The Medicine Department Presents

Essentials of Primary Care: A Core Curriculum for Ambulatory Practice

August 2-7, 2026

Everline Resort & Spa, Lake Tahoe

Course Chair: Robert B Baron, MD, MS

Purpose:

Primary care clinicians must be highly skilled in preventive medicine, cardiovascular risk factors, day-to-day clinical problems, chronic disease management, communication skills, and optimal use of diagnostic tests and new medications. Health disparities and the care of vulnerable patients are a central part of our daily practice as we try to maximize quality, safety, equity, and value. Close collaboration with other specialists, inpatient colleagues, and diverse teams of health professionals is essential for the care of our complex patients. In addition to a full discussion of common problems in primary care and preventive medicine, this course will also focus on clinical skills and problem-solving in dermatology, women's health, clinical nutrition, neurology, psychiatry, substance use, infectious diseases, and interprofessional collaboration. The course will utilize formal lectures, case discussions, practical workshops, an audience response system, questions and answers, a detailed syllabus, and on-demand access to course recordings. Remote learning opportunities will also be available.

Educational Objectives:

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

1 Implement new guidelines in office-based preventive medicine including cancer prevention and screening and prevention of cardiovascular diseases
2 Develop up-to-date strategies for common office problems including coronary heart disease, heart failure, stroke, chronic kidney disease, obesity, migraines, and breast cancer
3 Manage common problems in women's health including prevention of cervical cancer, contraception, menopause, and osteoporosis
4 Manage common disorders in neurology including tremor, movement disorders, neuropathy and headache
5 Treat common disorders in dermatology including skin cancer, eczema, acne, hair loss, chronic urticaria, drug eruptions, and disorders of aging skin
6 Understand and treat obesity and use the new obesity medications, surgery, and lifestyle interventions
7 Perform an effective problem-based history, physical examination, and common procedures in dermatology, neurology, and office orthopaedics
8 Expand diagnostic and therapeutic skills for common infectious diseases including sexually transmitted infections, respiratory illnesses, and skin infections
9 Understand best practices in assessment and treatment of common mental health disorders including anxiety, depression, and suicide risk
10 Improve communication skills in motivational interviewing, psychological counseling, and shared decision making

11 Improve interprofessional teamwork and collaboration
12 Enhance value in medical practice
13 Become a better clinician and advocate with a deeper understanding of health disparities and the central role of primary care clinicians in providing equitable, patient-centered care

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 19.50 *AMA PRA Category 1 Credits™.* Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been approved for 19.50 continuing pharmacy education credits under the UAN #: Pharmacist UAN : JA0000302-0000-26-017-L01-PPharmacy Technician UAN: . Credits will be reported to CPEMonitor(R) within 45 days.

UCSF Office of CME designates this Activity for a maximum of 19.50 ANCC contact hours.

This activity was planned by and for the healthcare team, and learners may claim up to 19.50 Interprofessional Continuing Education (IPCE) credits for learning and change.

The AAFP has reviewed Essentials of Primary Care: A Core Curriculum for Ambulatory Practice and deemed it acceptable for up to 19.50 Live Activity AAFP Prescribed credit(s).
Term of Approval is from August/02/2026 to August/07/2026 .
Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Additional Credit Information:

Pharmacists and Pharmacy Technicians: Accreditaton Council of Pharmacy Education (ACPE) credit: ACPE credit is recorded in CPE Monitor. If you submitted your claim for credit to UCSF Office of CME within 30 days of the end date of the Activity, your credit will be uploaded to the CPE Monitor section of your NABP e-Profile no later than 61 days after the end-date of the Activity.

Nurses: Please note that ANCC credit cannot be used toward educational requirements for re-licensure in the state of California. California nurses are permitted to use AMA PRA Category 1 Credit™ or credit approved by the California Board of Registered Nursing (BRN).

Geriatric: The approved credits shown above include 19.50 credits toward satisfying the requirement under California Assembly Bill 1820, Geriatric Medicine.

Pharmacotherapeutics for Nurses: For the purposes of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credits™ issued by organizations accredited by the ACCME. Nurses should claim 0.1 CEUs for each contact hour of participation in designated pharmacotherapeutic continuing

education.

The approved credits shown above include 19.50 Pharmacotherapeutic credits towards meeting the requirement for nursing pharmacology continuing education.

Physician Assistants: PAs may claim Category 1 credits for completing this activity. NCCPA accepts AAFP Prescribed Credit.

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: Gaelen.Lombard@ucsf.edu

Acknowledgement of Commercial Support:

This activity is not commercially supported.

Faculty:

Course Chair:

Robert B. Baron, MD, MS
Professor of Medicine
Division of General Internal Medicine

Faculty:

(University of California, San Francisco unless otherwise noted)

Lindy P. Fox, MD
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Professor of Medicine and of Epidemiology and Biostatistics
Associate Medical Director, UCSF Women's Health Primary Care Practice

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)
Robert B Baron, MD	Course Director, Faculty	Nothing to disclose - 03/05/2026
Geraldine Collins Bride, RN, NP, FAAN	Other Planning Committee Member	Nothing to disclose - 07/02/2026
Lindy Fox, MD , Ucsf	Faculty	Nothing to disclose - 06/10/2026
Kenneth Fox, MD	Faculty	Nothing to disclose - 06/10/2026
Gaelen Lombard, BA	Activity Administrator	Nothing to disclose - 06/09/2026
Paul L Nadler, MD	Faculty	Nothing to disclose - 06/05/2026
Emma Samelson-Jones, MD	Faculty	Nothing to disclose - 06/17/2026
Mike G Shlipak, MD	Faculty	Grant or research support-Bayer (Any division)|Advisor-Boehringer Ingelheim Pharmaceuticals, Inc.|Advisor-Bayer (Any division)|Advisor-AstraZeneca (Any division) (Relationship has ended) - 05/22/2026
Jeffrey A Tice, MD	Faculty	Grant or research support-Grail (Relationship has ended) - 06/10/2026
Judith Walsh-Cassidy, MD, MPH	Faculty	Nothing to disclose - 04/28/2026

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