Accreditation:

In support of improving patient care, the University of California, San Francisco Office of Continuing Medical Education (CME) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This CME activity meets the requirements under California Assembly 1195, continuing education, and cultural and linguistic competency.



Designation:

UCSF designates this Live Activity for a maximum of 5.50 *AMA PRA Category 1 Credits*™. Physicians should

only claim credit commensurate with the extent of their participation in the activity.

Credit Claiming Instructions:

In order to receive credit you must certify your attendance in this live activity and claim your credits earned in the activity within 30 days of its conclusion.

Additional Information:

Feedback person for this educational activity is: Christine Lee (Christine.Lee4@ucsf.edu)

Acknowledgement of Commercial Support:

This activity is not commercially supported.

Disclosures:

Due to the regulations required for CE credits, all conflicts of interest that persons in a position to control or influence the education must be fully disclosed to participants. In observance of this requirement, we are providing the following disclosure information: all relevant financial relationships disclosed below have been mitigated.

Name of individual	Individual's role in activity	Nature of Relationship(s) / Name of Ineligible Company(s)
Danielle Hessler Jones, PhD	Peer Reviewer	Nothing to disclose - 10/23/2025
Christine J Lee, M.A.	Activity Administrator	Nothing to disclose - 01/07/2026
Megan Mahoney, MD, MBA	Course Director	Nothing to disclose - 11/10/2025

This UCSF continuing education activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

UCSF adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CE activity, including content planners, reviewers, authors, presenters, moderators, panelists, or others are required to disclose all financial relationships with ineligible entities. All relevant financial relationships have been mitigated prior to the commencement of the activity.

Copyright, Privacy & Social Media Policy:

All educational materials presented are the intellectual property of the presenters. Participants may not share content, images, resources, videos, PDFs, PowerPoint presentations, or handouts in electronic (including any form of social media) or hard copy format without the express written authorization and/or informed consent of the intellectual property owner(s) and any person whose image, likeness, or health/identifying information would be shared, including, but not limited to, patients, employees, faculty, staff, students, and visitors.

Federal and State Law Regarding Linguistic Access and Services for Limited English Proficient Persons:

I. Purpose.

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories

II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: <http://www.hhs.gov/ocr/lep/>.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients.

Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS's guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS's guidance also establishes a "safe harbor" that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS's Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

III. California Law – Dymally-Alatorre Bilingual Services Act.

The California legislature enacted the California's Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person's English language skills. California Government Code section 7291 recites this legislative intent as follows:

"The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers."

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url: <http://www.spb.ca.gov/bilingual/dymallyact.htm>

