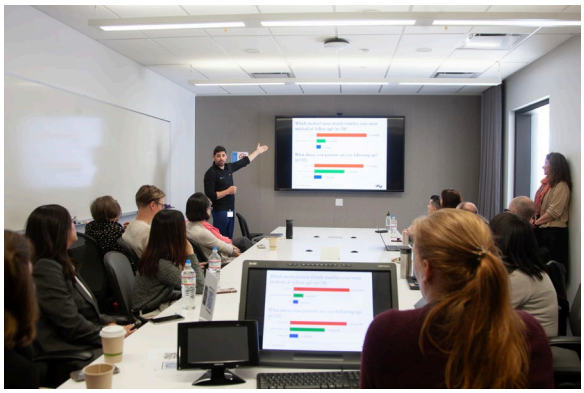
UCSF Education Showcase 2026

Presented by the Center for Faculty Educators, the Academy of Medical Educators, and the Center for Advancing Scholarship in Education



Welcome to the 2026 UCSF Education Showcase

On behalf of the Center for Faculty Educators, the Academy of Medical Educators, and the Center for Advancing Scholarship in Education, we are proud to present Education Showcase 2026 and mark the 25th anniversary of this event highlighting the scholarly work in education of UCSF faculty, learners, and staff. Education Showcase is a forum for connection and discussion among attendees. Please see the schedule of events on April 30, including a keynote presentation, selected oral and mini-oral presentations, and topic table lunch conversations.

Education Showcase will begin with a keynote by Naike Bochatay Simpson, PhD, who will join UCSF as an Educational Research Scientist in May 2026. Her presentation is entitled, *Beyond Good Intentions: Understanding Power and Hierarchy in Health Professions Education.*

Throughout the rest of the day, members of our community of educators will present their work. These scholarly presentations address important questions and innovations in health professions education. Through a blinded peer review of all submissions, the Academy of Medical Educators (AME) Scholarship Committee selected five oral presentations based on their quality and collective relevance to the audience of educators, and 63 mini-oral presentations. We are pleased that many of the presenters are learners and early career faculty.

We are honored to present the Cooke Award for the Scholarship of Teaching and Learning to recipients whose work represents outstanding quality and innovation in educational research and/or curriculum development. We are also honored to present the Patricia O'Sullivan Outstanding Education Research Publication Award which recognizes exceptional medical and health professions education research. The awards will be announced at the conclusion of the selected oral presentations at 2:30 pm.

We extend thanks to our community of educators for contributions that highlight the depth and breadth of educational scholarship at UCSF. We want to thank the members of the AME Scholarship Committee and Teaching Scholars Program who volunteered their time to review abstracts and support the implementation of the Education Showcase. We also would like to thank Raquel Rodriguez, Karen Brent, Kirsten Sund, Sierra Niblett, Jen Dick, Raven Twilling, Joey Bernal, Ivan Mendez, Sally Collins, and Jason Luong for their excellent administrative support. Without them, today would not be possible.

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



Warm regards,

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

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

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

Schedule Overview

Thursday, April 30 | UCSF Mission Bay Conference Center, 1675 Owens Street, San Francisco, CA

Time	Event	Location
8:00 - 9:30	Welcome Reception and Keynote Lecture	Fisher Banquet Hall
9:30 - 9:40	Break	
9:40 - 10:40	Mini-Oral Morning Session A	Conference Rooms
10:40 - 10:50	Break	
10:50 - 11:50	Mini-Oral Morning Session B	Conference Rooms
11:50 - 12:50	Lunch and Topic Tables	Fisher Banquet Hall, Conference Rooms
12:50 - 1:00	Break	
1:00 - 2:40	Selected Oral Presentations and Awards	Fisher Banquet Hall
2:40 - 2:50	Break	
2:50 - 3:50	Mini-Oral Afternoon Session C	Conference Rooms
3:50 - 4:00	Break	
4:00 - 5:00	Mini-Oral Afternoon Session D	Conference Rooms

Detailed Schedule

8:00-8:30am | Fisher Banquet Hall
Welcome Refreshments

8:30-9:30am | Fisher Banquet Hall
Welcome followed by Keynote Lecture, '*Beyond Good Intentions: Understanding Power and Hierarchy in Health Professions Education'* presented by Naike Bochatay Simpson, PhD.

Naike Bochatay Simpson is a sociologist specializing in health professions education. She holds a PhD from the University of Geneva and has held research and operational roles at UCSF and Karger Publishers. She will join UCSF as an Educational Research Scientist on May 18, 2026.

9:30-9:40am | Break

9:40-10:40am | Conference Rooms (see below)
Mini-Oral Morning Session A

9:40-10:40am | Mini-Oral Morning Session A | Room 1

ID	Author (Presenter)	Title
A-005	Miranda Chen	Evaluating the Impact of Natural Disaster Volunteering on Medical Students' Development: A Qualitative Exploration of the Los Angeles Wildfires
A-028	Kendra Moore	'It's okay to not be okay': A qualitative study of participation in a resident-focused peer support training program
A-051	Vivian Chan	Pediatric Dentistry for Pediatricians: Curriculum Development in Response to a Needs Assessment
A-054	Kayla Williams	Anti-Ableism in Medicine: A Pilot Program for Preclinical Professionals
A-058	Betty Kifle	Development of a Rapid Response Curriculum for Internal Medine Residents

9:40-10:40am | Mini-Oral Morning Session A | Room 2

ID	Author (Presenter)	Title
A-038	Rachel Huynh	Hands-On 3D Modeling with Pipe Cleaners Enhances Coronary Anatomy Learning in Medical Students
A-044	Josiah Cox	Mental Health Didactic Curriculum for UCSF Fresno Pediatric Residents
A-047	Jyothi Marbin	A Community Meet-and-Greet Grounded in Critical Service Learning to Foster Reciprocal Community Relationships
A-055	Molly Zeme	The Labor & Delivery Clerkship Experience for Students: Optimizing Learning in a Complex Clinical Environment
A-059	Mansi Desai	Pediatric Hospital Medicine (PHM) Career LAUNCH (Leading and Uplifting to Navigate Careers as Hospitalists): Developing A Longitudinal Onboarding Program Designed for New Faculty Success

9:40-10:40am | Mini-Oral Morning Session A | Room 3

ID	Author (Presenter)	Title
A-001	Lindsey Scheller	A Predoctoral Fellowship Model to Prepare Nurse Scientists for Health Systems Roles
A-022	Sophia Lewis	Achieving consensus on essential components of an addiction medicine curriculum in Infectious Diseases fellowship training: a modified Delphi analysis
A-048	Margaret Lin-Martore	Exploring Trainees' Experiences and Perceived Impacts of Community Circles: A Qualitative Study
A-069	Selma Alamarie	Developing a Longitudinal Health Equity Curriculum for UCSF Pharmacy Students Through Needs Assessment and Student-Faculty Collaboration
A-075	Amada Apacible	Building Nurse Practitioner and Physician Assistant ECMO Self-Efficacy
A-003	Trek Mizoguchi (Julia Saykally)	Needs assessment for Pediatric Residency curriculum to support the care of patients with Neurodivergent Disorders (NDD) in the Emergency Department

10:40-10:50am | Break

10:50-11:50am | Conference Rooms (see below)
Mini-Oral Morning Session B

10:50-11:50am | Mini-Oral Morning Session B | Room 1

ID	Author (Presenter)	Title
A-006	Miranda Chen	Understanding mentorship needs in dermatology: A qualitative study of faculty and resident perspectives
A-010	Valerie Gerriets	Effects of an interactive response platform on learning outcomes in medical students
A-031	Ha Le	Bridging Community-based Education and Practice: Resident Perspectives on a Website Preparing Them to Connect with Community Partners
A-053	Rachel Mundaden	OB/GYN Surgical Video Library for 3rd Year Medical Students
A-070	Sergine Cindy Zeufack	Enhancing OB/GYN Medical Clerkship Education: A Student-Led Website Initiative

10:50-11:50am | Mini-Oral Morning Session B | Room 2

ID	Author (Presenter)	Title
A-004	Jessica Pourian (Leo Liu)	Augmented Reasoning in Small Group Education (ARISE): An AI Tutor for Second Year Medical Students
A-013	Allyson Khau	Physician identity Evolution: A Community Engagement Curriculum for SJV PRIME Students
A-019	Conan MacDougall	LLM Lab: Pilot of a Hands-On Curriculum to Introduce Learners to Large Language Model Use
A-023	Evie Kalmar	Career Pathways among Integrated Geriatric & Hospice and Palliative Medicine Fellowship Graduates
A-060	Anuoluwa Ayeni	Improving Pediatric Residents' Confidence and Comfort in Atopic Dermatitis Management Through a Brief Educational Module

10:50-11:50am | Mini-Oral Morning Session B | Room 3

ID	Author (Presenter)	Title
A-008	Emily Marogi	"You're kind of on your own": How residents and fellows initially learn inpatient consultation
A-015	John Cusick	Voiceover lectures and gaming; a three-year study assessing the effectiveness of this pedagogy to deliver basic science content to medical students.
A-035	Erin Keizur	Implementing a Longitudinal Physical Exam Curriculum for Pediatric Residents
A-046	Jyothi Marbin (Shelene Stine)	Embedding Antiracist Critical Service Learning in Medical Education: Learner Perceptions of a Longitudinal Community Engagement Curriculum
A-049	Juliet Yonek	Evaluating Trauma-Informed Care Training for Rural School-Based Mental Health Professionals

11:50-12:50pm | Fisher Banquet and Conference Rooms (see below)
Lunchtime Topic Table Discussions

Room	Facilitators	Topic Title
Room 1	Michelle Guy, Larissa Thomas	Psychological Safety
Room 2	Yalda Shahram	Teaching Targeted Universalism: the step-by-step methodology to achieve belonging
Room 3	Sara Obeid, Trevor Jensen	Integrating Point-of-Care Ultrasound Across the Medical Education Continuum: Aligning and Advancing UCSF Efforts From Undergraduate Training to CME
Room 4	Sirisha Narayana, Mansi Desai	Why Show Up? Navigating Attendance and Professionalism in the Pre-Clinical Curriculum
Fisher	Jaekyu Shin	Using AI to ensure the development of high quality exam items

Lunchtime Topic Table Discussions (continued from the previous page)

Psychological Safety; *facilitated by*: Michelle Guy, Larissa Thomas
Description: What is psychological safety? What are some best practices for creating and facilitating psychological safety for GME learners?

Teaching Targeted Universalism: the step-by-step methodology to achieve belonging; *facilitated by*: Yalda Shahram
Description: Since attending a Community of Practice about Targeted Universalism (TU), I have piloted teaching TU using our existing Tea House Series faculty and staff development curriculum. At UCSF I sense the desire to achieve "belonging" as defined by the intersections of ensuring everyone has the right to contribute to the political, social and cultural systems that shape their world by connection, recognition, inclusion, and agency. Let us discuss teaching the methodology of TU as a way to achieve belonging.

Integrating Point-of-Care Ultrasound Across the Medical Education Continuum: Aligning and Advancing UCSF Efforts From Undergraduate Training to CME; *facilitated by*: Sara Obeid, Trevor Jensen
Description: Participants will engage in a discussion exploring how point-of-care ultrasound is currently taught across UCSF's medical education continuum. Attendees will share successes, identify gaps, and collaboratively develop strategies to better align undergraduate, graduate, and continuing medical education efforts to improve learner outcomes and patient care and institutional collaboration.

Why Show Up? Navigating Attendance and Professionalism in the Pre-Clinical Curriculum; *facilitated by*: Sirisha Narayana, Mansi Desai
Description: In-person attendance is a challenge in the SOM pre-clinical curriculum. As we continuously adapt our curriculum, we are left with some fundamental questions – in the age of multimedia learning, what do students gain from in-person attendance? What aspects of professionalism are we hoping to impart through attendance and timeliness requirements (if any)? How can we adapt our in-person learning components to best engage our students?

Using AI to ensure the development of high quality exam items; *facilitated by*: Jaekyu Shin
Description: This session explores how artificial intelligence can analyze and refine assessment items to ensure higher quality and pedagogical alignment in healthcare education. Participants will engage in a brief discussion followed by a live demonstration, showcasing practical techniques to streamline the revision process while maintaining rigorous academic standards.

12:50-1:00pm | Break

1:00-2:40pm | Fisher Banquet Hall
Selected Oral Presentations and Awards

ID	Author (Presenter)	Title
A-065	Lauren Phinney (Rebecca Berman)	Leveling Up for Boards: Theory-Informed Gamification of Team-Based Residency Exam
A-032	Conan MacDougall	Development and Deployment of Adaptive, Learner-Centered AI Tutors for Health Sciences Education
A-039	Elizabeth Raby	Trauma-Informed Care Curriculum Designed in Collaboration with Community-Based Organizations
A-041	Flora Wong	Feasibility of Implementing MedSimAI: Student Experiences Using an AI Chatbot for OSCE Preparation
A-014	Jae Rouse Iñiguez	Navigating the Journey: Non-Faculty Staff Perspectives on Healthcare Pathway Programs and Equity Initiatives at an Academic Health Center

2:40-2:50pm | Break

2:50-3:50pm | Conference Rooms (see below)
Mini-Oral Afternoon Session C

2:50-3:50pm | Mini-Oral Afternoon Session C | Room 1

ID	Author (Presenter)	Title
A-002	Carmen Kilpatrick	A Community of Practice Approach to Enhancing Psychiatry Resident Safety
A-016	Margaret Akey (Lora Randa)	Factors Contributing to Mistreatment, Belonging, Burnout, and Resilience in LGBTQ+ Medical Students
A-056	Riya Master	Are We Preparing Students for Pediatrics? A Pre-clerkship Needs Assessment of Pediatric Readiness
A-066	Shinyi Hsieh (D'Anne Duncan)	Cultivating and Sustaining Relationship and Community Building within Biomedical PhD Programs
A-029	Stephen Baxter	Evaluating the Impact of the UCSF Nursing Leadership Program on Staff Retention, Promotion and Engagement
A-062	Corinne Foley (Shalini Dalpatadu)	Herbs N' Thangs: Healing Outside of a Western Context

2:50-3:50pm | Mini-Oral Afternoon Session C | Room 2

ID	Author (Presenter)	Title
A-011	Yalda Shahram	Teaching the Skill of Advocacy through Workshops for First-Year Medical Students
A-034	Vera Kostko	Allergy to Beta Lactam Evaluation (ABLE) Project
A-045	Alyssa Sales	Implementation and Evaluation of a Novel Video-based Gastroenterology Curriculum for Medical Trainees
A-050	Francine Rios-Fetchko	Building capacity for vascular health equity: evaluating medical student training for CHAMPIONS screenings
A-073	Stacy Young	Developing an AI model to assist with assessment of clinical reasoning skills

2:50-3:50pm | Mini-Oral Afternoon Session C | Room 3

ID	Author (Presenter)	Title
A-021	Natalie Hernandez	Creating a Medical Spanish Elective for Emergency Medicine Residents
A-027	Kanchi Batra (Jessica Tashjian)	Medical Student Professional Identity Formation Curriculum: PILLARS
A-042	Rio Barrere-Cain	Evaluating an Action-Oriented Climate and Health Workshop for First Year Medical Students
A-074	Pierre Martin	GUIDE: Generating User-centered Instruction through Design and Education with AI
A-076	Ethan Tanchoco	Development of an Evidence-Based Small Group Facilitator Toolkit Utilizing the Design-Based Research Framework
A-030	Alyssa Fuentes (Elizabeth Black)	Understanding the transition from undergraduate to medical education among students in the San Joaquin Valley Prime (SJV PRIME) program

3:50-4:00pm | Break

4:00-5:00pm | Conference Rooms (see below)
Mini-Oral Afternoon Session D

4:00-5:00pm | Mini-Oral Afternoon Session D | Room 1

ID	Author (Presenter)	Title
A-007	Man Kuan Lei (Josh Porter)	Development of a Hybrid Multidisciplinary Curriculum for Caesarean and Obstetric Emergency Care in Tanzania
A-017	Farhad Ghazali	Impact of Preclinical Anesthesia Skills Workshops on Medical Student Interest, Confidence, and Perception of Anesthesiology
A-025	Katelyn Hasse	Gamification of Clinical Decision-Making for Medical Physics Residents
A-040	Pramita Kuruvilla	Transformative Learning Theory in Palliative Care Training: Evaluating the Impact of a Narrative Medicine Curriculum
A-057	Rio Barrere-Cain	The Climate Ambassador Project: Providing Building Blocks for Climate Change and Human Health Curricula

4:00-5:00pm | Mini-Oral Afternoon Session D | Room 2

ID	Author (Presenter)	Title
A-012	Yalda Shahram	Designing a Curriculum on Justice and Advocacy in Medicine Using the Transformative Model
A-020	Claire Gibson (Lily Hitchner)	Improving Faculty Development and Medical Educator Community of Practice at Regional Campuses: The Medical Education and Scholarship Hub (MESH)
A-043	Hamidah Mahmud	Learning Indirect Fundoscopy with a Model Eye
A-071	Divya Ravi	Gamification for Nephrology Boards Preparation: A Jeopardy-Style Approach
A-072	Nakai Lee Santiago Corral	Teaching to Teach: An Experiential Faculty Development Curriculum for PGY-1 Psychiatry Residents

4:00-5:00pm | Mini-Oral Afternoon Session D | Room 3

ID	Author (Presenter)	Title
A-009	Sharon Abada	Expanding Rheumatology Continuing Education: A National Needs Assessment of Primary Care Providers
A-037	Aryan Chaychian	Impact of a self-guided direct ophthalmoscopy learning module on direct ophthalmoscopy skills for neurology residents
A-052	Bryan Yanez	Enhancing a Multi-Disciplinary Integrative Health Elective at the San Francisco VA
A-063	Shelene Stine (Leanna Lewis)	A Longitudinal Curriculum Preparing Medical Students To Practice Trauma-Informed Care
A-067	Becky Brusca	Building Advocates Not Walls: A Novel Curriculum in Asylum Medicine

5:00pm END | Thank you for attending the 2026 Education Showcase!

Cooke Award

The Cooke Award for the Scholarship of Teaching and Learning

The Academy is pleased to continue the Cooke Award for the Scholarship of Teaching and Learning, established in 2007 by Molly Cooke, MD, the founding director of the Academy of Medical Educators, to recognize outstanding scholarly works presented at Education Showcase. All submissions to the Showcase are eligible for this award, which is accompanied by an honorarium.

Top-scoring projects were nominated for the award following a blinded peer review of all abstract submissions. The winning abstracts were determined by a ballot in which Scholarship Committee members ranked the blinded abstracts, excluding those in which they were involved.

Please join us in congratulating the 2026 recipients!

Flora Wong, BS; Zara Schindler, BA, MSt; Justin L. Sewell, MD, PhD, MPH; Arthur Chyan, DO; MacKenzi Preston, MD MHPE; Anyanate Gwendolyne Jack, MD, MPH; Christy Boscardin, PhD; Rene Kizilcec, PhD; Claire Cardie, PhD; Yann Hicke, MS; and Susannah Cornes, MD *for their work*:

Feasibility of Implementing MedSimAI: Student Experiences Using an AI Chatbot for OSCE Preparation

Jae Rouse Iñiguez EdD, MSHA, MA *for their work*:

Navigating the Journey: Non-Faculty Staff Perspectives on Healthcare Pathway Programs and Equity Initiatives at an Academic Health Center

Patricia O'Sullivan Award

The Patricia O'Sullivan Outstanding Education Research Publication Award

The UCSF School of Medicine Center for Advancing Scholarship in Education (CASE) is pleased to announce the Patricia O'Sullivan Outstanding Education Research Publication Award.

This annual award recognizes exceptional medical and health professions education research that advances scientific knowledge, demonstrates methodological rigor, and makes meaningful contributions to the field.

The award celebrates the legacy of Emeritus faculty **Patricia O'Sullivan, EdD, MS**, whose visionary leadership established UCSF as an international leader in medical education research. Through her groundbreaking scholarship and generous mentorship, Pat transformed health professions education science and developed the next generation of scholars. This award celebrates publications that reflect her commitment to excellence and elevate the field.

Please join us in congratulating the 2026 recipients!

Irene Pak; Isabell Kassaye; Adam Alyafaie; Albert Xu; Neeti Parikh, MD; and Madeline Yung, MD *for their publication:*

Teaching Slit Lamp Funduscopy with a Self-guided e-Learning Module with Model Eye and Validation of a Self-Assessment Tool. Journal of Academic Ophthalmology. 2025; 17(3).

Abstracts

A-001 A Predoctoral Fellowship Model to Prepare Nurse Scientists for Health Systems Roles

Lindsey Scheller, PhD, BSN, RN; Sandra Staveski, PhD, RN, PNP; Maria Yefimova, PhD, RN

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: To develop a six-month Predoctoral Health System Nurse Scientist Fellowship that provides experiential training in research, mentorship, leadership, and program development for nursing PhD students aspiring to become nurse scientists.

Background: Career and professional development opportunities are essential for preparing nursing PhD students for diverse and impactful careers. Despite national recommendations to revamp PhD curricula for roles outside of academic institutions, career development opportunities are lacking, especially for health systems-based nurse scientists.

Methods: To address this gap, the University of California, San Francisco (UCSF) School of Nursing and UCSF Health co-created a six-month Predoctoral Health System Nurse Scientist Fellowship. The fellowship provided experiential training in research, mentorship, leadership, and program development for nursing PhD students aspiring to become nurse scientists. Activities aligned with the student's individualized development plan and the core nurse scientist competencies.

Results/Product: Participation in the fellowship enhanced the doctoral student's career readiness, bridging the gap between academic training and professional practice. Through engagement in team-based research and leadership projects, the fellow diversified methodological expertise and developed competencies in stakeholder engagement, program development, and interprofessional collaboration. Fellowship outcomes included tangible deliverables such as revised intramural grant criteria, new research support resources, and coordination of a UC-wide nurse scientist collaborative. The fellowship strengthened academic–practice partnerships and expanded institutional capacity for nurse-led research.

Discussion: This fellowship demonstrated that embedding experiential fellowships in PhD curricula effectively bridges the gap between doctoral training and real-world nurse scientist practice. The fellowship model fosters leadership, collaboration, and translation of research into clinical impact, providing a replicable framework to prepare future PhD nurses for diverse roles across academic and health system settings.

A-002 A Community of Practice Approach to Enhancing Psychiatry Resident Safety

Carmen Kilpatrick, MD; Martha Vargas, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: This project describes the development, implementation, and evaluation of a psychiatry resident safety workshop designed to improve preparedness for workplace violence and to strengthen a culture of safety using a community of practice framework.

BACKGROUND: Psychiatry residents experience disproportionately high rates of patient-initiated verbal harassment, threats, and physical assault, yet usually receive limited formal training in de-escalation, institutional safety protocols, or post-incident support. Prior educational interventions are frequently limited to narrow trainee groups or non–psychiatry-specific contexts. Guided by experiential learning theory and communities of practice, we designed a curriculum that centers cross-PGY peer learning, shared experience, and institution-specific safety procedures.

METHODS: We implemented a required two-hour workshop for PGY-1 through PGY-4 psychiatry residents in August 2025. Residents were assigned to mixed–training-year small groups to promote mentorship and shared learning. The curriculum consisted of three case-based modules addressing verbal assault, escalation to physical threat, and physical assault. The curriculum incorporated role-play, facilitated small group discussion, an online privacy activity, and step-by-step review of institutional protocols. Learners completed anonymous pre- and post-surveys assessing perceived preparedness, confidence, and familiarity with safety procedures.

RESULTS/PRODUCT: Twenty-five residents participated; 19 completed the pre-survey and 12 completed the post-survey. Agreement increased across all six survey items. Awareness of institutional protocols for managing verbal assaults (31.6% to 91.7%, $p = .002$) and physical assaults (31.6% to 91.7%, $p = .002$) showed the largest gains. Residents strongly endorsed the mixed-PGY format, with 91.7% agreeing it enhanced learning.

DISCUSSION: This workshop improved psychiatry residents' awareness of safety protocols, increased confidence in responding to escalating patient behaviors, and fostered cross-PGY mentorship. A community of practice–based, case-driven approach appears effective for addressing both technical and cultural dimensions of trainee safety.

A-003 Needs assessment for Pediatric Residency curriculum to support the care of patients with Neurodivergent Disorders (NDD) in the Emergency Department

Trek Mizoguchi, MD; Julia Saykally MD; Lisa Hart, MD; April Zaat, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose:
To evaluate the need for further training among pediatric residents regarding physical exam and history taking skills pertaining to patients with NDD.

Background:
In the ED, residents often receive variable formal teaching regarding physical exam skills given the unpredictable nature and workflow. Patients with Neurodivergent Disorders (NDD) including Autism Spectrum Disorder, Down Syndrome, ADHD, and sensory processing disorders, frequently experience heightened distress. Limited resident training and lack of standardized care protocols to address best care practices for patients with NDD may contribute to suboptimal patient care. A structured needs assessment was conducted to identify gaps and inform interventions to improve care delivery for neurodivergent pediatric patients. This study is part of a larger multidisciplinary QI project to improve overall care.

Methods:
This study is a curriculum development arm of a broader ED QI initiative. Using the Kern curriculum model as a framework, we conducted a needs assessment to understand baseline comfort levels and strategies used by residents caring for children with NDD. Residents at UCSF BCH-Oakland were surveyed. Topics polled included most challenging physical exam components, and common resources utilized.

Results:
We obtained 62 survey responses (71%) from pediatric residents at all levels of training. The majority (47%) responded with a score of 3 on a scale from 1 to 5 to describe level of comfort with exams. Exam maneuvers reported being the least comfortable performing were oropharynx (56%), ear (49%), and neurologic (46%). The most common strategies used to help with exams were parent, Child Life, or nursing assistance.

Conclusions:
Residents identified gaps in education and areas for improvement in physical exam training for patients with NDD in the ED. In response we will create a curriculum to disseminate between trainees in our ED to better address identified barriers to providing high quality physical exams and patient care.

A-004 Augmented Reasoning in Small Group Education (ARISE): An AI Tutor for Second Year Medical Students

Jessica Pourian, MD; Leo Liu, MD; Sirisha Narayana, MD; Katherine Brooks, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To design, implement, and pilot a large language model (LLM) and retrieval-augmented generation (RAG) chatbot that functions as an expert Socratic tutor to strengthen medical students' clinical reasoning during the second-year Diagnostic Reasoning (DR) block.

BACKGROUND: Clinical reasoning is a core competency in medical education. There is concern that over-reliance on AI-generated outputs may hinder the development of independent reasoning skills. Traditional approaches to teaching reasoning rely on supervised clinical experiences and small-group instruction, which are resource-intensive and variable in quality. Prior digital tools and early AI applications have shown promise but are often limited by lack of structured feedback or susceptibility to hallucinations.

METHODS: ARISE was developed within Versa, UCSF's LLM, and augmented with RAG using a curated corpus of over 600 New England Journal of Medicine clinical cases. Prompt engineering structured the chatbot to provide feedback across problem representation, schema development, differential diagnosis, illness scripts, and diagnostic workup. Data collection included Versa usage analytics, end-of-block surveys, and qualitative review of recorded chatbot–learner interactions. A secondary objective was developing a rubric for the chatbot to evaluate homework assignments to lessen grading burden on course directors.

RESULTS: Thirteen of 164 eligible students used the chatbot, with four completing the survey and recording a video. Usage analytics demonstrated 112,256 tokens per student on average. Net promoter score was 25. Rubric evaluation is still pending.

DISCUSSION: Qualitative learner feedback suggested that the ARISE chatbot is a valuable adjunctive tool in the DR block, particularly for problem representation and differential diagnosis. Students highlighted strengths in targeted feedback, while noting limitations related to formatting constraints, response latency, and occasional lack of examples. These findings support the utility of the tool while identifying key areas for refinement in future iterations.

A-005 Evaluating the Impact of Natural Disaster Volunteering on Medical Students' Development: A Qualitative Exploration of the Los Angeles Wildfires

Miranda Chen, BA; Jessica L. Abrolat, MS, BS; Nicole Lawson, PhD, MA; Toren Andrewson, MS, BA; Sally Collins, MA, MSc; Anh Hoang, MD, MPH; Nnenna Obih, BS; Ryan A. Tiu, BA; Violet Wolfe; Arianne Teherani, PhD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: To explore if and how volunteering during climate disasters influences medical students' professional identity formation and environmental accountability, and to identify education strategies for improving preparedness for climate-related emergencies.

BACKGROUND: Climate disasters increasingly threaten human health and place strain on healthcare systems and providers. Medical students often step into service roles during such crises, driven by moral obligation and a sense of duty. Environmental accountability, the responsibility of institutions to promote environmentally sustainable solutions addressing community health concerns, is increasingly recognized as a component of medical professionalism.(1) However, how volunteering experiences and institutional systems influence its development in medical students remains poorly understood.(2)

METHODS: We conducted semi-structured interviews with 25 medical students from three Los Angeles (LA) medical schools who volunteered during the 2025 LA fires. Data were analyzed using inductive thematic analysis.

RESULTS: Medical students described diverse volunteering activities, including sorting and distributing donations, providing shelter-based medical care, and evacuating people and pets. Three key themes emerged. First, commonly identified motivations for volunteering included the same "calling" that drove students to medicine, a commitment to serve marginalized communities, and the therapeutic value of volunteering to process the disaster. Second, reflections on environmental accountability revealed that volunteering deepened students' understanding of environmental health and its social determinants, while simultaneously exposing knowledge gaps and a desire for formal training to improve preparedness. Third, implications for medical education included the need for integrated climate health education, tools for advocacy and upstream interventions, disaster preparedness training, and community partnerships to support effective volunteering.

DISCUSSION: Climate disaster volunteering fostered professional identity formation rooted in environmental accountability while revealing gaps in institutional preparedness and support. By focusing on environmental health education, disaster response training, and structured partnerships during climate crises, medical schools can better prepare future physicians to address increasingly frequent climate-related health challenges.

A-006 Understanding mentorship needs in dermatology: A qualitative study of faculty and resident perspectives

Miranda Chen, BA; Kristen Enriquez, BS; Amanda Twigg, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To conduct a qualitative needs assessment of dermatology mentorship based on faculty and resident perspectives, with the goal of informing the development of evidence-based, structured mentorship models for medical students.

BACKGROUND: Mentorship is a critical factor associated with career development and match success in dermatology, yet there are extremely limited data investigating the mentorship needs of pre-dermatology students in medical schools.

METHODS: We conducted semi-structured interviews with dermatology residents who graduated from the University of California, San Francisco School of Medicine within the past five years and dermatology faculty to explore their perceptions and experiences with mentorship. Data were analyzed using inductive thematic analysis.

RESULTS: Five faculty members and six residents participated. Five key themes emerged: 1) the importance of early, longitudinal, and integrated exposure to dermatology; 2) mentorship functioning best as a multi-layered network of relationships, with peer mentorship especially highlighted as essential; 3) institutional factors either enabling or constraining mentorship, including strong departmental culture, competing responsibilities, and inadequate reward systems; 4) emotional experiences such as feelings of stress, ambiguity, and anxiety shaping perceived belongingness, engagement with resources, and professional identity formation, alongside a desire for greater emotional support systems; and 5) the need for structured, transparent, and equitable mentorship, particularly during early training and the residency application process, with specific ideas including group models, matching systems, centralized mentorship infrastructure, and clearer communication about application metrics and expectations.

DISCUSSION: Dermatology mentorship can be understood as a dynamic system influenced by relational networks, emotional experiences, and institutional structures. By developing earlier, structured, centralized, and emotionally supportive mentorship models, institutions can better address the needs of developing physicians. Future work will incorporate medical student perspectives to inform and evaluate evidence-based mentorship initiatives.

A-007 Development of a Hybrid Multidisciplinary Curriculum for Caesarean and Obstetric Emergency Care in Tanzania

Man Kuan Lei, MD; Joshua Poter, MD; Maytinee Lilaonitkul, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

PURPOSE: Develop and pilot a context-appropriate curriculum integrating technical and non-technical skills for multidisciplinary teams managing caesarean sections and obstetric emergencies in Tanzania.

BACKGROUND: Many maternal deaths are preventable with timely, coordinated care; gaps in leadership, communication, and role clarity contribute to morbidity and mortality. Tanzania's maternal mortality ratio is 104/100,000 (2022), underscoring the need for pragmatic multidisciplinary training. Our design is informed by Kern's curriculum development principles and interprofessional simulation strategies.

METHODS: Single-arm pilot using a hybrid model: self-paced online modules followed by a 2.5-day in-person course in Dar Es Salaam, using brief lectures, specialty-specific skills stations, and team simulations. Teams of 8 (2 obstetricians, 2 anesthesia providers, 2 midwives, 2 operating room nurses); 32 participants from 4 facilities per course; 2 pilots (May and Nov 2026). Facilities were selected by the Ministry of Health in Tanzania due to high maternal mortality rate. Outcomes: Course evaluation will include Kirkpatrick model level 1-3: Level 1: feasibility/acceptability participant surveys; Level 2: pre/post MCQ knowledge test, OSCE-style skills assessment, and Creighton Interprofessional Collaborative Evaluation of team performance in a standardized obstetric emergency simulation; Level 3: 3-month follow-up interview and survey on practice changes.

RESULTS: In collaboration with Muhimbili University of Health and Allied Sciences, the training material has been developed by an international group of providers with experience in medical education in low-resource context. Pre-course logistics and baseline data collection will begin in Mar 2026; the first pilot is scheduled for May 2026. Preliminary feasibility and early learning outcomes will be reported as available.

DISCUSSION: This project addresses a defined gap by integrating technical and non-technical team training for caesarean care using a feasible, scalable hybrid model aligned with workflows in Tanzanian institutions. Anticipated outcomes will inform course refinement and broader implementation to strengthen team performance and the safety of caesarean care.

A-008 "You’re kind of on your own”: How residents and fellows initially learn inpatient consultation

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Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: To determine how residents and fellows initially learn inpatient consultation.

Background: Residents and fellows are vital to inpatient consultative care. However, the learning curve these trainees experience when they initially inhabit the inpatient consultant role is steep and understudied. Studies of inpatient consultation consistently frame trainees performing inpatient consults as clinician-teachers rather than learners.1-2 Attention to the initial teaching and learning process of inpatient consultation may optimize patient care. We aimed to elucidate how trainees initially learn, and how attendings initially teach, inpatient consultation.

Methods: We conducted a three-institution qualitative study in the U.S. and Australia in 2024-2025. Spanning various inpatient consult services, a convenience sample of UCSF and Beth-Israel Deaconess Medical Center (BIDMC) trainees and attendings and Victorian Comprehensive Cancer Centre (VCCC) attendings completed semi-structured interviews about trainee learning and attending teaching methods. Using conventional content analysis,3 two authors independently coded transcripts and subsequently discussed, consolidated, and hierarchically organized the codes.

Results: Six trainees and six attendings at UCSF, 3 trainees and 3 attendings at BIDMC and six attendings at VCCC participated (due to challenges with including trainees as research participants at VCCC). We noted five learning domains—content knowledge, process knowledge, consultant skills, consult culture, and professional identity--and three teaching/learning modalities: formal (e.g., didactics, orientation), informal (e.g., observational, coaching/feedback), and self-directed (e.g., reading, trial and error). Many participants cited inadequate formal instruction around inpatient consultation.

Discussion: The results suggest heterogeneous and potentially haphazard teaching and learning approaches, which may not sufficiently address the challenges of such a complex clinical role. Future research should examine interventions intended to match instructional rigor to the intensive clinical demands of this role. This study begins to fill a literature gap by framing trainees performing inpatient consultation as learners who require teaching commensurate with the complexity of their role.

A-009 Expanding Rheumatology Continuing Education: A National Needs Assessment of Primary Care Providers

Sharon Abada, MD, MPH; Jennifer Mandal, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To report preliminary results from a national targeted needs assessment survey of United States Primary Care Providers (PCPs) regarding their needs and preferences for rheumatology educational resources.

BACKGROUND: The U.S. faces a critical shortage of rheumatology providers. By the year 2030, the demand for rheumatologists will be more than double the supply[1]. Despite a lack of specialized rheumatology training, PCPs often must function as rheumatologists while their patients await scare subspecialty care. Rheumatology educational resources designed for PCPs are urgently needed, yet PCPs' preferred formats for these resources remain unknown[2].

METHODS: Using Step 2 of Kern's six-step model of curriculum development, we developed a targeted needs assessment survey for U.S. PCPs[3]. The survey includes both quantitative (Likert) and qualitative (open text) questions exploring PCPs' preferences for rheumatology education. The questionnaire development process included review by experts in survey design and administration of a pilot survey to 6 PCPs. Participants are being recruited by convenience sampling (alumni listserv emails, social media outreach, conferences) with a goal sample size of 800 participants by June 2026.

RESULTS/PRODUCT: Since December 2, 2025, 94 PCP responses have been collected. Most of these early respondents (61%) feel it is "somewhat difficult" or "very difficult" to access rheumatology consultation for their patients, with 43% noting at least a 3-month wait time for a first appointment. The learning tools most preferred by respondents include printed "cheat sheets" (algorithms, prescribing guidelines, pocket cards) and very short (<5 minute) videos covering core rheumatology topics, while those least preferred include online question banks, live telementoring programs, and self-guided learning modules.

DISCUSSION: Preliminary results of a targeted needs assessment questionnaire of U.S. PCPs regarding rheumatology educational resources demonstrate a preference for succinct, practical learning materials over longer-form content. These results will directly inform the development of new rheumatology educational resources for PCPs.

A-010 Effects of an interactive response platform on learning outcomes in medical students

Valerie Gerriets, PhD; Lindsay Hewitt; Kaila Polizzi; Yashar Pourmoghadam; Kenneth Thai; Emily H. Tran; Hannah Chang; Tianyu Luo; John K. Cusick, PhD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: The purpose of this study was to explore the educational value of integrating Hotspot, an interactive audience response technology, into preclinical medical curricula. Additionally, the study examines whether the use of Hotspot enhances student engagement and perceived learning compared with traditional multiple-choice questions in a large-group format.

BACKGROUND: Hotspot is an interactive audience response system powered by PointSolutions, that allows students to answer questions by selecting areas of interest on images and figures, rather than choosing from standard multiple-choice options. This form of active learning is implemented to promote real-time engagement and higher-order questioning during lectures.

METHODS: Faculty at California Northstate University incorporated subject-related Hotspot questions into the lectures of first-year medical courses across three different matriculating classes. Following these sessions, students completed an anonymous Likert scale survey administered electronically via SurveyMonkey. Survey items assessed student perceptions of engagement, learning, and ease of use on a 7-point Likert scale in this IRB-approved study.

RESULTS/PRODUCT: Students reported that Hotspot technology made it easier to pay attention during lectures (average Likert score of 5.93 out of 7, n=102). They expressed interest in adding more Hotspot-style questions (5.70 out of 7, n=102), and felt the questions were a good use of class time (6.18 out of 7, n=102). Students also indicated that the interactive format challenged them and reinforced their understanding better than standard multiple-choice questions (5.67 out of 7, n=102).

DISCUSSION: Students preferred Hotspot questions over traditional multiple-choice formats and believed they better prepared them for exams. They encouraged the integration of Hotspot technology and viewed it as convenient and highly effective. This study supports the incorporation of active learning strategies in education to enhance engagement and deepen comprehension. This study provides support for other educators to consider the use of unique, active-learning teaching styles in preclinical medical education.

A-011 Teaching the Skill of Advocacy through Workshops for First-Year Medical Students

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Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: To describe the novel implementation of a series of advocacy workshops for first-year medical students.

BACKGROUND: Physicians are powerful advocates for improving patient care (1). Though medical students feel motivated to address social determinants of health (SDoH) through advocacy, many report a lack of confidence and preparedness in advocating for patients (2). To bridge this gap, we designed an advocacy curriculum.

METHODS: The curriculum consisted of three workshops that spanned the pre-clinical portion of medical student education. Kern's six-step framework was applied throughout the design and implementation, and the transformative model of evaluation (3) informed iterative improvement. The workshops included large group didactics and interactive small group learning led by students, faculty, and community members with previous advocacy experience. The first workshop reviewed power mapping, the second highlighted advocacy skills and strategies, and the third focused on practicing advocacy in groups formed by shared student interest. Evaluation data were multimodal and informed iterative curricular change. Assessment consisted of an open-ended question (OEQ), where students applied an advocacy strategy to a hypothetical scenario.

RESULTS/PRODUCT: In response to student feedback, workshops grew from 2 hours in AY2023-2024 to 8 hours by AY2025-2026. Learning objectives changed based on students' feedback, for example community engagement was added as a guiding principle in AY2025-2026. Qualitative data reflected positive experience for learners, a desire to apply advocacy principles to other courses, and appreciation for interaction with small group leaders, as advocacy role models. All students met expectations for the assessment OEQ, by effectively applying an appropriate advocacy strategy to a specific scenario. The impact of the advocacy workshop went beyond formal instruction with some student groups continuing to work together on their advocacy projects after course completion.

DISCUSSION: The positive reception to and continuation of projects beyond the advocacy workshops demonstrated how impactful skills-based advocacy training can be for first-year medical students.

A-012 Designing a Curriculum on Justice and Advocacy in Medicine Using the Transformative Model

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Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: Describe development and reception of a re-envisioned medical education block designed to advance students' understanding of social and structural determinants of health, facilitate advocacy, and develop skills necessary for work in systems change.

BACKGROUND: In 2021, students reported dissatisfaction and personal harm associated with a prior iteration of UCSF's required social science curriculum. Following a two-year curricular pause, new course co-directors stewarded a comprehensive redesign to address structural injustices that influence healthcare delivery and patient outcomes. Guided by Mertens' transformative paradigm, learning objectives were co-created with students, patients, and community members. In 2023, the block "Justice and Advocacy in Medicine (JAM)" launched.

METHODS: Following Kern et al.'s six-step framework for curriculum development, co-directors held weekly meetings with learners and community partners to review and incorporate feedback. Learning objectives were designed for a longitudinal model of three two-week blocks during pre-clinical training. Teaching modalities included community panels, workshops, and small-group sessions. After the inaugural year, quantitative (five-point Likert-scale) and qualitative (free-text) data from student evaluations informed these iterative discussions.

RESULTS/PRODUCT: Over the first two years, course evaluation scores improved. In 2023/2024, students' average evaluation of the course was 3.64 (1.07 SD); in 2024/2025, it was 3.76 (0.95 SD). Qualitative analysis revealed three dominant themes: (1) gratitude for advocacy-focused content in the medical curriculum; (2) anticipation of greater integration of JAM concepts into clinical training; and (3) desire to expand sessions to include additional subject, e.g. abortion access across states.

DISCUSSION: Centering collaborative curriculum design and critical pedagogy allowed diverse perspectives to shape course content and highlight both shared and community-specific health inequities. Anchoring advocacy education in clinical relevance empowered students to engage actively, contribute lived experience, and assume leadership roles. This model demonstrates the value of equitable, community-informed curriculum development and the necessity of sustaining diverse stakeholder voices across iterative curricular evolution.

A-013 Physician identity Evolution: A Community Engagement Curriculum for SJV PRIME Students

Allyson Khau, MPH; Yolanda Tinajero, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To evaluate physician identity evolution following participation in a one-week immersive community engagement curriculum designed for first-year medical students.

BACKGROUND: The San Joaquin Valley Program in Medical Education is a track within the UCSF School of Medicine designed for students committed to addressing healthcare disparities in the medically underserved San Joaquin Valley (SJV). Students participate in a five-day introductory program (ARISE) that employs community-engaged learning to orient students to the region's healthcare state. Community engagement is increasingly recognized as a critical component of medical education (1, 3). This study examines the impact of community-engagement on the evolution of physician identity among students participating in ARISE.

METHODS: Using the Socio-Ecological Model (2), we developed a pre- and post-evaluation that assessed twelve first-year medical students' perception of their future physician role in relation to the individual, interpersonal, organizational, community, and policy domains. Rapid qualitative analysis was used to analyze pre- and post- student responses to identify themes related to physician identity evolution.

RESULTS: Students identified family and social responsibility as motivations for future practice in the SJV, with no change between pre- and post-survey responses. Before participating in the program, students emphasized qualities such as "listening," "open-mindedness," and "communication with intention" as essential for building connections with patients. Following ARISE, students shifted their focus to intentional connection-building and multidisciplinary practice of medicine referencing examples from the week's activities. One student highlighted the importance of building trust in the SJV stating, "collaborating with trusted community organizations can make this possible."

DISCUSSION: Preliminary findings suggest that the medical students who participated in the ARISE community engaged curriculum experienced shifts in their physician identity. These insights highlight the potential of community-engaged curricula to shape professional identity and equip future physicians with the skills and mindset necessary to address healthcare disparities.

A-014 Navigating the Journey: Non-Faculty Staff Perspectives on Healthcare Pathway Programs and Equity Initiatives at an Academic Health Center

Jae Rouse Iñiguez, EdD, MSHA, MA

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: To examine how non-faculty staff perceive and experience their roles within healthcare pathway programs and diversity, equity, inclusion, accessibility, and belonging (DEIAB) initiatives at a large academic health center.

Background: Healthcare pathway programs are widely recognized as strategies for diversifying the health professions workforce and addressing structural inequities in education and training (1,2). However, prior scholarship and institutional models primarily center faculty leadership and student outcomes, often overlooking the educational labor of non-faculty staff. Emerging literature suggests that staff play critical roles as mentors, program designers, and institutional navigators, yet their contributions remain underexamined in education research (3). This study addresses this gap by centering staff perspectives to better understand how pathway programs operate in practice.

Methods: This study used a mixed qualitative design. Sources included an electronic survey of non-faculty staff involved in pathway and DEIAB-related work (n=31) and semi-structured interviews with key informants (n=9). Survey data were analyzed descriptively. Interview transcripts were analyzed using an iterative thematic analysis approach, with codes reconciled through regular analytic discussions. Findings were synthesized using the Navigator's Compass, a conceptual framework examining representation, access to opportunity, inclusive programming, academic support, and career preparation.

Results: Participants described non-faculty staff roles as essential yet frequently informal and underrecognized within pathway initiatives. Themes included fragmented program structures, reliance on individual labor rather than institutionalized support, and misalignment between equity goals and available resources. Despite constraints, staff demonstrated innovative practices in mentorship, community engagement, and learner support that function as de facto educational components of pathway programs.

Discussion: Centering non-faculty staff perspectives reveals insights into the operational realities of healthcare pathway programs and the fragility of equity efforts that depend on invisible labor. Findings underscore the need for more integration of staff expertise into leadership, design, and evaluation to support sustainable and equitable workforce development initiatives.

A-015 Voiceover lectures and gaming; a three-year study assessing the effectiveness of this pedagogy to deliver basic science content to medical students.

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Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: The purpose of this study was to investigate the effectiveness of combining voiceover lectures and review games as a teaching pedagogy.

BACKGROUND: Drawbacks of traditional lectures include the short attention spans of medical students [1] and poor medical student attendance [2]. Active learning and flipped classrooms offer an alternative that can improve educational outcomes [3].

METHODS: Data was collected from four medical school classes at California Northstate University over 3 years. A formative quiz was given after students were randomly placed into groups that either (1) watched a pre-recorded voiceover lecture and attended an in-class review game or (2) attended a traditional lecture. 7-point Likert-scale surveys assessed how student participants and faculty guests perceived the pedagogy.

RESULTS/PRODUCT: No significant difference in academic performance was observed between either pedagogy. Students reported a preference for voiceovers with review games over lectures (Likert score of 4.53/7, n=64). Students felt the voiceovers improved their performance in review games (Likert score of 5.24/7, n=59) and the review games helped solidify their knowledge (Likert score of 5.80/7, n=54). Guest faculty viewed the combination of voiceovers with review games as more beneficial than lectures (Likert score of 5.63/7, n=9). Students' enthusiasm for review games was consistent throughout the study, yet a significant decrease in student preference for voiceovers occurred as the study progressed.

DISCUSSION: Both students and faculty supported the use of voiceovers combined with review games over traditional lectures. We hypothesize that the waning of student preference for voiceovers during the study was influenced by the COVID-19 pandemic, as nationwide medical student lecture attendance was consistently decreasing before the pandemic, yet rebounded and steadily increased after the easing of pandemic restrictions [2]. Flipping classrooms doesn't need to be an "all or nothing" approach, and faculty should be aware of potentially changing student preferences in education.

A-016 Factors Contributing to Mistreatment, Belonging, Burnout, and Resilience in LGBTQ+ Medical Students

Margaret Akey, BS; Lora Randa, BA; Marissa Harris, BS; Taliesin St James, BA; John Davis Rodriguez, MD, PhD; Erick Hung, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: Our study explores what factors contribute to belonging and mistreatment, and associated impacts on burnout and resilience, among medical students who identify as LGBTQ+.

BACKGROUND: While medical schools strive to create a climate of belonging and inclusion, medical student mistreatment is an ongoing challenge. Previous studies have shown that a greater proportion of LGBTQ+ students experience mistreatment and burnout compared to their non-LGBTQ+ peers. There are limited qualitative studies exploring how and why LGBTQ+ students experience mistreatment, belonging, burnout, and resilience in medical school. Exploring how minority stress theory overlays on contemporary frameworks of the learning environment will likely inform experiences of mistreatment, belonging, burnout, and resilience in medical students.1,2

METHODS: This is a multi-institution, qualitative study with medical students across all years of training who self-identify as LGBTQ+. We completed 26 semi-structured interviews analyzed using reflexive thematic analysis.

RESULTS/PRODUCT: Themes emphasize a range of facilitators and inhibitors to belonging in the learning environment across several domains, including personal, social, organizational, environmental, and societal. LGBTQ+ students navigate disclosure of their identity on a case-by-case basis depending on the safety of the learning environment. Students who hold both sexual and gender minority identities find it particularly challenging to navigate their gender identity in medical school due to difficulty educating others about they/them pronouns and fear of disclosure being met with unwanted reactions. Factors that support belonging include affinity groups, faculty representation, reporting systems, institutional advocacy, and the inclusion of minority identities in the curriculum.

DISCUSSION: This study demonstrates the importance of individual and systems-level initiatives to promote belonging and resilience for LGBTQ+ students in medical school. Building on previous qualitative work on priorities for improving belonging for LGBTQ+ medical students, a range of interventions are necessary across the learning environment domains in order to effectively address minority stress and resilience.

A-017 Impact of Preclinical Anesthesia Skills Workshops on Medical Student Interest, Confidence, and Perception of Anesthesiology

Farhad Ghazali, BS; Dylan Masters, MD; Kristine Breyer, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: Understand the impact of an anesthesia clinical skills workshop on medical students' confidence in procedures, understanding of the anesthesiologist's role, and self-reported interest in anesthesiology.

Background: Early exposure to anesthesiology is limited in many medical school curricula. Anesthesia interest group (AIG) curriculums at UCSF and nationally utilize large group didactics including talks, lectures, or panels, but do not always have hands-on components. There is limited literature that focuses on early-stage (MS1-MS2) students participating in such approaches and their interest, confidence, and perception of anesthesiology as a career. [1,2] UCSF's AIG offers clinical skills workshops, but the impact of medical student workshop participation has never been formally examined.

Methods: 30 medical students (MS1-MS4) self-selected to participate in a faculty-led anesthesia skills workshop that included airway management, IV placement, central line placement, and cardiac ultrasound procedures. Students completed anonymous pre- and post-workshop surveys assessing self-reported interest in anesthesiology, understanding of the anesthesiologist's role, and procedural confidence ratings using 5-point Likert scales. 24 and 21 students completed the pre- and post-workshop surveys, respectively. Unpaired t-test comparisons were used for data analysis. Subgroup analyses were also performed for MS1 and MS2 cohorts.

Results: Significant improvements were observed in self-reported confidence for airway management, IV placement, central line placement and cardiac ultrasound across all learners ($p < 0.05$). Both MS1 and MS2 subgroups had a significant increase in self-reported confidence in all procedural skills, but no significant changes were seen for cardiac ultrasound in the MS2 subgroup. All learners showed a significant improvement in their understanding of the anesthesiologists' perioperative role and career interest ($p < 0.05$).

Discussion: A focused, single-session anesthesia skills workshop meaningfully enhances preclinical students' confidence and interest in anesthesiology. These findings support the expansion of skills-based anesthesia education to strengthen early specialty exploration and improve procedural confidence among medical students.

A-019 LLM Lab: Pilot of a Hands-On Curriculum to Introduce Learners to Large Language Model Use

Conan MacDougall, PharmD, MAS

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To develop and implement a practical, low-barrier curriculum that builds learners' competence in using artificial intelligence (AI) large language model (LLM) tools.

BACKGROUND: LLM use is rapidly expanding in education and healthcare, but learners often lack opportunities to practice safe, effective use with feedback. We designed a series of 'LLM Labs' to provide students with hands-on experiences using various LLM features in a supervised environment.

METHODS: We designed and delivered a series of four structured modules within a 2-week PharmD minicourse elective on AI. Module 1 ('Build a Custom GPT') guided students to create custom assistants by adding system instructions using the ChatGPT custom GPTs or Gemini Gem functions. Module 2 ('Wide World of AI') used a cardiology scenario (atrial fibrillation anticoagulation) to compare three purpose-specific platforms: Search (Perplexity), Learn (Google NotebookLM), and Clinical Care (OpenEvidence). Module 3 ('LLMs for LLLearning') explored using LLMs to support evidence-based learning strategies through construction of pedagogical custom assistants via Google Gems. Module 4 ('Vibe Coding') used plain language prompts to generate code for applications in Office Scripts in Excel and a simple one-page HTML site. Each module included a worksheet, time-boxed tasks, deliverables for review, and guided reflection.

RESULTS/PRODUCT: Curricular products include student-facing worksheets, curated source PDFs, and reusable prompts. These modules were deployed across four out of six minicourse sessions in 45-minute time blocks. Preliminary learner feedback (to be updated at submission) from sessions including an LLM component was favorable for perceived effectiveness (mean 4.5/5), and learners gave favorable feedback on the hands-on nature of the activities.

DISCUSSION: A hands-on 'LLM Lab' series can help students gain AI literacy and experience with commercially available AI tools with minimal technical prerequisites, and is well-received by learners. This innovation has the potential to scale across different learner groups and settings.

A-020 Improving Faculty Development and Medical Educator Community of Practice at Regional Campuses: The Medical Education and Scholarship Hub (MESH)

Claire Gibson, MD; Joe Sanford, MD; Leigh Ann O'Banion, MD; Lily Hitchner, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: The UCSF Fresno Medical Education and Scholarship Hub (MESH) aims to identify faculty development needs at regional campuses and to establish and sustain a Community of Practice (CoP) among medical educators at UCSF's Fresno and Merced campuses.

BACKGROUND: Faculty at regional campuses often prioritize clinical roles over educator identity and have limited access to structured mentorship, cross-departmental collaboration, and centralized faculty development. Models developed for large academic centers are rarely adapted for community-based campuses. Expansion of SJV PRIME and onboarding of UC Merced Undergraduate Medical Education faculty have amplified the need for intentional, regionally tailored faculty development.

METHODS: Using Kern's six-step curriculum development framework, we conducted a general needs assessment to design and implement a pilot faculty development program for Fresno and Merced during the 2025–2026 academic year. Program refinement is ongoing through attendance tracking and faculty feedback. A concurrent targeted mixed-methods needs assessment, incorporating surveys and qualitative input, is being conducted to inform program content.

RESULTS: The 2025-2026 MESH pilot consists of bimonthly sessions open to UCSF Fresno and UC Merced Medical Education faculty. Sessions are promoted through institutional websites, educational calendars, and a monthly email digest. For accessibility, one session per month is offered in person and one virtually, with select sessions scheduled during evening hours. Programming includes educator skill-building with CME credit and CoP-focused discussions. Average attendance was 15 faculty members, with increasing participation from Merced and representation from seven of 10 UCSF Fresno departments.

DISCUSSION: Early implementation shows that MESH is a feasible faculty development model for regional campuses. The program facilitates interdisciplinary engagement, supports educator identity development, and reduces participation barriers through flexible scheduling and hybrid delivery. MESH offers a scalable strategy for cultivating CoP's.

A-021 Creating a Medical Spanish Elective for Emergency Medicine Residents

Natalie Hernandez, MD, MPH; Jillian Mongelluzzo, MD; Chris Fee, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

PURPOSE: To develop a medical Spanish elective for Emergency Medicine residents with intermediate to advanced baseline Spanish proficiency. The elective aims to improve residents' medical Spanish communication skills and increase awareness of language justice and health disparities.

BACKGROUND: Spanish is the second most spoken language in California, yet gaps persist between patient language needs and physician language proficiency. Patients with a non-English language preference (NELP) experience longer emergency department (ED) wait times, poorer understanding of discharge instructions, and higher rates of ED revisits. Literature demonstrates that language- and culturally-concordant care improves communication and patient outcomes; however, structured medical Spanish training in graduate medical education remains limited.(1)

METHODS: A targeted needs assessment was conducted using resident surveys, informal learner interviews, and discussions with residency leadership. The two-week elective was designed using Kern's six-step model of curriculum development.(2) Educational strategies include asynchronous medical Spanish instruction using Canopy Learn, an online course offered through the UCSF School of Medicine, and an interactive lecture on language justice and effective interpreter use. Residents will complete clinical shifts at Zuckerberg San Francisco General Hospital, which serves a large Spanish-speaking population. Additional experiences may include pairing residents with in-person interpreters or bilingual-certified attendings to provide real-time feedback. Program implementation is supported by residency leadership to ensure sustainability and alignment with ACGME requirements.

RESULTS/PRODUCT: The primary product is a feasible Medical Spanish elective integrated into existing clinical duties. Anticipated outcomes include improved resident confidence in Spanish-language communication, increased knowledge of language justice principles, and higher rates of institutional bilingual provider certification. Evaluation will include pre- and post-elective surveys and longitudinal tracking of certification attainment.

DISCUSSION: This elective offers a scalable model for improving language-concordant care through resident education and immersive clinical experience.

A-022 Achieving consensus on essential components of an addiction medicine curriculum in Infectious Diseases fellowship training: a modified Delphi analysis

Sophia Lewis, MD, PhD; Ayesha Appa, MD; David Sears, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

PURPOSE: To establish expert consensus on key addiction medicine learning objectives for infectious diseases (ID) fellowship training

BACKGROUND: Substance use disorders and infectious diseases frequently intersect; however, despite increasing interest in addiction medicine training within ID, there remains no consensus on what competencies should be considered essential.

METHODS: Expert opinion and consensus recommendations are being sought using a modified Delphi process. In response to literature review and evaluation of existing practices, we developed a preliminary list of learning objectives at the intersection of ID and addiction medicine. In Round 1 of the Delphi process, we have administered these learning objectives to participants in a Qualtrics survey using Likert-scale ratings of importance, with opportunities to provide open-ended feedback and suggestion of new objectives. An additional 1-2 rounds will be conducted until there is consensus on the panel’s recommendations. If there are objectives for which consensus is not reached, explanations for differing perspectives will be pursued.

RESULTS/PRODUCT: So far, we have invited approximately 30 subject experts to participate. Round 1 surveys are currently being completed. We anticipate results of Round 1 and 2 will be analyzed prior to the Education Showcase.

DISCUSSION: Establishing a framework for addiction-related ID education has the potential to enhance care for a vulnerable patient population and strengthen a growing area of expertise within the ID field.

A-023 Career Pathways among Integrated Geriatric & Hospice and Palliative Medicine Fellowship Graduates

Evie Kalmar, MD, MS; Vanessa Rodriguez, MD; Jeanette Ross, MD; Sandra Sanchez-Reilly, MD; Helen Fernandez, MD; Lynn Flint, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: Describe career trajectories and influences among integrated geriatrics and hospice and palliative medicine (HPM) (geripal) fellowship graduates

BACKGROUND: Geripal fellowships were created in 2012 as a competency-based medical education pilot that took advantage of the overlapping requirements for geriatrics and HPM fellowships and allowed additional time for professional development. UCSF created a geripal fellowship in 2017. Despite the growth of geripal fellowships with 12 programs nationally graduating 22 fellows per year, little is known about graduates' career outcomes or influences.

METHODS: We formed a team of national leaders who were involved in the creation of geripal fellowships and created a survey following the Artino seven-step process (Artino, 2014). The survey was distributed to 12 geripal fellowship programs' leadership with a request to forward the survey to their graduates. Data collection was open during summer 2025 and January 2026. The data were analyzed using descriptive statistics.

RESULTS: Eight program directors replied that they forwarded the survey to a total of 85 geripal graduates. Among 35 respondents, 18% of graduates identify as geriatricians, 18% identify as HPM doctors, and 64% identify as both. Most graduates practice a combination of geriatrics and HPM (77%), with 3% practicing only geriatrics and 18% practicing only HPM. Common factors in job selection included opportunity for growth, location, and amount of work in geriatrics vs HPM. Common barriers experienced included a job allowing practice of only geriatrics or HPM, difficulty balancing multiple roles, and challenge maintaining certification and skill development in multiple specialties.

DISCUSSION: These findings provide the first insight into geripal fellowship graduates' career paths and will help inform opportunities to improve fellowship design and support for graduates. Next steps include curriculum development around professional identify formation and creation of a national community among geripal fellows and graduates.

A-025 Gamification of Clinical Decision-Making for Medical Physics Residents

Katelyn Hasse, PhD; Alon Witztum, DPhil; Dante Capaldi, PhD; Martina Descovich, PhD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

Purpose: The purpose of this project was to incorporate clinical reasoning practice into the medical physics residency program.

Background: For therapeutic medical physics residents, clinical decision-making is a difficult skill to teach and master – most residents come from academic graduate programs with limited clinical exposure, and the regulatory nature of radiation oncology leads to limited opportunities for independent practice.

Methods: To this end, we have created a “Choose Your Own Adventure” case study-based gamified lecture series. This series allows residents to have a safe space to practice making clinical decisions and explore potential outcomes. The material for each case study was developed by two qualified medical physicists (QMPs), based on their own clinical experience. The residents are given an initial clinical scenario, three options of what could be done next, and asked to choose how they would proceed. The situation then evolves based on the choice that was made.. After they have reached scenario “completion”, there is a guided discussion, focusing on endpoints different choices might have led to. Finally, the group debriefs and walks through what might have happened in similar live clinical situations.

Results: We have piloted a discussion series on clinical decision-making in radiotherapy simulation and delivery for the past three years. This has been well received by both junior and senior medical physics residents, receiving a rating of 5 out of 5 for Format, Topic, and Content (n=4) in post-session surveys.

Discussion: We intend to expand this concept to other medical physics clinical duties including Treatment Planning and Patient/Machine Quality Assurance. A challenge of this approach is developing comprehensive multi-decision scenarios within the clinical context. We are investigating the possibility of using large language models, with output validated by clinicians, to assist with scenario generation and branching narrative development.

A-027 Medical Student Professional Identity Formation Curriculum: PILLARS

Kanchi Batra, MD; Jessica Tashjian, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: We describe a novel PIF curriculum introduced in 2023 for the Kaiser Permanente Longitudinal Integrated Clerkship at San Francisco (KLIC SF) to promote third-year medical students to “think, act and feel like a physician.”

Background: Professional Identity Formation (PIF) curricula is recognized as a necessity during medical school training. PIF is well-suited for longitudinal integrated clerkships (LIC). Current PIF teaching relies heavily on narrative medicine and reflective writing. This emphasizes an individualist model, potentially to the exclusion of valuable social-contextual perspectives.

Methods: We describe a mixed-method PIF curriculum at KLIC SF called PILLARS (Professional Identity Formation through WeLlness, Leadership, Agency, Reflection, & Storytelling). PILLARS is seven 4-hour sessions.
WeLlness: Wellness Rounds are closed sessions for students to discuss wellness-related topics led by a clinical psychologist
Leadership: Shadowing opportunity of a physician leader; didactics and workshops
Agency: Time and resources to complete an independent or group project (eg: research, quality improvement, CME lecture)
Reflection: Faculty-guided critical reflection on clinical and non-clinical experiences
Storytelling: Opportunity to practice public speaking skills through a “story” of the student’s choosing

Results: Since 2023, we have collected anonymous qualitative and quantitative feedback. Based on a Likhert scale of 1 to 5 (1=poor, 5=excellent), PILLARS received an overall rating of 4.17 in 2023 (n=6), and 4.6 in 2024 (n=5), and 4.3 in 2025 (n=6). The average rating was 4.36 (n=17). Students have also reported: “PILLARS is a phenomenal part of KLIC”, “PILLARS played a significant role in shaping my professional identity”, and “PILLARS…not only enriched my third year but also set the foundation for my future career.”

Discussion: The KLIC SF mixed-methods PIF curriculum, PILLARS, has truly complemented the professional development of each student and is thus a beneficial component of the students’ medical training.

A-028 ‘It’s okay to not be okay’: A qualitative study of participation in a resident-focused peer support training program

Kendra Moore, MD, MBE; Larissa Thomas, MD, MPH; Sally Collins, MS; Denise Davis, MD; Peter Ureste, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: To understand the perspectives of resident peer supporters on their work and impact on the institutional culture

Background: Emotional distress is common in residency and peer support can reduce its harmful effects. Because of residents’ distinctive circumstances, some academic medical centers have begun to establish resident-specific peer support programs. Little is known about how resident-to-resident peer support may differ in practice from support between attending physicians, the impact of serving as a resident peer supporter on the resident, or about perceptions of peer supporters of their impact on the institution.

Methods: This qualitative study used semi-structured interviews conducted March-April 2024 with residents in post-graduate years two-six who participated in a peer support leadership program at one institution. Investigators used a constructivist grounded theory approach.

Results: The investigators identified five themes. Peer support looks different for residents when compared to peer support between attending physicians, as most resident support took place ad hoc in the clinical learning environment through existing relationships. The shared experience of co-residents facilitates meaningful support. Regarding participation in the program, learning with residents from other specialties underscored interconnectedness. The structured training built confident and proactive peer supporters who reached out to co-residents who might be struggling. Lastly, participants perceived that the Peer Support Ambassador Program had ripple effects at every level of the residency ecosystem and impacted the institution and culture beyond the individual support interaction.

Discussion: Our research confirms that resident peer support has distinctive characteristics and is uniquely positioned to address residents’ needs. Residents perceive impacts of their participation that include themselves and their colleagues, and extend to their program and institution. Traditionally peer support is thought of as an individual intervention; our work raises hope for peer support's potential as an intervention for culture change.

A-029 Evaluating the Impact of the UCSF Nursing Leadership Program on Staff Retention, Promotion and Engagement

Stephen Baxter, DPT, EdD, MS; Chris Krein, EdD; Renae Waneka, MPH

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: This study evaluates the impact of the UCSF Leadership Institute on workforce outcomes—staff retention, promotion, and employee engagement—within a complex healthcare environment. It aims to clarify how leadership development influences career progression and to identify organizational conditions that shape the magnitude of these effects.

Background: Leadership development programs are widely used to strengthen healthcare workforces, yet evidence linking participation to measurable workforce outcomes remains limited. Prior research suggests that competency development alone may be insufficient without organizational support. This study addresses that gap by examining both competency growth and contextual factors that affect the translation of leadership training into practice, with attention to equity in career advancement.

Methods: A mixed-methods design was employed, triangulating quantitative workforce data with qualitative insights from semi-structured interviews with program participants. Quantitative analyses assessed associations between program participation and retention, promotion, and engagement outcomes. Qualitative data were used to explore participants' experiences, perceived competency development, and organizational facilitators and barriers influencing application of leadership skills.

Results: Participation in the UCSF Leadership Institute was associated with growth in key leadership competencies, including strategic thinking, communication, and mentorship. Program participants demonstrated higher retention and promotion rates compared with non-participants. However, the strength of these outcomes varied by organizational context. Supportive factors—such as leadership endorsement and protected learning time—enhanced the application of new skills, while workload pressures and structural barriers constrained career advancement.

Discussion: Findings indicate that leadership development contributes to positive workforce outcomes, but its impact is contingent on supportive workplace environments. Leadership training alone does not ensure equitable or sustained career advancement. Aligning leadership development with organizational policies is essential to optimize return on investment and advance equity. Recommendations include strengthening formal mentorship structures, expanding advanced leadership training opportunities, and implementing institutional supports that enable leaders to translate competencies into practice.

A-030 Understanding the transition from undergraduate to medical education among students in the San Joaquin Valley Prime (SJV PRIME) program

Alyssa Fuentes, BS; Jeanine Sandra Esteban, BS; Jazmine Kenny, PhD; Elizabeth Black, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: The transition to medical school from undergraduate education can be challenging, particularly for students from backgrounds traditionally underrepresented in medicine. We sought to identify perceived barriers and facilitators to the transition from undergraduate to medical education.

Background: The San Joaquin Valley has one of the lowest ratios of physicians to population of any region of California. The new SJV PRIME+ BS to MD program at UC Merced seeks to address this need by admitting students who demonstrate a strong commitment to medicine and the region. This study was conducted to help inform program elements.

Methods: Four semi-structured focus groups were held with current medical students enrolled in the SJV PRIME program across all four years of training. Focus group transcripts were analyzed thematically using ATLAS.ti.

Results: Key themes identified across focus groups included preparation-relevant skills and experiences, mentorship, and sense of belonging. Students identified adopting specific study strategies, communication skills, engagement with social justice issues, and the ability to maintain work–life balance as important contributors to a successful transition into medical education. Participants described mentorship as fostering confidence, belonging, and navigation of the hidden curriculum, emphasizing that effective mentors shared identities and values with mentees and were accessible and approachable. In addition, participants highlighted the importance of individualized support for first-generation students, supportive peer and faculty relationships, familial support, and structured social opportunities in cultivating community.

Discussion: Based on the findings, we plan to prioritize longitudinal mentoring relationships for pre-health students and develop targeted curricular materials focused on study resources, wellness, and social justice. These findings may also inform the development of student physician identity and support pathway programs at other institutions seeking to support equitable transitions into medical education.

A-031 Bridging Community-based Education and Practice: Resident Perspectives on a Website Preparing Them to Connect with Community Partners

Ha Le, MD; Christine Schudel, MSW, MPH; Diane F. Halberg, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: To identify resident perspectives on a website that prepares them to collaborate and consult with community partners.

BACKGROUND: Pediatric training emphasizes community health programming, driven by studies demonstrating that community-based education enhances understanding of social determinants of health and advocacy venues. However, limited attention has been given to how residents are prepared for these experiences.

METHODS: Community Advocacy Primary Care (CAP) is a curriculum for pediatric residents at the Children's Hospital Oakland — utilizing a website with preparatory tools and resources for site visits — to educate in collaboration with community partners. We conducted a targeted needs assessment to identify implementation gaps. Focus groups were conducted with residents across postgraduate years 1-3 who recently completed CAP to explore motivations for, and barriers to, website use. Transcripts were analyzed by two independent reviewers to identify themes, which were finalized through consensus with course leadership. We reached thematic sufficiency after six focus groups with 18 residents.

RESULTS: Three major themes emerged:
- First, residents found the website content appropriate, detailed, and helpful for contextualizing community sites; however, usability barriers, including poor navigation and interface design, limited consistent use.
- Second, website engagement reflected contextual and workflow constraints: residents accessed the site when they perceived a knowledge gap and typically outside clinical hours, often favoring more accessible alternatives such as emails.
- Third, inconsistent engagement contributed to variable preparedness, with residents reporting unexpected challenges during community experiences requiring active participation.

Based on these themes, residents and course leadership identified actionable improvements, including embedding direct website links into the resident's schedule and reorganizing the content into clear, task-based categories.

DISCUSSION: While access to contextual information supports community-based learning, attention to usability and integration into resident workflows is equally critical to encourage use of the site for its valuable information.

A-032 Development and Deployment of Adaptive, Learner-Centered AI Tutors for Health Sciences Education

Conan MacDougall, PharmD, MAS; Carrie Evans, MS; Elizabeth Gatewood, DNP

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

PURPOSE: To describe the design and deployment of customizable artificial intelligence (AI) tutorbots intended to support learning in health professions curricula.

BACKGROUND: Individualized tutoring is among the most effective educational interventions, but is resource-intensive and difficult to scale. Advances in large language models (LLMs) offer an opportunity to emulate key elements of expert tutoring, including adaptive questioning, targeted feedback, and learner-driven exploration. LLM-driven tutorbots must be designed to follow evidence-informed pedagogical practices, adapt to curriculum-specific goals and content, and remain easy for non-technical faculty to deploy.

METHODS: We developed a framework for deploying LLM-driven tutorbots using custom GPTs within ChatGPT Enterprise (OpenAI). The framework included: (1) defining pedagogical goals aligned with course learning objectives; (2) developing structured tutor behaviors emphasizing guided questioning, progressive disclosure, misconception checking, and error correction; (3) integrating curated, course-specific reference materials to ground responses and reduce hallucinations; and (4) iteratively refining prompts and safeguards through expert review and user feedback. Tutorbots were designed for both self-directed study and facilitated instructional use. Initial deployments inform a faculty “cookbook” and a mixed-methods evaluation (expert accuracy/appropriateness review, learner usability surveys, and focus groups).

RESULTS/PRODUCT: Demonstration products include two domain-specific AI tutorbots with configurable instructional behaviors (e.g., Socratic coach vs direct explainer), deployed via ChatGPT Enterprise within UCSF pharmacy and nursing curricula. Supporting artifacts include reusable prompt templates, a reference-material integration workflow, and a faculty-facing deployment checklist for broader faculty reuse. Preliminary learner survey results will be available at the time of presentation.

DISCUSSION: This project demonstrates a structured approach to designing AI-based tutoring tools that prioritize pedagogical intent, curricular alignment, and responsible use. The developed framework enables scalable integration of AI-supported learning tools across health professions education with minimal technology expertise required, lowering barriers to faculty adoption and supporting learner-centered educational innovation.

A-034 Allergy to Beta Lactam Evaluation (ABLE) Project

Vera Kostko; Clara Lee, PharmD, BCPS; Rachel Ranz, PharmD, BCPS; Jaimie Bhagat, PharmD, BCPS; Theora Canonica, PharmD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: This study that aims to improve the quality of inpatient veteran care at the San Francisco Veteran Affairs (SFVA) Medical Center with the implementation of a beta-lactam allergy questionnaire.

Background: SFVA antimicrobial stewardship program promotes optimal antibiotic use. Over-reporting of antimicrobial allergies is common, which leads to veterans being prescribed second-line, broader-spectrum antimicrobials, increasing the risk of resistance, treatment failure, and infections. The ABLE initiative provides a standardized antibiotic allergy interview template which allows pharmacists to adjust reported antimicrobial allergy information.

Methods: The questionnaire was integrated into the medication history interview to collect data on patient beta-lactam allergies. The pharmacy technicians and interns responsible for medication interviews were educated on when to include this questionnaire if a newly admitted patient had a reported beta-lactam allergy. Patient responses were evaluated by infectious disease (ID) pharmacists. Data was collected from May 13th, 2025, to December 12th, 2025 and was analyzed.

Results/Product: Analyzed data collected revealed that most beta-lactam allergy reports in electronic medical records (EMRs) were incomplete. Out of 103 patients interviewed, 72 (70%) of their beta-lactam allergy labels were adjusted and 12 (12%) were removed. Using the questionnaire, reaction severity reporting increased the most while descriptions of the reaction were often present prior to implementation. Once an ID pharmacist reviewed the interview notes, they clarified if a patient’s reaction to a beta-lactam was a true allergy, a side effect, or a different reaction.

Discussion: The implementation of this questionnaire improved antibiotic allergy reporting, which decreased the likelihood of veterans being prescribed second line antibiotics. Though the questionnaire lengthened patient interviews, the amount of allergy labels that were adjusted implies that educating pharmacy technicians and interns on the importance of collecting allergy information will improve patient outcomes in the case of an infection.

A-035 Implementing a Longitudinal Physical Exam Curriculum for Pediatric Residents

Erin Keizur, MD; Jolene Won, MD; Lauren Lin, MD; April Zaat, MD, MAEd

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Background: Residency assessment includes milestones for acquisition of specialty-specific physical exam skills. However, few formal programs exist to teach physical exam skills in pediatric residency. Most teaching occurs during medical school, with variability in how training is provided. Prior literature suggests that medical students feel less prepared to perform pediatric physical exam skills compared to other patient populations. The few residency curricula published have been lecture-based, single sessions, or lacked direct patient practice.

Purpose: We aimed to improve resident comfort level and skill performing pediatric physical exams through a longitudinal outpatient curriculum.

Methods: Using Kern's curricular development framework, we began with a needs assessment among residents to identify perceived weaknesses in physical exam skills. We then performed purposive sampling of expert educators among pediatric subspecialties to determine physical exam skills they identified as most important for pediatric residents to learn. Responses were combined into a checklist of core pediatric physical exam maneuvers.

Results: We obtained 53 survey responses (64% response rate) from pediatric residents at UCSF Benioff Children's Hospital Oakland. The exam maneuvers with the lowest reported comfort were otoscopic (56%), fundoscopic (79%), musculoskeletal (65%), and reflexes (48%). We obtained responses from attendings across twelve subspecialty clinics regarding key physical exam maneuvers. These findings informed the development of a physical exam checklist tool used to monitor skills practiced and provide structured physical exam-based objectives for one-on-one feedback.

Discussion: Both residents and attendings identified gaps in education and areas for improvement in resident physical exam training. In response, our developed checklist was incorporated into learning goals for pediatric interns during a 2-week outpatient subspecialty rotation starting June 2025. Checklist responses will be completed by June 2026 by all 32 pediatric interns. Ongoing evaluation of checklists and small group discussions with residents will assess feasibility, learning, and areas for improvement.

A-037 Impact of a self-guided direct ophthalmoscopy learning module on direct ophthalmoscopy skills for neurology residents

Aryan Chaychian, BS; Maria Lee, BS; Connor Hults, BS; Emily Eng, OD; Mark Terrelonge, MD; Nailyn Rasool, MD; Madeline Yung, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: To investigate an accessible, self-guided direct ophthalmoscopy (DO) learning module for neurology residents and examine whether resident self-assessment aligns with objective assessment.

Background: Fundus findings are central to diagnosing and managing many neurologic conditions, yet neurology residents receive minimal direct ophthalmoscopy training and often lack confidence using this skill in clinical care.

Methods: Neurology residents at a single academic institution participated in a structured training workshop. Prior to any educational intervention, residents performed direct ophthalmoscopy on peers, completed a self-assessment, and were concurrently evaluated by an objective grader using the same rubric. Residents then completed a self-guided learning module, followed by repeat self and objective assessments. Inter-rater reliability was evaluated using Gwet's AC1, and changes in confidence performing DO were analyzed using paired t-tests based on pre- and post-workshop questionnaires. Between 3 and 6 months, residents completed follow up self-assessments after performing direct ophthalmoscopy on patients or peers to determine long-term skill retention.

Results: 30 Residents participated in the workshop. There was substantial agreement (Gwet AC1 0.68± 0.16) and almost perfect agreement (Gwet AC1 0.90±0.089) between objective and self-assessments for pre-module and post-module data, respectively. Objective assessment data demonstrated a statistically significant performance improvement from pre- to post-module completion (mean 11.56/16 vs 15.22/16, paired $t(26) = 7.32$, $p < 0.001$). Self-reported confidence in accurately performing DO also improved significantly (mean 1.96 vs 3.25, paired $t(23) = 7.85$, $p < 0.001$). To date, follow up self-assessments demonstrate complete retention among respondents (mean score 16/16).

Discussion: An educational workshop paired with a self-guided learning module on direct ophthalmoscopy improved neurology residents' confidence and produced objective performance gains that closely tracked resident self-ratings. This approach may offer a scalable way to build bedside fundus exam capacity in neurology training and supports structured self-assessment as a practical measure of proficiency over time.

A-038 Hands-On 3D Modeling with Pipe Cleaners Enhances Coronary Anatomy Learning in Medical Students

Rachel Huynh, BA; Jeanna Shaw, BA; Ryan Ma, BA; Avani Mylvara, BA; Rebecca Brown, BA; Lina Lew, BA; Binh An Phan, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: We evaluated the effectiveness of using 3D pipe cleaner models as a teaching tool for coronary anatomy among medical students.

Background: Learning coronary anatomy is essential for medical students to understand cardiovascular physiology, pathology, and clinical medicine. To address the challenge of visualizing coronary circulation in three dimensions, we implemented a hands-on pipecleaner modeling activity to enhance kinesthetic learning and promote understanding of coronary anatomy.

Materials and Methods: Led by a cardiology faculty member, students constructed coronary artery models using pipe cleaners, scissors, and tape measures during a 50-minute step-by-step workshop. Of 53 attendees, 43 (81%) completed pre- and post-workshop surveys; 37 (86%) were first-year students. Pre-activity surveys assessed preferred learning methods and challenges in learning coronary anatomy, while post-activity surveys evaluated self-rated confidence (1–5), perceived effectiveness (1–5), and open-ended feedback.

Results: Pre-workshop, students reported the most difficulty with correlating coronary anatomy to angiograms (72.1%) and ECG leads (60.5%), while 46.5% struggled with overall spatial relationships of coronary anatomy. Preferred learning methods included building physical models (65%), cadaver dissection/prosection (56%), whiteboard sketching (26%), and traditional lectures (12%) or textbook diagrams (12%). Post-workshop, all 43 participants reported similar or increased confidence in understanding coronary anatomy: 12 improved by two levels, 18 by one level, and 12 were unchanged. Mean confidence rose from 2.40 to 3.47 ($p < 0.0001$, Wilcoxon Signed Rank Test).

Discussion: Our findings suggest that hands-on 3D modeling with pipe cleaners improves students' confidence in visualizing coronary structures and is preferred over traditional learning modalities. Consistent with theories of embodied cognition and active learning, the observed gains in confidence likely reflect improved spatial reasoning achieved through physically manipulating structures, evidence that hands-on modeling can be an effective way to learn coronary anatomy.

A-039 Trauma-Informed Care Curriculum Designed in Collaboration with Community-Based Organizations

Elizabeth Raby, BS; Eva Kitlen, BA; Stephanie Lawless, BA; Leigh Kimberg, MD; Theresa Cheng, MD, JD; Christopher Peabody, MD, MPH

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To describe the development of a trauma-informed care (TIC) curriculum for Emergency Medicine (EM) physicians caring for survivors of intimate partner violence (IPV) through a formal partnership with community-based organizations (CBOs).

BACKGROUND: Survivors of intimate partner violence (IPV) often seek care in the emergency department (ED). While TIC improves patient trust and clinical outcomes, structured curricula for EM physicians are lacking.1 To address this gap, we established a Community Advisory Committee (CAC) in partnership with community-based organizations (CBOs) specializing in survivor-centered advocacy to guide curriculum design.

METHODS: We applied Kern's six-step framework for curriculum development, integrating SAMHSA's six guiding principles of TIC.2,3 The UCSF team comprised Emergency Medicine (EM) physicians, a physician with IPV expertise, social workers, and medical students. Together with the CAC, the CAC/UCSF team conducted a general needs assessment, followed by a walkthrough of the ED to understand the perspective of a survivor seeking care. This targeted needs assessment provided a survivor-centric perspective, which informed the identification of specific learning objectives and clinical gaps for the curriculum.

RESULTS/PRODUCT: The curriculum was delivered as a two-session course during the EM residency conference. Content focused on universal education, referral pathways, and patient empowerment. The sessions included interactive presentations and case-based discussions facilitated by the CAC to model relationship-building and collaborative decision-making. Residents responded to a post-session survey, with 50% (n=9) feeling confident in their TIC skills and 50% (n=9) feeling comfortable connecting patients to community-based resources.

DISCUSSION: This curriculum design model highlights the value of community-academic partnerships in medical education. By integrating community expertise, the curriculum fosters a care continuum that prioritizes survivor safety and physician efficacy.

A-040 Transformative Learning Theory in Palliative Care Training: Evaluating the Impact of a Narrative Medicine Curriculum

Pramita Kuruvilla, MD; Adeoluwa Oyakhire, MD, MPH

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: Medical training is often marked by moments of “systole”—intense, high-pressure experiences. To counterbalance this, we designed a pilot Narrative Medicine (NM) curriculum for the UCSF Hospice and Palliative Medicine (HPM) Fellowship grounded in Mezirow’s Transformative Learning Theory, offering the fellows a much-needed “diastole”—a chance to pause, reflect, build empathy, and develop critical palliative care skills. HPM Fellows engaged with essays, art, and poetry addressing intersectional topics in Palliative Medicine. These works facilitated critical reflection and fostered new paradigms of understanding, which were then evaluated for impact.

Background: Narrative Medicine has emerged as a powerful tool to help HPM and other learners critically reflect on transformative experiences during their training.(1-3) As recently noted in The Journal of Pain and Symptom Management, “narrative medicine is the missing ingredient in palliative care training”.(1) In response, we developed and implemented a pilot NM curriculum for UCSF HPM Fellows to enhance their professional growth.

Methods: Seven 2024–2025 UCSF HPM Fellows participated in monthly 1-hour NM sessions integrated into their clinical workday across nine months of the academic year. Each session focused on a professional development topic and applied Mezirow’s Transformative Learning Theory as an educational framework.

Results: Fellows completed pre-course, mid-year, and post-course surveys, as well as qualitative interviews at the end of the academic year. Preliminary feedback suggests the NM curriculum fostered greater empathy and meaning in their work. Detailed results and analyses will be shared.

Conclusion: Reflective practices through NM enable HPM learners to deepen empathy and strengthen key palliative care skills. Based on our institutional experience, we propose that incorporating NM into HPM fellowship curricula nationwide can enrich professional development and enhance the training of future palliative care clinicians.

A-041 Feasibility of Implementing MedSimAI: Student Experiences Using an AI Chatbot for OSCE Preparation

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Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: This feasibility pilot evaluates the implementation of MedSimAI for Objective Structured Clinical Examinations (OSCEs) at two institutions, focusing on the student experience.

Background: Medical schools face ongoing challenges in scaling clinical skills training, particularly in providing frequent, low-stakes opportunities for deliberate practice and formative feedback. Traditional standardized patient (SP)-based simulations, while highly valued, are constrained by cost, scheduling, and access [1-2]. Self-regulated learning (SRL) includes goal setting and reflection to promote lifelong learning [3]. MedSimAI, a chat-based simulation platform, addresses these challenges by enabling on-demand practice with virtual SPs and immediate automated feedback, while supporting SRL.

Methods: MedSimAI was piloted for first-year medical students at UCSF (179) over 3 months and at Weill Cornell (106) over 5 months before their first summative OSCE. At Cornell, it was also used in a required session for first-years and offered to third-years (85) before a summative multi-case OSCE. Baseline pre-OSCE surveys assessed SRL, communication skills, and self-efficacy. Following the OSCEs, we collected usage data, administered a follow-up survey, and conducted semi-structured student interviews probing for SRL.

Results: At UCSF, 88 first-years (49%) used the platform, averaging 3.6 cases (12 minutes/case). At Cornell, 106 first-years (100%) averaged 1.9 cases (17.8 minutes/case) and 32 third-years (38%) averaged 1.8 cases (12.4 minutes/case). Baseline SRL survey data identified self-monitoring and goal setting as areas for additional support. Post-OSCE surveys and interviews revealed that students valued the added practice with immediate feedback and viewed MedSimAI as a valuable OSCE prep tool that also supports key SRL behaviors.

Discussion: This pilot demonstrated that MedSimAI offers medical students accessible, flexible opportunities for clinical skills practice, highlighting its feasibility and a growing acceptance of digital tools in medical education. Recent platform developments include incorporating physical exam components, writing notes, formulating a differential diagnosis, and delivering an oral presentation.

A-042 Evaluating an Action-Oriented Climate and Health Workshop for First Year Medical Students

Rio Barrere-Cain, BS, BA; Heather Whelan, MD, MSc

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: We aimed to educate students about the connections between air quality, climate change and respiratory health, and to empower them to be effective communicators for environmental justice.

Background: While high-quality, evidence-based resources for climate and health education exist, few go beyond discussing the negative health impacts of climate change to train health professionals in taking concrete actions that address those effects. We developed an environmental justice panel and small group for UCSF first year medical students (MS1s) to bridge this gap.

Methods: Before designing the lesson, we conducted a literature search regarding the relationships between climate change, air pollution, inequities in air pollution exposure, and respiratory health. The lesson included a panel where local environmental justice leaders discussed their work addressing the health harms of air pollution and how health professionals can support community-led initiatives. Following the panel, students participated in a small group where they developed skills for communicating with patients and other stakeholders about the health harms of climate change and air pollution.

Results: Following the workshop, students answered both Likert scale and free response questions. 61 of 161 students (37.9%) responded, rating their sense of agency in addressing the health effects of climate change with 1 being low and 5 being high. When reflecting on their sense of agency before the session, 38.4% of students rated it a 4 or 5. This rose to 78.7% when students reflected on their sense of agency after the session. Qualitative feedback emphasized the educational value of active discussion and direct experience with environmental justice organizations. Longitudinal surveys are needed for a more nuanced understanding of the workshop’s impact.

Discussion: An environmental justice panel and small group emphasizing climate health communication skills increased MS1’s sense of agency in addressing health effects of climate change.

A-043 Learning Indirect Fundoscopy with a Model Eye

Hamidah Mahmud, MD, MA; Madelynn Mackenzie, BS; Hiab Ghebregherghis, BS; Aryan Chaychian, BS; Madeline Yung, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To investigate the utility of a model eye for learning and assessing competence in binocular indirect ophthalmoscopy (BIO)

BACKGROUND: Ocular exam skills have a steep learning curve and limited exposure during medical school. BIO is particularly technically challenging. A model eye may provide a low-risk, asynchronous platform for early skill acquisition and assessment.

METHODS: Medical students (M1–M4) at a single institution participated in an instructional and assessment session. Participants attended a brief live BIO demonstration followed by small-group practice using a model eye and self-guided module.

Students were assessed on BIO performance, with one minute allotted for headset setup before assisted if needed. Participants were randomized to first examine either a model eye—identifying central letters (A-E) and peripheral numbers (1-5)—or a pharmacologically dilated standardized patient eye—identifying central and peripheral anatomy—before switching tasks. Subjective confidence (1-5 Likert scale) was assessed pre- and post-session. Associations between model and human eye performance were evaluated using Spearman correlation with permutation testing.

RESULTS: Eighteen students (mean age 25; 72.2% female) participated; 61.1% had no prior BIO experience. Fourteen students (77.8%) donned the BIO headset without assistance (mean setup time of 45 ± 11 seconds). On the model eye, 66.7% identified more than three central letters, while 6% identified more than three peripheral numbers. Central letter identification correlated with human eye performance ($p = 0.79$; permutation $p = 0.002$). Median confidence improved for BIO adjustment (+3), headset knowledge (+3), and model eye visualization (central: +2; peripheral: +1). For human eye examination, confidence improved only for peripheral visualization (+5). Paired analyses demonstrated significant improvements across all tasks ($r = 0.56–0.89$).

DISCUSSION: A self-guided BIO module improved learner confidence and demonstrated strong construct validity. Model eye performance correlated with human-eye examination outcomes, supporting its use as an effective training and assessment tool for fundoscopy skills.

A-044 Mental Health Didactic Curriculum for UCSF Fresno Pediatric Residents

Josiah Cox, MD, PhD; Christian Faulkenberry-Miranda, MD; Alia McKean, DO; Shelly Nakaishi RN, MS, CPNP; Michelle Riederer, MD; Petra Steinbuchel, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

PURPOSE: To develop a mental health didactic curriculum for UCSF Fresno pediatric residents

BACKGROUND: Pediatric residency programs are tasked with training future pediatricians to provide quality, front-line mental healthcare, but some programs, such as the UCSF Fresno Pediatric Residency Program, have limited collaboration with mental health specialists to help with curriculum design and implementation.

METHODS: We performed a needs assessment by surveying the UCSF Fresno pediatric residency program faculty and residents on their self-reported comfort in mental healthcare skills. We based the survey on the American Board of Pediatrics Entrustable Professional Activity (EPA) for Assessing and Managing Mental Health Concerns (1). We are now developing, in collaboration with UCSF Fresno pediatric faculty, a toolkit for teaching curricular content based on priorities observed in these surveys. Educational strategies used include problem-based learning modules, using a longitudinal, case-based format to simulate providing real-world mental healthcare as pediatricians.

RESULTS: Needs assessment revealed there are many mental healthcare skills which the majority of faculty and residents do not feel comfortable performing. Relative areas of need include utilizing available mental health resources and treatment strategies in general for substance use disorders, anxiety, depression, and ADHD in youth. Given this, we have been creating content that highlights evidence-based treatment strategies for these conditions to use in pediatric settings, emphasizing ways to incorporate interprofessional collaboration through available mental health resources. The curricular content is designed to be sustainable, for UCSF Fresno pediatric faculty to be able to utilize and conduct during protected didactic time without additional support in future years. Our evaluation plan includes repeating our needs assessment, measuring changes, and asking semi-quantitative and qualitative feedback from residents and faculty.

DISCUSSION: Through the modules we have created and implemented, this curriculum demonstrates the possibility of interprofessional and cross-campus collaboration to support resident education in mental health.

A-045 Implementation and Evaluation of a Novel Video-based Gastroenterology Curriculum for Medical Trainees

Alyssa Sales, BA; Sachin Shah, MD; Max Brondfield, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: Based on a targeted needs assessment, we developed and evaluated a video-based curriculum to increase gastroenterology (GI) exposure for UCSF internal medicine (IM) residents and medical students.

Background: GI rotations are popular among IM residents, yet there is little published data on the implementation of a GI curriculum for residents or medical students. Following Kern's educational model, we aimed to develop a concise educational curriculum that addresses learner needs in a sustainable fashion.

Methods: A targeted needs assessment was performed using email surveys of IM residents that queried preferred learning topics based on AGA Entrustable Professional activities for GI fellows at one tertiary medical center from 10/2021-11/2021. Didactic videos (~10 minutes) were created by a fellow or resident paired with GI faculty and added to the curriculum. Medical students and residents rotating on the inpatient GI service between 08/2022-12/2025 were asked to complete each video with pre- and post-tests. Unpaired two-sided t-tests were used to analyze pre- and post-test scores.

Results: Results from pre- and post-tests showed significant improved performance after completion of each video, with irritable bowel syndrome pre-test mean = 76%, SD 19% vs post-test mean = 96%, SD 10% ($p<0.001$); nutrition pre-test mean = 81%, SD 15% vs post-test mean = 97%, SD 7% ($p<0.001$); dysphagia pre-test mean = 74%, SD 25% vs post-test mean = 88%, SD 13% ($p<0.001$); pancreaticobiliary pre-test mean = 85%, SD 19% vs post-test mean = 92%, SD 13% ($p<0.01$). We are conducting ongoing analysis of resident evaluations of inpatient GI elective educational quality.

Discussion: Our evaluation of a video-based curriculum demonstrated enhanced content comprehension by video viewers, with statistically significant pre- and post-test score improvements across all four topics. Our results suggest that implementing short didactic videos can improve learning for medical students and IM residents rotating on GI electives.

A-046 Embedding Antiracist Critical Service Learning in Medical Education: Learner Perceptions of a Longitudinal Community Engagement Curriculum

Jyothi Marbin, MD; Shelene Stine, MD MPH; Ali Barclay; Camila Mateo, MD MPH; Leanna Lewis, MSW, EDD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To evaluate learner perceptions of a required, longitudinal curriculum grounded in critical service learning (CSL) designed to foster reciprocal community partnerships and capacity for structural change.

BACKGROUND: Community engagement is central to equity-oriented medical education but is often implemented in episodic or optional ways that risk being extractive. CSL emphasizes reciprocity, power analysis, and collective accountability, positioning engagement as shared work rather than one-directional service. Structural analysis and advocacy are core learning outcomes within this framework. The UC Berkeley–UCSF Joint Medical Program (JMP) embeds community engagement as a required, longitudinal component of the curriculum. The program articulates shared goals of understanding community strengths, developing skills for equitable partnership, and building capacity for structural change through experiences including longitudinal community preceptorships, community members as experts in the classroom, and advocacy activities in Sacramento and Washington, DC.

METHODS: A mixed-methods survey was administered to third-year JMP students in 2025 following completion of the curriculum over 2.5 years. 75% (12/16) students responded. Likert-scale items assessed perceived effectiveness of curricular components in meeting CSL-aligned goals, alongside open-ended reflective questions. Quantitative data were analyzed descriptively and qualitative responses thematically.

RESULTS: Students identified different curricular components as most impactful for specific CSL goals. Longitudinal community preceptorships were most strongly associated with understanding community strengths (92% rated very/extremely effective) and developing skills for equitable partnership (83%). Sustained local engagement activities supported relationship-building and learning alongside community members (92%). Advocacy-focused experiences, including trips to Sacramento and Washington, DC, were rated as especially impactful for building capacity to engage in structural change (75%). Qualitative themes highlighted the value of continuity, humility, and explicitly addressing racism and power in community engagement.

DISCUSSION: Embedding an antiracist CSL model within required medical curricula supports learner development across equity-oriented competencies and offers a replicable approach for justice-oriented medical education.

A-047 A Community Meet-and-Greet Grounded in Critical Service Learning to Foster Reciprocal Community Relationships

Jyothi Marbin, MD; Ali Barclay; Leanna Lewis, MSW, EDD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To describe and evaluate a curricular innovation grounded in antiracist critical service learning (CSL) that connects medical students with East Bay community partners, deepens understanding of community strengths, and supports community-centered scholarly projects.

BACKGROUND: Relationship-based community engagement is essential to equity-oriented medical education, yet students often lack structured opportunities to engage community partners in non-extractive ways. Antiracist CSL emphasizes reciprocity, power awareness, and shared accountability, positioning engagement as collective work rather than one-directional service. The UC Berkeley–UCSF Joint Medical Program (JMP) piloted a required Community Meet-and-Greet within the preclinical curriculum to introduce first-year students to local organizations, center community-defined priorities, and support pathways to community-centered master's projects.

METHODS: The Meet-and-Greet brought together 15 medical students and 12 East Bay community partners for facilitated small-group discussions focused on community strengths, organizational missions, and partnership opportunities. Evaluation included an immediate post-event student survey (13/15, 87% response), a follow-up student survey several months later (7/15, 47% response), and a community partner survey (7/12, 58% response). Surveys included Likert-scale and open-ended items. Quantitative data were analyzed descriptively and qualitative responses thematically.

RESULTS: Immediately post-event, all students rated the experience as very valuable for learning about community organizations, and 77% reported making connections they intended to pursue. Students rated the event very or extremely effective for understanding community strengths (77%) and supporting structural change (69%). At follow-up, 57% reported connecting with a community partner and 57% reported influence on their project ideas. Community partners reported high perceived value (86%) and likelihood of future collaboration (86%). Qualitative themes emphasized early relationship-building and learning directly from community priorities.

DISCUSSION: Embedding a Community Meet-and-Greet grounded in CSL within required medical curricula can foster reciprocal partnerships and community-centered scholarship, offering a replicable, non-extractive model for justice-oriented medical education.

A-048 Exploring Trainees' Experiences and Perceived Impacts of Community Circles: A Qualitative Study

Margaret Lin-Martore, MD; Dina Wallin, MD; Joe Graterol, MD; Starr Knight, MD; Sima Patel, MD; Mel Molina, MD, MAS; Bridget O'Brien, PhD; Evelyn Porter, MD, MS

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To explore the impact of community building circles (CBCs) on trainees' experiences of connection and community.

BACKGROUND: Medical training is stressful and high acuity environments, like in Emergency Medicine (EM), can intensify that stress. Demanding and isolating clinical schedules and training structures often lead to individualized coping mechanisms; however, social connection and community are known to enhance resilience to stress and foster wellness. Circle processes, including CBCs, are a restorative justice (RJ) practice derived from indigenous culture that can be used as a proactive strategy to strengthen interpersonal connections.

METHODS: CBCs were introduced in the UCSF EM residency and Pediatric EM fellowship in 2023. We conducted semi-structured interviews with trainees (EM residents and Pediatric EM fellows) who participated in one or more CBCs. An interview guide was developed with the UCSF Office of RJ Practices. We are analyzing our data using reflexive thematic analysis guided by RJ principles.

RESULTS/PRODUCT: Since October 2025, we have conducted 9 interviews. From initial thematic analysis, we identified themes related to the experience of being in circle, factors influencing the experience, and post-circle changes. Regarding being in circle: Circle is unique and unlike other program-related social or community events, allows for rapid, deep connection and community formation, and fosters trust. Participants felt circles were emotionally intense but also validating and therapeutic. At the same time, being in circle felt challenging and risky due to the need for vulnerability. Factors influencing the experience of circle included the circle structure and the participants' prior experiences and backgrounds. Post-circle, participants noted increased connection, community, and support, though had uncertainty of lasting impact.

DISCUSSION: Our preliminary analysis describes the experience of EM trainees in CBCs. Incorporating CBCs into medical training may contribute to community formation and connection.

A-049 Evaluating Trauma-Informed Care Training for Rural School-Based Mental Health Professionals

Juliet Yonek, PhD, MPH; Megan Ramaiya, PhD; Petra Steinbuchel, MD; Lauren Haack, PhD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: We present evaluation findings on the acceptability, feasibility, and perceived usefulness of a 2-day training for school-based mental health providers (SMHPs) in a rural Northern California school district. The training aimed to improve participants' knowledge and confidence related to recognizing and supporting students impacted by trauma, as well as their own levels of burnout and vicarious trauma.

BACKGROUND: The curriculum was informed by adult learning theory, emphasizing experiential learning, self-direction, and immediate relevance to practice. Content was co-designed with district administration to align with the community context, student mental health needs, and available resources. Instructional methods included didactics, skills practice, case examples, and structured reflection. An implementation science approach grounded the mixed-methods evaluation.

METHODS: We employed pre- and immediate post-training surveys to assess changes in knowledge and confidence regarding trauma-informed practices, motivational interviewing, and peer-mentoring strategies to address staff burnout using Likert-scale items. Qualitative data were collected through open-ended questions examining key takeaways, intended application of skills, suggestions for improvement, and future training needs.

RESULTS/PRODUCT: Thirty-one SMHPs who attended the training completed evaluation surveys. Most (88%) agreed or strongly agreed they would recommend the training to colleagues. Statistically significant increases were observed in confidence for understanding trauma impacts, applying trauma-informed approaches, using motivational interviewing techniques, and implementing structured peer-mentoring strategies to address staff well-being. Additionally, 65% reported plans to implement a single-session intervention tool in practice. Requested future topics included restorative practices and additional skills-based mental health training.

DISCUSSION: Findings suggest that our co-designed, trauma-informed care training is acceptable, feasible, and effective in building SMPHs' confidence and readiness to implement evidence-based practices in rural school settings. Strong endorsement, planned skill application, and requests for additional training indicate potential for sustained practice change and scalability.

A-050 Building capacity for vascular health equity: evaluating medical student training for CHAMPIONS screenings

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Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: Community-based screening programs, such as the Comprehensive Heart and Multidisciplinary Limb Preservation Outreach Networks (CHAMPIONS), which engages pre-medical and medical students in vascular screenings, offer a promising approach to improving early peripheral artery disease (PAD) detection in underserved communities. This project aimed to 1) evaluate volunteer confidence in performing vascular health screenings and 2) develop recommendations to enhance student education and training for future efforts.

Background: Prior studies have highlighted the value of engaging students in service-learning opportunities, however, no standardized curriculum or training methods exist for this work.

Methods: Electronic surveys were distributed to 175 pre-medical and medical students who volunteered with CHAMPIONS between 2023-2025. Surveys assessed confidence across CHAMPIONS' core competencies: intake, vitals, point-of-care (POC), toe-brachial index (TBI), interpretation of results, and effective communication with diverse populations. Additionally, volunteers participated in 15-minute interviews exploring their overall training experience, perceived preparedness, and suggested improvements.

Results/Product: Thirty-five survey responses were received and 6 interviews were conducted. Overall, 83% of respondents reported being satisfied or very satisfied with their training. Volunteers expressed strong confidence in describing the screening, communicating with diverse populations, and performing and explaining blood pressure measurements. They reported lower confidence in explaining PAD, troubleshooting blood pressure and POC testing, performing and explaining TBI testing, and interpreting results. Medical students demonstrated moderately higher confidence than pre-medical students. In interviews, volunteers valued hands-on training and expressed interest in strengthening their understanding of each test's purpose and results.

Discussion: This study identified strong volunteer confidence in basic communication and blood pressure measurement, but notable gaps in explaining PAD, performing TBI testing, troubleshooting, and interpreting results. Implementing station-specific guides and quarterly in-person training focused on PAD pathophysiology and TBI testing will help standardize volunteer preparation across CHAMPIONS screenings and improve volunteers' ability to interpret screening results with confidence.

A-051 Pediatric Dentistry for Pediatricians: Curriculum Development in Response to a Needs Assessment

Vivian Chan, MD; Elena McCormick, DDS, MPH; Sally Oh, MD; Celeste Allen, MD; April Zaat, MD, MAEd

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: Develop and implement a curriculum for pediatric residents to learn relevant topics on dentistry.

BACKGROUND: Despite the lack of formal dental education, pediatricians are often tasked with caring for dental conditions in a variety of clinical settings. Our dental knowledge survey highlighted a knowledge gap and interest among residents to receive more training. Prior to this project, there was no structured curriculum for pediatricians to learn about dentistry.

METHODS: The dentistry curriculum was developed with two components: a didactic conference for all pediatric residents and an experiential elective rotation. In the conference, we presented jointly as medicine and dental residents on high yield topics ranging from dental hygiene to oral examinations to dental emergencies. Secondly, we created a dentistry elective rotation for pediatric residents to learn directly from dentists in their clinics, operating rooms, and emergency consults.

RESULTS: Although there was no post-conference survey to quantify the data, the conference was well-received by pediatric residents. Future presentations may be followed by a survey to evaluate its effect. However, there were anecdotal accounts of residents diagnosing dental conditions in primary care and emergency rooms as a result of learning from this presentation. Additionally, a number of residents have already taken the dentistry elective this academic year.

DISCUSSION: Our curriculum covered dental topics that are often managed by pediatricians, but not included in pediatric residency training. To address this discrepancy, we created a presentation for didactic learning for all pediatric residents to fill the knowledge gap. We also established an elective dentistry rotation for experiential learning where residents may expand their training in a variety of settings. Based on the level of engagement we received, we learned that pediatric residents are interested in more dentistry training during residency and structured learning opportunities can contribute to the practice of pediatric medicine.

A-052 Enhancing a Multi-Disciplinary Integrative Health Elective at the San Francisco VA

Bryan Yanez, MD, MBA; Meg Pearson, MD; Bridget C. O'Brien, PhD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To evaluate and improve the San Francisco VA Integrative Health (IH) elective curriculum to better address the needs of both faculty and learners.

BACKGROUND: Integrative Health (IH) combines conventional and complementary medicine in a coordinated, evidence-based approach to treat the whole person. Nearly 40% of American adults have used complementary health approaches,1 yet IH exposure in medical training is limited. In 2022, the San Francisco VA launched a multidisciplinary clinical IH elective for UCSF Internal Medicine and SFVA Nurse Practitioner residents. We based our curricular changes on a needs assessment that showed the elective was well-received, but provided varied clinical experiences for trainees and was effort-intensive for faculty due to one-on-one patient-based teaching.

METHODS: We used Kern's six-step framework for curriculum development. To reduce variability in experiences, we sought to formalize the core curricular content by: 1) reviewing existing elective components, comparing them to similar curricula nationwide, and outlining foundational knowledge based on the exam domains of the American Board of Integrative Medicine;2 2) creating eleven learning objectives across three themes: patient-centered care, systems-based practice, and IH-specific knowledge; 3) developing IH subspecialty experience guides to standardize clinical teaching with suggested takeaways, guided reflection, and curated resources. To evaluate these changes, we asked trainees to provide feedback and complete pre/post self-assessments. We will also interview faculty.

RESULTS: Evaluations from four learners who completed the elective indicate that the learning objectives were met and that learners gained increased knowledge of lifestyle medicine, mind-body medicine, manual medicine, and botanicals/dietary supplements. To reduce faculty burden, we collaboratively crafted standardized teaching guides and consolidated elective resources into a centralized e-learning hub.

DISCUSSION: The project achieved a more standardized curricula. Next steps include performing faculty evaluations, collecting ongoing learner feedback to refine the experience guides, and developing recruitment strategies for more learners.

A-053 OB/GYN Surgical Video Library for 3rd Year Medical Students

Rachel Mundaden, BS; Jill Bond, MA; Jessica Kim, MD; Jeannette Lager, MD MPH

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: Medical students have competing responsibilities on rotations. Within OBGYN, anatomy and procedural preparation is essential. To address acquisition of high yield content, a faculty, student, and technology team collaborated to create high-quality surgical videos to prepare students for operative experiences. This project aimed to develop and evaluate a standardized OB/GYN surgical video library to improve understanding of anatomy and operative steps.

BACKGROUND: Few publicly available resources review common OB/GYN surgeries. Most existing content is outdated and lacks surgical footage. Prior research demonstrated standardized surgical video libraries improve outcomes for general surgery clerkship students.1 A small cohort study found that an OB/GYN video curriculum enhanced student learning, preferring video over text.2,3

METHODS: The interdisciplinary team developed a 12-video curriculum of high-yield topics. Each video combines hand-drawn animations of relevant anatomy with embedded surgical footage for each step. Topics were selected from faculty and student input identifying high-yield procedures and presented to faculty from the relevant subspecialties for feedback. Students complete 5-question pre- and post-video quizzes to assess their learning. Quiz scores were compared using paired-samples t-tests to assess knowledge gained. The final product will be a video library of 12 narrated presentations, each approximately 5 minutes long, explaining the key steps of common OB/GYN clerkship procedures.

RESULTS/PRODUCT: 38 participants completed the pre-video quiz and 23 completed the post-video quiz (82% follow-up completion rate) for the first video: “Laparoscopic Entry.” Mean test performance increased from 54.0% on the pre-test to 85.2% on the post-test. This improvement was statistically significant, $t(22) = -4.90$, $p < .001$, and reflected a large effect (Cohen’s $d = 1.02$).

DISCUSSION: Survey responses from the first video suggest that this surgical video library is strongly effective in optimizing medical education. Early usage metrics indicate growing adoption and engagement, underscoring the educational value of this library.

A-054 Anti-Ableism in Medicine: A Pilot Program for Preclinical Professionals

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Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose: To evaluate the impact of a pilot anti-ableism seminar on preclinical medical students' knowledge, skills, and confidence in providing equitable care to persons with disabilities (PWD).

Background: Despite the high prevalence of disability in the United States, disability-focused education remains limited in medical training. Many trainees report low confidence in caring for PWD, reflecting gaps in preclinical curricula and persistent ableism and structural barriers within healthcare delivery.

Methods: Sixteen preclinical students from the UCSF–UC Berkeley Joint Medical Program participated in a three-hour anti-ableism seminar at UCSF Benioff Children's Hospital Oakland. The curriculum included didactic instruction on pediatric rehabilitation and ableism, interactive sessions on adaptive equipment and accessible clinical environments, and supervised engagement with PWD and caregivers. Matched pre- and post-session surveys assessed knowledge, skills, and confidence using Likert-scale items which were analyzed using paired two-tailed t-tests ($p < 0.05$).

Results: Fourteen students completed both surveys. Participants demonstrated significant improvements in confidence caring for PWD ($p = 0.03$), understanding ableism's impact on healthcare delivery ($p = 0.02$), recognition of operational and environmental barriers to care ($p \leq 0.01$), approaches to physical examinations for patients with physical ($p=0.01$) or cognitive disabilities ($p = 0.04$), and confidence in tactfully reviewing patient preferences ($p = 0.003$).

Discussion: This pilot curriculum demonstrates that brief, experiential anti-ableism training can enhance preclinical students' readiness to care for PWD. While gains in confidence and understanding were meaningful, reported skill levels remained modest, underscoring the need for longitudinal, hands-on disability curricula and exposures. Scalable, patient-partnered educational models may help address persistent gaps in disability competency and promote more equitable healthcare delivery.

A-055 The Labor & Delivery Clerkship Experience for Students: Optimizing Learning in a Complex Clinical Environment

Molly Zeme, BA; Dr. Jeannette Lager, MD, MPH; Dr. Naomi Stotland, MD; Dr. Naghma Farooqi, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: Clerkship evaluation & improvement

BACKGROUND: The Ob/Gyn clerkship, particularly labor & delivery (L&D), can pose unique challenges for medical students. Contributing factors include residents' decreased availability to teach and the sensitivity of patients' experiences1-3. This project examines the medical student experience on L&D and aims to determine how students can be better oriented to their roles.

METHODS: The study included UCSF third and fourth-year medical students who completed their Ob/Gyn clerkship and focuses on the L&D learning environment. We reached participants via email. The survey contained multiple-choice and free-response questions and had a place for students to express interest in doing interviews. We conducted focus interviews with three third-year medical students and three fourth-year medical students.

RESULTS: There were 32 survey respondents. On a scale of 1-5, with 5 being the best, students rated their L&D experience overall as 3.53, the clarity of their role on L&D as 2.75, and their ability to contribute meaningfully to their L&D team as 2.71. The average downtime they endorsed spending on L&D was 4.37 hours per day. In the survey free-response section and interviews, students expressed a desire for more clarity on the L&D workflow and their roles. They also expressed disappointment in having decreased hands-on clinical opportunities and guidance from residents compared to other rotations.

DISCUSSION: Students' uncertainty around how to contribute and discrepancies between their expectations and experiences demonstrate the need for better orientation and expectation setting on L&D. To address these needs, we added two resources for students: the L&D Workflow, which outlines the daily schedule and different team members' roles, and a Tips Sheet, which provides students with clear expectations for L&D. Our hope is that these resources better prepare students for the unique and exciting experience of L&D and help them maximize their time on service.

A-056 Are We Preparing Students for Pediatrics? A Pre-clerkship Needs Assessment of Pediatric Readiness

Riya Master, BA; Chelsea Garnett, MD; Michele Long, MD; Mansi Desai, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: We aimed to identify gaps in pediatric education, as perceived by UCSF medical students, in F1 of the Bridges Curriculum and quantify clerkship preparedness to guide curricular revision.

BACKGROUND: National data suggest that approximately one-third of medical students feel ill-prepared for pediatric clerkships, particularly in pediatric clinical skills (1). As pediatrics is a required core clerkship with clinical skills not readily transferable from adult medicine, early curricular gaps may have a disproportionate educational impact. Perceived preparedness has been associated with learner engagement and participation during early clerkships (2). Prior studies demonstrate that enhanced pediatric experiential curricula improve student confidence and clerkship performance (3). Limited data exist on student perceptions of pediatric education during the pre-clerkship phase.

METHODS: An anonymous Qualtrics survey was distributed via email and Slack to all UCSF medical students (n=675) in January 2026 over 3 weeks. Survey domains aligned with Kern's problem identification and general needs assessment, including demographics, specialty interests, perceptions of pediatric pre-clerkship content, and perceived readiness for pediatric clerkship. Participants were entered into an optional raffle. Paired t-tests compared perceived current versus ideal pediatric curricular content allotment across F1, with subgroup analyses by specialty interest.

RESULTS: A total of 122 students participated (response rate: 18.1%). Students reported that the ideal amount of pediatric content was significantly greater than the perceived pre-clerkship allocation ($p<0.001$), with no differences by gender, minority status, or specialty interest. 39.0% felt the pre-clerkship curriculum did not adequately prepare them for pediatric clerkships. Perceived curricular gaps were greatest in pediatric management (68.0%), clinical skills (67.8%), diagnosis (54.9%), and diseases and conditions (47.5%).

DISCUSSION: UCSF medical students across career interests consistently perceive insufficient pediatric exposure in F1. These findings support the targeted expansion of pediatric clinical skills and management content to improve readiness for the required pediatric clerkship.

A-057 The Climate Ambassador Project: Providing Building Blocks for Climate Change and Human Health Curricula

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Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

PURPOSE: Develop a resource to support general medical educators in developing and integrating climate health content into health professions curricula.

BACKGROUND: Climate change poses a significant and growing threat to human health, yet a minority of health professions curricula include climate health content in their core curricula.1 Barriers to incorporating climate health content include lack of faculty expertise and limited curricular space.2 Resources to support general medical educators in developing and efficiently integrating climate health educational content into existing curricula are needed.

METHODS: A University of California interprofessional group of faculty-trainee pairs from nursing, pharmacy, public health and medicine collaborated to develop competency-based climate health curricular roadmaps with learning objectives for different learner stages, ready-to-go educational materials and a resource library to support curriculum development. To provide vetted resources, the creators reviewed climate health educational literature in their field, consulted content experts, and piloted sample lessons with classes of UC health professions trainees.

RESULTS: Given that faculty development is a major barrier to teaching about climate change and health, we created evidence-based resources that include both ready-made educational materials and detailed learning objectives. Because the materials are designed for multiple learner stages, health professions, and learning contexts – from classroom didactics to clinical practice – they can easily integrate into existing curricula to minimize the required curricular footprint. Resource: https://tinyurl.com/46a8r5dr

DISCUSSION: These resources provide a flexible and vetted toolkit for creating climate health curriculum. Recognizing that most faculty will require hands-on assistance from climate health content experts when developing new materials, we are designing a faculty development workshop.

A-058 Development of a Rapid Response Curriculum for Internal Medine Residents

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Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: We designed and implemented a curriculum to equip internal medicine residents with the knowledge, skills, and confidence required to manage acute in-hospital emergencies, including rapid response events and cardiopulmonary arrest, within interprofessional teams.

BACKGROUND: At UCSF, internal medicine residents serve as primary responders to acute in-hospital emergencies requiring rapid assessment, evidence-based intervention, and coordination of interprofessional teams. Resident comfort with these scenarios is variable. The 2025 American Heart Association cardiopulmonary resuscitation guidelines support regular simulation-based training, and prior studies demonstrate that longitudinal, spaced simulation is associated with increased resident confidence.

METHODS: We designed a simulation-based curriculum using common rapid response scenarios adapted from real cases across three UCSF sites and anonymized for educational use, later expanded to include code blue scenarios. Residents participated during inpatient ward rotations. Sessions were facilitated by chief residents and volunteer faculty, including pulmonary and critical care fellows, and incorporated structured debriefing with targeted coaching on clinical decision-making, leadership, and communication. Pre- and post-intervention surveys assessed self-reported comfort with leading rapid response and code blue events.

RESULTS/PRODUCT: Pre-simulation surveys (n=103) demonstrated low baseline comfort, particularly for code blue leadership. While 53.4% of residents reported discomfort leading rapid responses, 60.2% reported being very uncomfortable leading a code blue; only 5.8% reported any comfort, and none reported being very comfortable. Post-simulation evaluations completed by 30 residents at a UCSF-affiliated site (SFVA) showed high satisfaction (mean composite score 4.71/5). Across domains including experience, readiness, realism, and psychological safety, 87–97% agreed or strongly agreed.

DISCUSSION: Residents demonstrated substantial discomfort with acute care leadership that appeared modifiable through a longitudinal simulation curriculum, with gains in self-reported comfort likely reflecting improved acquisition of medical knowledge and non-technical skills, including communication and team leadership. Future simulation-based curricula should incorporate objective assessment of clinical and leadership skills to complement self-reported outcomes.

A-059 Pediatric Hospital Medicine (PHM) Career LAUNCH (Leading and Uplifting to Navigate Careers as Hospitalists): Developing A Longitudinal Onboarding Program Designed for New Faculty Success

Mansi Desai, MD; Martha Elster, MD; Matthew Nordstrom, MD; Archna Eniasivam, MD; Darren Fiore, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

Purpose: Develop and pilot a comprehensive onboarding curriculum to meet career development needs of early PHM faculty.

Background: The Society for Human Resource Management (SHRM) defines onboarding as a holistic, longitudinal process addressing five Cs—Compliance, Clarification, Culture, Confidence, and Connection—which has been linked to higher retention and job satisfaction(1,2). PHM onboarding typically consists of one-time orientations emphasizing compliance without support in the other four Cs. We designed a longitudinal curriculum aligned with the SHRM framework to target gaps and enable domain-specific evaluation.

Methods: Using the instructional design framework ADDIE, we analyzed the prior onboarding process for new division hires. We conducted a needs assessment through survey and focus group to identify gaps. These gaps were mapped to the 5Cs and informed the co-design and implementation of a new onboarding curriculum. Curriculum development involved identifying PHM faculty mentors with leadership and scholarship experience across medical education, quality improvement, research, advocacy, and health system leadership. With their input, we developed session objectives tailored to faculty developmental stages(3), and respond to real time feedback.

Results/Product: The piloted curriculum invited all new PHM hires and includes: 1) in-depth clinical operations preparation, 2) structured near-peer shadowing, 3) a longitudinal didactic series, and 4) opportunities for connection through mentorship and gatherings. Structured shadowing provides real-time job training before a new faculty member’s first shift. Longitudinal didactics are held monthly and cover topics mapped to the 5Cs, i.e. a session on medical education clarifies organizational and leadership structures and connects faculty with mentors, professional development pathways, and opportunities in leadership, funding and engagement.

Discussion: This curriculum provides a replicable, holistic model for longitudinal faculty onboarding. A mixed-methods evaluation to assess feasibility, learning, behavior change, and institutional outcomes mapped to the 5Cs through short term (at program completion) and long term (over 5 years) is planned.

A-060 Improving Pediatric Residents' Confidence and Comfort in Atopic Dermatitis Management Through a Brief Educational Module

Anuoluwa Ayeni, BA; Regina-Celeste Ahmad, MD, PhD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

PURPOSE: This study evaluated the effectiveness of a brief educational module in improving pediatric residents' confidence and comfort with prescribing appropriate topical corticosteroid (TCS) volumes for atopic dermatitis (AD) treatment.

BACKGROUND: AD is the most common chronic inflammatory dermatologic condition, and TCS are the first-line treatment for acute flare-ups [1]. However, it is often undertreated in the primary care setting due to steroid-phobia, low confidence in the prescription of TCS, and limited knowledge of AD [2].

METHODS: We conducted pre- and post-surveys to assess pediatric residents' comfort and confidence with AD and its treatment. All participants were pediatric residents who provide longitudinal primary care in resident continuity clinics. The brief surveys consisted of 5-point Likert-scale questions and open-ended questions. The intervention was a 45-minute presentation delivered during a noon conference focused on AD and practical methods for estimating appropriate TCS volumes.

RESULTS: 15 pediatric residents completed paired pre- and post-intervention surveys. Paired-samples t-tests demonstrated significant improvements across all assessed domains following the intervention. Confidence in explaining the etiology of AD to patients and caregivers increased from a mean of 3.00 pre-intervention to 3.93 post-intervention ($t = -3.29$, $p = 0.003$, $d = 0.85$). Comfort with prescribing TCS for AD improved from 3.67 to 4.33 ($t = -4.18$, $p = 0.0005$, $d = 1.1$). Confidence in prescribing a sufficient volume of TCS increased from 2.33 to 4.07 ($t = -3.83$, $p = 0.001$, $d = 0.99$). All analyses used a one-tailed alpha of 0.05.

DISCUSSION: Our findings suggest that a brief educational module can lead to significant improvements in pediatric residents' confidence and comfort in managing AD. This may help address the undertreatment of AD in primary care settings by reducing uncertainty around TCS prescribing.

A-062 Herbs N' Thangs: Healing Outside of a Western Context

Corinne Foley, MD, PhD; Shalini Dalpatadu, MD, MPH; Jenifer Matthews, MD; April Zaat, MD, MAEd

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Background:
The diverse Oakland, California community holds a wealth of knowledge involving healing distinct from Western medical training. We identify a disconnect between the understanding and prescription of integrative medicine in medical practices compared to their use in our patient population.

Purpose:
At UCSF Benioff Children's Hospital Oakland, all interns now participate in a 2-week integrative medicine rotation. As part of the curriculum development, we seek to use a cultural humility lens to better understand resident and community experiences with different Complementary and Integrative Medicine (CIM) practices.

Methods:
We developed needs assessment surveys and collected data from 45 pediatrics residents and 104 caregivers at the associated federally qualified health center (FQHC), to examine their comfort with discussing common CIM therapies, experiences with CIM therapies, and understanding of CIM modalities.

Results:
64% of residents had some experience with CIM, and 72% of caregivers at least sometimes use cultural remedies for their kids. 64% of residents disagree that they can easily find reputable CIM information and 72% of caregivers stated they receive most of their child healthcare information from doctors. Most residents believe our community is using aromatherapy and acupuncture/acutherapy and are least likely using herbs and hypnosis. Our caregivers primarily use herbs with few to none using hypnosis or acutherapy. 67% of caregivers agreed they would appreciate their doctor recommending CIM. A majority of caregivers stated they wish their doctor recommended herbs, and residents were the least comfortable recommending herbs.

Conclusions:
There is a disconnect between resident comfort and understanding of community usage of CIM practices. The largest knowledge gap of CIM for residents involved herbs, and the caregivers surveyed use herbs the most and prefer their doctor to recommend these. This demonstrates a need for further herbal education for residents in Oakland as a part of the required IM rotation.

A-063 A Longitudinal Curriculum Preparing Medical Students To Practice Trauma-Informed Care

Shelene Stine, MD, MPH; Jennifer Jackson, LCSW; Leanna Lewis, EdD, MSW, LCSW; Odi Ehie, MD, MAEd, FASA; Jyothi Marbin, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To design and implement a longitudinal preclinical curriculum preparing medical students to understand the impact of trauma on patients and deliver responsive, effective, and trauma-informed care.

BACKGROUND: Trauma affects nearly 70% of adults in this country. Trauma-informed care (TIC) is an essential approach that recognizes the effects of trauma on physical and mental health, and the potential for retraumatization through medical encounters. Growing evidence shows that TIC can improve patient outcomes and reduce healthcare costs. Despite the potential benefits of this approach, medical education has historically lacked training in these skills. The proposed curriculum addresses this gap by teaching core skills in TIC, using standardized patient (SP) encounters to support learning.

METHODS: Medical and Social Work faculty codesigned a longitudinal 2.5 year curriculum with six 3-4 hour sessions within the Clinical Skills footprint using Kern's six step approach to curriculum development; a spiraling design supporting building sequential and applied skills. Sessions included didactic teaching, scenario discussion, and SP encounters to practice skills including communication, physical exams, and disclosure responses in a low-stakes feedback-rich environment. We used pre- and post-session surveys to assess changes in student self-efficacy with trauma-informed approaches, and a student focus group to better understand impact and clinical relevance.

RESULTS/PRODUCT: Preliminary data demonstrate increases in students' reported confidence in identifying clinical situations warranting trauma-informed approaches, sensitively inquiring about past adverse experiences, and applying TIC techniques during physical examinations. Qualitative feedback from students highlighted the value of standardized patient encounters in practicing sensitive communication and managing emotionally complex clinical interactions.

DISCUSSION: This longitudinal curriculum aims to prepare future physicians to provide empathetic, effective care to patients affected by trauma. Initial data confirms the effectiveness of experiential learning with standardized patients in building self-efficacy and in supporting learners to incorporate and apply these skills in clinical settings.

A-065 Leveling Up for Boards: Theory-Informed Gamification of Team-Based Residency Exam

Lauren Phinney, MD; Rebecca Berman, MD; Constance Wu, MD; Blythe Butler, MD; Megha Garg, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: This theory-informed, gamified team-based competition aimed to encourage earlier board preparation in our Internal Medicine residency.

Background: The American Board of Internal Medicine (ABIM) reports nationwide declining pass rates on the medical board exam, from 93% in 2020 to 87% in 2023, a trend reflected at our institution.1 Previous studies demonstrate that game-based learning is associated with increased self-perceived engagement and higher board pass rates.2 A gamified competition program to promote boards studying was developed and informed by self-determination theory.3 This program received an AME Innovation Grant.

Methods: Internal medicine residents and faculty leadership were divided into teams of 15–20 and invited to compete. Five weekly board-style questions were released on Kaizen, a mobile application, over 10 weeks. Weekly team leaderboard and incentive prizes promoted engagement. Pre- and post-intervention surveys were collected.

Results: Of 206 eligible individuals, 176 enrolled (85%). On average, 96 individuals (55%) completed questions weekly. Ninety-three and 40 individuals completed the pre- and post-intervention survey respectively. In the pre-survey, 52% of respondents felt confident about studying for ABIM boards, compared with 77% in the post-survey (p=0.008). Eighty-six percent of respondents agreed the intervention increased knowledge of exam content. Comments noted the opt-in, low-stakes competition and team collaboration as positive qualities.

Discussion This weekly team-based board question competition increased resident participation in board studying and community engagement, and significantly increased confidence about studying for the ABIM board exam. In the context of self-determination theory, participation was optional to preserve autonomy but leveraged residents' desire to build test-taking skills and connect with peers. The voluntary atmosphere produced positive feedback. Challenges included sustaining motivation over a 10-week period and administrative time to input questions into the Kaizen app. Future directions include increasing longitudinal access and scalability of this program to other GME programs within our institution.

A-066 Cultivating and Sustaining Relationship and Community Building within Biomedical PhD Programs

Shinyi Hsieh, PhD; Maria Jaochico, EdD; Yvonne Garcia, MS; D'Anne Duncan, PhD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: This project examines Community Circles in UCSF graduate program orientations through two interconnected questions: (1) how students, faculty, and program administrators understand the relationship between personal values and professional identity; and (2) how shared values shape communication and interactions, offering insights for future interdisciplinary bridging between basic science and health professional education.

Background: Since Fall 2020, Community Circles have been part of UCSF graduate program orientation, with the aim of cultivating a community of care at the start of graduate training. This practice has since extended into curricular spaces, including GRAD 202 and GRAD 210. It fosters connection and mutual understanding among participants with diverse values and lived experiences through storytelling and empathetic listening.

Method: Rooted in the Indigenous origins of restorative justice (RJ), this evaluation centers RJ as both a guiding principle and an evaluative approach. RJ is understood as a proactive relational strategy that supports communities where members can thrive and feel valued (Davis, 2019). A standardized survey was designed to integrate RJ values and assess participants' circle experiences. Longitudinal data (2020–2025) include word clouds of community values.

Results: Response rates ranged from 26–39% across years. Based on 2025 data, 93.8% of students reported seeing connections between personal and professional values and their decision-making; and 95.8% recognized links between shared values and how they engage as community members. Participants expressed appreciation for the depth of connection formed, highlighting the transformative potential of Community Circles for graduate programs as communities.

Discussion: Over five years of implementation, Community Circles have become an essential practice across multiple curricular contexts rather than a one-time activity. The data illustrate how diverse perspectives circulate and shared values emerge through inclusive, collaborative processes, positioning Circles as an effective model for interdisciplinary connection in health science education.

A-067 Building Advocates Not Walls: A Novel Curriculum in Asylum Medicine

Rebeccah Brusca, MD, MPH; Marianna Kong, MD; Triveni Defries, MD MPH

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have completed data collection and analysis; findings are reported in the abstract.

Purpose: We aim to train residents to conduct forensic medical evaluations (FMEs) for asylum seekers while building competencies in trauma-informed care and community engagement through interactive sessions and mentored clinical experiences.

Background: Asylum medicine is a field comprised of clinicians who conduct medical and psychological evaluations for asylum seekers fleeing persecution. FMEs increase chances that asylum is granted and provide educational value in trauma-informed.(1) At UCSF, faculty provide FMEs through the Human Rights Collaborative.(2) Residents frequently express interest but have limited opportunities for structured involvement with the HRC. While UCSF programs offer education in immigrant and global health, there are no curricula on asylum medicine.

Methods: We employed Kern's approach in curriculum design. The elective employed a flipped-classroom model, combining asynchronous online modules with interactive, small group sessions. Residents then completed FMEs under faculty supervision. Using the Kirkpatrick framework, residents were surveyed on the effectiveness of course materials (Level 1), knowledge growth and confidence in skills (Level 2), and likelihood of working with displaced populations in future practice (Levels 3-4).

Results: Seventeen residents from 6 specialties participated in the 2024-2025 academic year. Eleven residents completed paired assessments, revealing significant increases in confidence in core FME skills, including conducting FMEs, preparing affidavits, identifying trauma-related findings, and testifying in immigration court (all $p < .01$). Qualitative feedback underscored strong learner motivation to advocate for immigrant populations and conduct FMEs in future practice.

Discussion: This novel curriculum significantly improved resident knowledge and confidence in skills to practice asylum medicine, with increased motivation to continue working with displaced populations. This curriculum demonstrates a scalable model for integrating FME training into GME at academic centers and has been incorporated into the GME Global Health Pathway for long-term sustainability at UCSF.

A-069 Developing a Longitudinal Health Equity Curriculum for UCSF Pharmacy Students Through Needs Assessment and Student-Faculty Collaboration

Selma Alamarie, BS; Lauren Priest, BS; Vivian Pham, BS; Sakshi Akki, BS; Tristan Storm, PharmD; Yessica Gomez, PhD; Rupa Lalchandani Tuan, PhD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: Student interns worked with faculty to assess baseline health equity perceptions among pharmacy students and applied these findings to develop a longitudinal Health Equity Curriculum (HEC).

BACKGROUND: Utilizing a structured needs assessment, variability in learners' prior exposure, confidence, and comfort with health equity concepts were identified as primary challenges for curriculum design. This was addressed through development of tailored instructional sessions.

METHODS: Baseline surveys were administered to first (P1) and second (P2) year pharmacy students assessing interest, familiarity, and confidence related to health equity domains using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Findings were used to inform development of a mandatory two-year HEC.

RESULTS: 124 P1 students and 100 P2 students completed the surveys. Both cohorts demonstrated high interest in health equity (mean agreement 3.2 for P1; 3.8 for P2). P1 students reported highest interest in learning about systemic racism's impact on health outcomes (mean = 4.50) and lowest familiarity with structural competency (mean = 3.22), with 49.6% reporting neutral or lower familiarity. P2 students also reported lowest familiarity with structural competency (mean = 3.82), with 25% reporting neutral or lower familiarity. A structural competency lecture was added in the first curricular block; subsequent P1 sessions were designed for building foundational knowledge and P2 sessions designed for knowledge integration.

DISCUSSION: HEC was developed based on an intern-led, structured needs assessment. Findings from baseline surveys revealed strong motivations to engage in health equity learning but variability in structural competency and applied confidence. To address these variabilities, sessions were developed by intern-faculty teams in each block using a four-stage, scaffolded model with progressive learner leadership development. The HEC now progresses from faculty-led didactic and small group sessions, to intern-led, and ultimately student-led, learning experiences. Iterative curriculum refinement is informed by continuous mixed-methods evaluation.

A-070 Enhancing OB/GYN Medical Clerkship Education: A Student-Led Website Initiative

Sergine Cindy Zeufack, MSc; Kristin Olson, MA; Naomi Stotland, MD; Jeannette Lager, MD, MPH

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To gather medical student perspectives about the Obstetrics and Gynecology (Ob-Gyn) course website to improve the resource for future clerkship students.

BACKGROUND: Medical education websites convey essential information to equip students for success. Website evaluation highlights attributes including usability, content, and satisfaction, which can be assessed through a questionnaire. User-centered design in medical education identifies student priorities and ensures relevant design changes. Our institution’s clerkship course websites were not previously evaluated by current students, and there is a notable lack of evidence about students' website experience in Ob-Gyn. Our project leverages student experience and insight to improve the Ob-Gyn course website for the six-week rotation.

METHODS: A questionnaire was designed to assess self-reported site use and website feedback in current rotating medical students for 2024 and 2025, respectively. The questionnaire was shared over class mailing lists; all currently rotating medical students who had completed their Ob-Gyn rotation were eligible. Likert-scale questions asked about the likelihood of returning or recommending the website. Open-ended questions asked about the website's positive and negative aspects. The most common suggested improvement on the 2024 questionnaire was site navigation and organization, which was a priority for site changes, along with usability and content. Site changes were completed 2/20/2025. Activity reports were generated for 2/22/2024-9/11/2024 and 2/21/2025-9/11/2025 to assess site use by number of views and users. Data analysis of views and users was completed using Microsoft Excel.

RESULTS: Questionnaire response rates were 8 and 3 students, respectively. Activity report analysis showed a 7% increase in total users (from 950 to 1071) and a 54% increase in total views (from 4207 to 6471) from 2024 to 2025.

DISCUSSION: Harnessing student expertise through peer-to-peer survey led to increased site use and viewership. The study would benefit from further evaluation with an increased sample size.

A-071 Gamification for Nephrology Boards Preparation: A Jeopardy-Style Approach

Divya Ravi, MD; Dana Larsen, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have designed a curriculum but haven't implemented it or haven't evaluated it yet; no data are presented.

Background: Performance on the American Society of Nephrology (ASN) In-Training Examination (ITE) is strongly associated with outcomes on the American Board of Internal Medicine (ABIM) Nephrology Certification Examination, including overall score and pass status. Over recent years, nephrology has experienced a decline in both ITE performance and board pass rates, underscoring the need for innovative educational strategies to improve trainee engagement and test-taking skills. Gamification—the use of game design elements in non-game contexts—has been shown to enhance learner engagement, motivation, and knowledge retention in medical education.

Purpose: This project aims to evaluate whether a gamified, Jeopardy-style educational intervention using questions from the ASN eLearning Center (NephSAP and KSAP) can promote utilization of free question banks and improve test-taking skills among nephrology fellows.

Methods: NephSAP and KSAP questions focused on low-performing content areas identified from prior ITE results are incorporated into a Jeopardy-style game format. Four one-hour sessions will be conducted at a single institution during protected didactic time and will be open to all nephrology fellows. Sessions will focus on clinical reasoning, time management, and strategic approaches to board-style questions. Post-intervention surveys will assess fellows' engagement with the question banks, the perceived efficiency of the sessions, and the impact on study behaviors. Data collection is anticipated to conclude in March 2026.

Results: Survey responses will be collected from first- and second-year nephrology fellows (anticipated total of 12 participants) to evaluate question bank utilization, perceived educational value of the Jeopardy format, and interest in continuing the sessions.

Conclusion: Survey findings will inform curricular refinement and determine whether this gamified intervention should be continued and expanded in future academic years.

A-072 Teaching to Teach: An Experiential Faculty Development Curriculum for PGY-1 Psychiatry Residents

Nakai Corral, MD, MEd; Flo Ebem, BS; Flora Jin, BS; Carmen Kilpatrick, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To develop and implement an interactive, role-play–based curriculum that prepares first-year psychiatry residents to serve as effective clinical teachers for medical students.

BACKGROUND: Residents are expected to teach early in training, yet most receive little formal preparation for this role. Prior education literature demonstrates that effective clinical teaching depends on a positive learning climate, adult learning principles, and timely, specific feedback.1–3 Without structured instruction, PGY-1 residents may feel underprepared to supervise students while adjusting to new clinical responsibilities. Our program identified a need for practical, immediately applicable teaching strategies.

METHODS: We developed a 2-hour experiential “Teaching to Teach” curriculum delivered during protected PGY-1 core didactics (July 2025). Curriculum content was grounded in adult learning theory and scholarship on effective clinical teaching,1,2 emphasizing active practice rather than lecture. Residents participated in small-group exercises to design brief teaching encounters incorporating adult learning principles, followed by live role-play and peer feedback. Additional modules focused on creating a positive learning climate, delivering real-time feedback using a structured framework, and applying equitable assessment strategies through case-based discussions. A shared digital repository of teaching tools and topic guides was created to support longitudinal use.

RESULTS/PRODUCT: Post-session evaluations demonstrated high satisfaction. The session received a mean score of 4.75 out of 5 for meeting learners’ educational needs. Qualitative comments highlighted the relevance of scenarios, engaging facilitation, and value of small-group role-play. Residents shared messages describing how they were integrating these strategies into clinical teaching. The digital teaching repository is accessed weekly, demonstrating sustained use.

DISCUSSION: This curriculum demonstrates the feasibility of preparing PGY-1 residents to teach through experiential, role-play–based faculty development. Emphasizing practice over passive instruction supports early professional identity formation and aligns with established models.1–3

A-073 Developing an AI model to assist with assessment of clinical reasoning skills

Stacy Young, MD; Nick Wadsworth; Polo Black Golde; Abigail Phillips, MD

Abstract Category:
Curriculum Evaluation/Education Research

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE
To evaluate the performance of an Artificial Intelligence (AI) tool to grade medical students' written documentation exercises.

BACKGROUND
Medical students perform a series of written documentation exercises to demonstrate clinical reasoning skills. Students require timely, formative assessment data to inform self-regulated learning behaviors. The current grading process is labor intensive, time consuming, and only a sample of the exercises are graded.
Generative AI is a powerful tool that can provide more consistent, timely and objective assessment, while decreasing the time and resource burden required of human graders. We aim to validate an AI model that can provide a high degree of correlation to human graders within our institution.

METHODS
We prompted a large language model (LLM) (Versa API) to grade written documentation exercises using retrospective data from 170 student encounters and a pre-existing scoring rubric for the case scenario 'Headache'. To assess the validity of the LLM model, we compared the AI score with human scores in three areas: Differential Diagnosis, Justification, and Diagnostic Plan.

RESULTS
The overall AI score was within 10 points of the human score 92.4% of the time, with an intraclass correlation coefficient (ICC) of 0.875. AI scores were consistently lower among all 3 categories (Diagnosis, Justification, and Plan). The overall AI score was on average 4.8 points lower than the human score, with the largest discrepancy in the category of 'Justification'. A third faculty reviewer then reviewed cases that had a difference of 10 points or more and agreed with the LLM 92% of the time.

DISCUSSION
The LLM model overall had high correlation with human scores. Among cases where there was a significant discrepancy in scores, a third reviewer often agreed with the AI score, providing validation that the LLM model could be used as an adjunctive tool to score written documentation exercises.

A-074 GUIDE: Generating User-centered Instruction through Design and Education with AI

Pierre Martin, MD, MEd

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
This idea is under development.

PURPOSE: This abstract describes the development of GUIDE, a faculty development curriculum training clinicians across specialties and career stages to create AI-powered patient education videos grounded in learning sciences and user-centered design.

BACKGROUND: AI is rapidly entering healthcare, yet few clinicians are trained to apply it in education. Patient education materials remain inaccessible or culturally unresponsive. Inspired by Brilliant.org—which leverages active learning through visual problem-solving, scaffolded complexity, and immediate feedback grounded in constructivism and cognitive load theory—this curriculum adapts interactive pedagogical approaches for medical education.[1] The theoretical framework draws on Universal Design for Learning[2] and Mayer's Multimedia Learning Principles.[3]

METHODS: Development followed Kern's six-step approach: (1) problem identification revealed gaps in clinician AI literacy; (2) targeted needs assessment reviewed medical education literature on barriers to creating effective patient materials; (3) goals and objectives were defined for AI competency and instructional design proficiency; (4) educational strategies included a two-phase hybrid curriculum—Phase 1 delivers modules on learning theories, video production, AI in medical education, and AI-generated video production; Phase 2 applies competencies using a multilayered AI pipeline to produce theory-aligned patient education videos; (5) implementation involves pilot delivery to clinician-educators; (6) evaluation uses Kirkpatrick's framework.

RESULTS/PRODUCT: The product is a modular faculty development curriculum paired with an AI-powered medical education studio. Evaluation will assess Kirkpatrick Level 1 (satisfaction via post-module surveys), Level 2 (knowledge via pre/post assessments of learning science and AI competency), and Level 3 (behavior via rubric-rated quality of participant-generated videos against validated learning science criteria). Anticipated outcomes include improved faculty self-efficacy and higher-quality patient education content.

DISCUSSION: GUIDE addresses a critical gap by equipping clinicians to leverage AI within a pedagogically sound framework. It reflects a commitment to tools that are technically robust, pedagogically grounded, and clinically meaningful. Future phases will include usability testing, outcome evaluation, and iterative improvement.

A-075 Building Nurse Practitioner and Physician Assistant ECMO Self-Efficacy

Amada (Maria Amada Fletcher) Apacible, DNP, MS

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

Purpose
Evaluate advanced practice provider (APP) self-efficacy immediately after and four weeks following participation in a multi-modal curriculum extra-corporeal life support (ECMO) training.

Background
Implemented a multi-modal curriculum based on best practices in the literature (Ganon, et. al, 2020; Golicknik et. al, 2022; Stentz, et. al, 2021), Kolb's experiential learning theory and Jeffrey's Simulation Framework. Curriculum learning objectives focused on self-efficacy in urgent ECMO management and ECMO emergencies.

Methods
Curriculum effectiveness in cognitive, affective, and psychomotor domains was evaluated with the Learning-Self-Efficacy Score (L-SES) tool. Simulation effectiveness was measured using Simulation Effectiveness Tool – Modified (SET-M). L-SES and SET-M scores were measured immediately after and at four weeks following. Fifteen nurse practitioners and 3 physician assistants participated with 100% survey completion. Cognitive L-SES scores demonstrated sustained Likert mean and modal scores with a mean of 4.2 then 3.7, and modals scores of 4 then 5 at 4-weeks post. Psychomotor L-SES Likert scores were sustained with mean 3.65 then 3.6, and mode 4 immediately post and at 4-weeks. SET-M mean scores increased 2.4 to 2.6 and mode increased from 2 to 3. L-SES scores were higher in all domains at 3 to 5 in participants who watched the pre-course video verses 1 to 3 on those who did not. Similarly, L-SES and SET-M scores were lower in participants with less than 2 years of critical care experience and had recently worked with ECMO.

Results
L-SES scores demonstrated high levels of cognitive and psychomotor self-efficacy immediately after training that were sustained at 4-weeks. SET-M scores demonstrated effectiveness of simulation immediately after training that increased at 4-weeks after use in the clinical environment.

Discussion
Require viewing of pre-course video prior to training and participants to have at least two years critical care experience, and worked with ECMO in past 6 months.

A-076 Development of an Evidence-Based Small Group Facilitator Toolkit Utilizing the Design-Based Research Framework

Ethan Tanchoco, BS; Kate Lupton, MD

Abstract Category:
Curriculum Development Project

Abstract Characteristics:
We have collected data and some preliminary results are reported in the abstract.

PURPOSE: To design and pilot a toolkit for Foundations 1 (F1) block directors that promotes equity in small group learning for facilitators and students.

BACKGROUND: Small group learning is central to the preclinical F1 curriculum at the UCSF School of Medicine, yet sessions are facilitated by educators with wide variation in training, experience, and preparation time, resulting in inconsistent learning experiences during a formative stage of medical education. Although the literature describes best practices for small group facilitation, few tangible, adaptable resources translate these principles into actionable tools that account for differences in teaching experience and time constraints. Because small groups are critical for reinforcing core clinical concepts, addressing facilitation inequities through faculty development is essential to supporting clinician educators and ensuring equitable learning for future physicians.

METHODS: Using a design-based research framework, we developed a facilitation toolkit enabling rapid iteration and block-specific adaptation. For each participating block, directors identified small groups of interest and co-developed 1–2 theory-informed interventions from four options. Interventions were piloted in selected small groups. Data was collected through block-specific feedback mechanisms, including discussions, surveys, and facilitator feedback, and analyzed thematically to assess facilitator experience, equity of engagement, usability, and learning outcomes.

RESULTS: The toolkit was piloted in three blocks (ABC I+II and PHD II). Four customized interventions were developed: restructured small group questions, overhauled facilitator guides, supplemental in-session media, and a facilitation tips sheet. Of 46 student responses, 34 (74%) reported improved facilitation quality, with predominantly positive narrative feedback. Facilitator survey data are pending.

DISCUSSION: Facilitation needs varied across F1 blocks, producing distinct, context-specific tools. These findings support the feasibility of a flexible, block-specific toolkit and underscore the importance of tailored interventions to promote equity in small group learning.


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