Table: Updated 2008 WASC Criteria for Review Organized by School/Graduate Division

EXTENT AND SUCCESS OF ACCREDITATION PROCESS CFR: 1.2, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 4.6, 4.7, 4.8				
School of Dentistry	**School of Medicine**	**School of Nursing**	**School of Pharmacy**	**Graduate Division**
The predoctoral program of the UCSF School of Dentistry was site visited by the American Dental Association Commission on Dental Accreditation and received full renewal of accreditation for the maximum length of time permitted, seven years. The School and all of its specialty programs are in full compliance with accreditation requirements. The letter to Chancellor Bishop dated August 4, 2005 stated that the Commission "adopted resolutions to grant the dental education program and the advanced specialty education programs in dental public health, endodontics, orthodontics, and dentofacial orthopedics, pediatric dentistry, periodontics and Prosthodontics the accreditation status of 'approval without reporting requirements.' …The next site visit for the programs is scheduled for 2012." Subsequently a new specialty program in oral and maxillofacial pathology was developed in the School of Dentistry. The Commission sent an additional letter to Chancellor Bishop dated August 3, 2007 stating the it had "adopted a resolution granting the educational program the accreditation classification of 'initial accreditation.'"	The predoctoral program of the UCSF School of Medicine received a full eight year accreditation from the Liaison Committee for Medical Education when accredited in 2003. The accreditation was accompanied with a warning related to inadequate learning space. This issue is particularly critical with the recently increased class size. The School of Medicine undertakes a process of on-going program evaluation that will keep it prepared for future site visits. A committee has been meeting throughout 2008 preparing for an anticipated self-study due in spring 2010 with an anticipated site visit in January 2011.	**MEPN**: CA Board of Registered Nursing (BRN): In follow-up to the November 2003 Board of Registered Nursing (BRN) two-day on campus site visit their final recommendations included 1.) Increasing the geriatric qualification for faculty teaching a course that included gerontology content and 2.) Contracts with clinical agencies needed greater delineation offering assurances that the learning environment was adequate for students and faculty. The BRN evaluators identified the program to be a sound successful. The BRN will perform an interim visit for MEPN in Spring, 2009; full approval visit Spring 2013. **Master's (Nurse Practitioner & Midwifery** Approval visits) by CA Board of Registered Nursing: Previous one: full review, Spring 2000; 2005 review cancelled. Interim visit Nov. 10 & 12, 2008; Next one full approval visit: Spring 2010 Recommendations from 2000: No positive feedback. Areas of Improvement: Focus on viewing program as ONE Master's program with one Nurse Practitioner program, rather than 10 NP programs. **CCNE (**Commission on Collegiate Nursing Education) **Accreditation of entire Master's Program:** Previous visits –full review Spring 2000; interim report 2005; next visit: Spring 2010. (1)Key findings – Multiple strong positive feedbacks: (1)One of the top programs in the country, assessed by Chancellor and Vice-Chancellor. (2) Very productive faculty – research dissemination and practice. (3) Highly qualified Dean. (4) Adequate numbers of faculty for student ratios. (5) SON receives largest percent of state	The Doctor of Pharmacy program has been reaccredited through June 30, 2014 by the Accreditation Council for Pharmacy Education (ACPE). Overall, the feedback from the evaluation team about our program was extremely positive. Our faculty and staff were recognized for their effectiveness as teachers, their record of scholarly activity, their high degree of professional competence, and their outstanding service commitment. The team recognized that the School has placed a strong emphasis on the development of leadership and professionalism in the students, and commended the School for developing and sustaining an environment that supports student success, facilitates professional development, and encourages student-faculty interaction in the classroom, in clinical settings, and in extracurricular programs." However, the team also noted what continues to be our major concern -- underfunding of our PharmD program. It was clear to ACPE that we have been forced to finance our own success and compensate for California funding cuts by tripling student fees since 2000, by increasing grant support, and by pursuing entrepreneurial opportunities through external contracts. While the Chancellor and UCSF campus have been highly supportive of the School in its efforts to obtain more	Ph.D. programs do not have a formal accreditation process similar to that of the professional degree programs. New master's degrees are now accredited by WASC and UCSF has had its first M.S. recently accredited (Global Health). All Ph.D. and master's programs are evaluated every five to seven years through the Academic Program Review process conducted by the Academic Senate Graduate Council and the Graduate Division Dean. Each program is reviewed by a panel of external experts in the specific discipline and a formal report is produced. Accreditation of UCSF graduate programs was reaffirmed by WASC in July 1999.

funding of the 4 professional schools. (6) High quality MEPN students. (7)Terminal objectives for MS program clearly written and provided to students in various ways.(8) MS specialty curricula are individualized for Adv Practice competencies and students' professional goals. (9) Climate is one of "family" after students are admitted to a program of study. (10) Evaluation tools are comprehensive and address areas that provide info for program improvement. Areas of improvement: (1)Documents and publications don't state objectives of the MEPN program.(2) Web page not current.(3)Course syllabi inconsistently outlined. (4)Some required texts are greater than 5 y.o. (5) Some reading lists not updated since 1997 (2000 visit). (6)Scores on specialty certification examinations are not consistently available. **Doctoral Program Review:** Previous one: Jan 2001; Next one: May 2008. Key positive findings from 2001 include: (1) the program successfully meets the main objective to "prepare scholars who will generate and transmit knowledge fundamental to the discipline of nursing and to nursing practice;" (2) Outstanding faculty mentors who are active researchers, with outstanding breadth and depth of course offering in research methods; (3) the Advanced nursing seminars offered through the Centers/T32 grants are exemplars for linking faculty expertise to areas of study to advance knowledge base of the discipline and provide future scientists with in-depth specialty knowledge; (4) Despite the size of the program, students feel able to communicate effective with advisors as needed. Areas of improvement: (1)Encourage and increase interdisciplinary, cross-campus, and other collaborations for nursing students and faculty in research, teaching, and service; (2) If housing and other financial challenges are the primary reasons for failures to enroll or complete, then efforts to	funds; however, they have been unable to change the University's 11 to 1 student-to-faculty funding formula for the School of Pharmacy to one that is commensurate with other health care programs on campus. Although the School has been working diligently to change this situation, it has run out of new strategies to address the problem.	

		support students financially are paramount (eg, fundraising for housing, encouraging writing of individual NRSAs and T32s from institutes other than nursing, and faculty support for students for at least 25% so they qualify for tuition and fee waivers);(3) Develop a creative plan to reach a larger and more diverse applicant pool and diverse faculty; (4) Monitor flexibility with the new curriculum, which has more "required" courses. All areas of improvement have been address in preparation for visits and reviews schedule in Fall, 2008, Feb. 2009, Spring 2009, May 2009, Spring 2010.		

EVALUATE TEACHING AND MEASUREMENT OF ACHIEVEMENT THROUGH PUBLISHED EDUCATIONAL OBJECTIVES CFR: 1.2, 2.4				
School of Dentistry	**School of Medicine**	**School of Nursing**	**School of Pharmacy**	**Graduate Division**

The School of Dentistry centers its predoctoral clinical curriculum for both the four-year dental curriculum and the two-year international dentist program on a set of sixteen faculty-developed statements of competency for the beginning general dentist. These statements were approved by vote of the faculty through its representative body, the Faculty Council, in February 2003, and revised to include a broader application for professionalism in 2006. The competency document is listed below:
 	
Clinical Education at the UCSF School of Dentistry Dental Classes and International Dental Classes
 	
Adopted by Faculty Council February 6, 2003 Modified and approved April 14, 2006
 	
The clinical dental program of the UCSF School of Dentistry is dedicated to the delivery of comprehensive care to the many patients presenting for treatment at the Student Dental Practice on Parnassus Avenue and its satellite clinics. Clinical courses complement the didactic curriculum throughout the four years of education, and provide patient care experiences for a range of dental needs from simple to advanced in complexity. The goal of the clinical program is to produce competent new graduate dentists who
	The School of Medicine curriculum addresses six competency areas. The School after careful consideration adopted the competencies identified by the Accreditation Council for Graduate Medical Education (http://www.acgme.org/outcome/comp/compFull.asp). This adoption was approved by the Committee for Curriculum and Educational Policy in April 2008 realigning the previous five UCSF School of Medicine competencies to the six Accreditation Council for Graduate Medical Education competencies. These competencies are specified on the School of Medicine Website http://www.medschool.ucsf.edu/curriculum/outcome_objs.aspx. The competencies and their component elements are:
	
	Medical knowledge Graduates will:
	• Recognize the central importance of discovery, understand the scientific foundations of medicine, and apply that understanding to the practice of evidence-based medicine
	• Engage in clinical reasoning to solve clinical problems
	• Demonstrate an understanding of normal development from the molecular to the socio-cultural levels
	• Demonstrate an
		The School of Nursing curriculum addresses separate competency areas for each program of study: Masters' Entry Program in Nursing (MEPN); Master's Program; and the doctoral program (PhD). MEPN Program - Experiences and learning during the MEPN program enable the student to accomplish the following goals by the end of the Masters Entry Program in Nursing year:
		1 Acquire knowledge, clinical judgment, and perspective necessary for nursing practice that spans the health-illness continuum and that focuses on adaptive and developmental needs of human beings. This includes the ability to engage in the following processes:
		a. Assess the significance of a wide range of factors (physiological, social, personal, cultural, psychological, etc.) and their interrelationships in such a way as to identify and define common nursing problems.
		b. Assess availability, accessibility, and relevance of resources for individuals, family, and community problem resolution.
		c. Formulate a plan for helping the individual, family, community or professional mobilize and use resources appropriate to the particular problem.
		d. Implement the formulated plan or modification thereof.
			The School of Pharmacy at the University of California, San Francisco is dedicated to improving human health worldwide and advancing scientific discovery. We educate PharmD students to be leaders and effective team members in health care and to be lifelong experts in the safe and effective use of medicines. The competencies expected of all graduates are to be able to:
			
			   * Design and evaluate therapeutic regimens to optimize drug use.
			   * Design and implement strategies that influence prescriber and patient behavior to achieve optimal outcomes.
			   * Apply pharmacokinetic and pharmacologic parameters to prevent, manage, or resolve drug-related problems.
			   * Acquire and apply patient-specific clinical and laboratory data to support therapeutic decisions.
			   * Teach appropriate drug use, the medication use process, self care, and principles of preventative health to people or groups from diverse backgrounds and cultures and other health professionals.
			   * Document and evaluate professional services and interventions.
			   * Understand and participate in ADR reporting, management of quality control, and drug security systems.
			   * Document, evaluate, and manage adverse drug reactions and medication errors.
			   * Apply pharmacoeconomic and formulary management principles to
				Achievement of competency for establishment of a particular master's or doctoral discipline is evaluated through a rigorous proposal review process. This review is conducted by the Graduate Council, the Academic Senate, the UC Coordinating Committee of Graduate Affairs, and the UC Office of the President. The expected measures of achievement are comprehensively described and justified within the proposal, which become the published educational objectives for the program. Any proposed changes to these objectives must be reviewed and approved by the Graduate Dean and the Graduate Council.
				
				With regard to individual Master's or PhD graduates, competencies are determined in several ways. Students are required to pass all core courses and rotations, with an overall GPA of 3.0. Competencies are also assessed by examinations in didactic courses, by discipline-dependent rotations, by a qualifying examination usually taken by the end of their 2nd year, and by the preparation and defense of a body of original research, and by the dissertation defense.

have developed a satisfactory level of professional demeanor, patient management skills, diagnostic and technical excellence, and the ability to assess outcomes of care for child, adult, and geriatric patients.
 	
The faculty have defined and approved 16 competencies that each student must demonstrate in order to graduate. These statements represent broad levels of academic and clinical achievement, measured by specific faculty evaluations and written and clinical examinations at various times during the academic program. These fundamental competencies, in the mind of the faculty, prepare the graduate for success with licensing examinations and the practice of general dentistry.
 	
UCSF School of Dentistry Clinical Competency Statements
 	
The UCSF School of Dentistry graduate is competent to:
 	
1. Demonstrate ethical and professional behavior in interactions with the UCSF community including students, staff, faculty, and patients.
2. Follow universal infection control guidelines in all clinical   procedures.
3. Evaluate medical status of patients and determine their ability to tolerate treatment.
4. Communicate with and educate patients in ways that are both knowledgeable and effective.
	understanding of the pathophysiology of human disease at molecular, cellular, systems, and whole organism levels
	• Demonstrate an understanding of how physical, psychological, sociological, cultural, and environmental processes contribute to the etiology, pathogenesis, and manifestations of human health and disease
	• Demonstrate an understanding of the natural history of illness and strategies for promoting health and preventing illness
	
	Patient care
	Graduates will:
	• Demonstrate confidence and comfort with the primary provider role and the provision of longitudinal care
	• Gather complete and focused histories in an organized fashion, appropriate to the clinical situation and patient language ability
	• Conduct relevant, complete and focused physical examinations
	• Document encounters efficiently and concisely
	• Manage and prioritize patient care tasks for a group of patients
	• Anticipate patients' needs, participate in discharge planning, and create individualized disease management and/or prevention plans including patient self-management and
		e. Evaluate the results of interventions in relation to immediate and long-term consequences and modify future related interventions as necessary.
		2. Demonstrate skills necessary for the professional practice of nursing
		3. Advance toward the process of becoming professional. This entails:
		a. Progressive mastery of the knowledge, skills, and critical thinking needed by the profession;
		b. Demonstrate commitment to a nursing perspective; that is, internalization of the values, traditions, and obligations of the professional; and
		c. Identification with and commitment to the profession's function in the larger society.
		
		Master's Program – All MS graduates will have:
		1. Knowledge and skills in providing care that promotes health and prevents illness;
		2. Knowledge concerning current and projected health care systems and the economic, political, and philosophical base;
		3. Knowledge and skills to enable them to manage client care needs across the health/illness spectrum. The majority of graduates will be eligible for nurse practitioner recognition in CA. Selected specialties will continue to prepare individuals for other direct and indirect care roles;
		4. Knowledge and skills necessary to coordinate client care needs across institutional boundaries. This may be as a generalist, a specialist,
			achieve cost effective outcomes for patients of institutions or health-systems.
			   * Participate in the management of drug distribution systems, human resources, and information systems.
			   * Conduct structured and rigorous evaluations of the health care literature.
			   * Provide drug information to diverse audiences.
			   * Analyze and interpret financial documents to support management decisions.
			   * Provide first care, triage patients as appropriate, and collaborate with other health care professionals to share responsibility for continuity of care and effective patient outcomes.
			   * Identify gaps in health care delivery or the medication use process and design, implement, and evaluate strategies to resolve (project).
			
			These competencies reflect and are consistent with the competencies set forth in the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, adopted January 15, 2006; released February 17, 2006, and effective July 1, 2007 http://www.acpe-accredit.org/pdf/ACPE_Revised_PharmD_Standards_Adopted_Jan152006.pdf
			
			There are additional special competencies expected of graduates of the Pharmaceutical Health Policy and Management, and the Pharmaceutical Sciences curricular pathways, while graduates of the Pharmaceutical Care pathway achieve a deeper and more developed understanding of the core competencies.	

5. Determine need for, order, obtain, and interpret appropriate radiographs and apply oral and maxillofacial radiology safely and effectively.	behavior change • Perform common procedures and alleviate patients' pain associated with procedures • Follow universal precautions and sterile technique **Interpersonal and Communication skills** Graduates will: • Establish a collaborative and constructive doctor patient-relationship with patients • Effectively and empathically discuss serious, sensitive, or difficult topics with patients • Elicit and begin to address patients' needs and preferences and incorporate them into the management plan • Share relevant, understandable information with diverse patients • Work with families and/or caregivers to negotiate patients' care • Present information in organized logical fashion appropriate for the clinical situation, including assessment and plan **Professionalism** Graduates will: • Demonstrate commitment to excellence and personal/professional development, through ongoing self-directed learning and self reflection • Show insight into their own personal and professional development • Be sensitive and responsive to culture, race/ethnicity, age, socioeconomic status,	health policy specialist or administrator. Coordination of care must be done in partnership with client and lay care giver; 5. Knowledge concerning health care issues for ethnically and culturally diverse populations as the basis for providing care that ranges from culturally sensitive to culturally competent; 6. Knowledge required to become proactive in the health care system. This will necessitate knowledge of the legal, legislative, and regulatory issues for advanced practice nursing, consumer rights, systems management, and change theory; 7. Knowledge and skills to be able to participate in the ethical decision-making process; 8. Theoretical knowledge and some experience in role development as an advanced practice clinician, consultant, educator, administrator, researcher and coordinator. Doctoral Program – Upon completion of the PhD program, students will show evidence of having achieved the following educational objectives: 1. Demonstrate a command of the literature pertinent to a selected field of nursing science; 2. Formulate research questions that evolve from a theoretical perspective and contribute to nursing science; 3. Demonstrate breadth of knowledge regarding a variety of research methods and expertise in at least one method; 4. Address major research issues pertinent to a selected area of inquiry, such as scientific integrity	Student achievement of these competencies are determined by examinations in didactic courses, by a cumulative examination at the end of Fall quarter in their 3rd Year, and by mid-term and final assessments by preceptors during their clinical rotations. Students are required to pass all core courses and rotations, and must have an overall GPA of 2.0 to graduate.
6. Evaluate, diagnose, and develop treatment and/or referral plans appropriate to the unique characteristics of each patient.			
7. Develop appropriate differential diagnoses and diagnostic plans for management of oral diseases of the dentition, jaw, oral mucosa, and salivary glands, and treat and refer as necessary.			
8. Diagnose the dental disease of child and adolescent patients and provide prevention, monitoring, treatment, and referral as necessary.			
9. Provide adult caries management including prevention and appropriate intracoronal and extracoronal restoration.			
10. Diagnose endodontic disease and provide systematic evaluation, case selection, non-surgical treatment, and referral as necessary.			
11. Diagnose periodontal disease and provide systematic evaluation, non-surgical treatment, and referral as necessary.			
12. Diagnose malocclusions			

and provide monitoring, treatment, and referral as necessary.

13. Diagnose complete and partial edentulism and provide fixed or removable prostheses, and referral as necessary.

14. Diagnose the indications for dentoalveolar surgery and provide treatment and referral as necessary.

15. Provide appropriate level of pain and anxiety control in comprehensive dental care.

16. Assess the outcomes of comprehensive dental care in the student dental practice.

Outcomes are assessed annually. Each competency statement is defined by a series of competency examinations that stretch throughout the curriculum and are integral parts of the School of Dentistry courses. Students are required to pass all courses and their success is monitored quarterly through Student Status Committees made up of the course directors. In addition, the course directors provide an annual report the success of students on the competency examinations to the office of the Associate Dean for Education

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gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity

- Be responsive to the needs of patients and society, superceding self-interest
- Advocate for patients, their families, and their communities
- Practice ethically, including maintaining patient confidentiality, obtaining appropriate informed consent, responding to medical errors, and understanding principles of ethical research and conflicts of interest
- Show commitment to caring for and advocating for the underserved and/or those populations disproportionately affected by disease
- Promote their own and their colleagues' professional development through effective feedback
- Show respect, compassion, and integrity while interacting with diverse patients, families, and other health professionals
- Show accountability and dependability in interactions with patients, families, and other health professionals

Practice based learning and improvement
Graduates will:
- Use information technology to access online medical information, manage information, and assimilate evidence from scientific

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and diversity;

5. Defend a historical, theoretical, and philosophical perspective for nursing science in general and for a selected field of investigation in particular;

6. Demonstrate commitment to a program of research as manifested by the selection of an area of inquiry that has potential for continuity and cumulative generation of knowledge;

7. Demonstrate the ability to write and defend research proposals as preparation for subsequent intramural and extramural support;

8. Complete an independent and original research investigation in the form of a dissertation;

9. Show increased appreciation of professional involvement as evidenced by scholarly presentations, community service, and organizational participation.

Competencies/successful attainment of objectives are assessed using a variety of different methods, including, comprehensive exam; thesis, qualifying exam, and dissertation defense. The three curricular oversight committees report to the full faculty and the Associate Dean, Academic Programs.

Students are expected to maintain a minimum 3.0 GPA in the MS and doctoral programs. Students must pass core classes in each program with a minimum of a "B". Student progression monitored by Associate Dean, Academic Programs; Asst Dean Academic Services & Director Student & Curricular Affairs.

	studies • Appraise evidence from scientific studies related to individual patients' health, and apply knowledge of study design and statistical methods to the appraisal of clinical studies • Understand basic epidemiologic terms for describing disease patterns, and use knowledge of disease patterns to assess the value of diagnostic tests based on patients' risk of disease • Facilitate learning of colleagues and the health care team • Understand the value of systematically evaluating one's own performance and practice • Analyze one's own academic performance and develop individualized plans for improvement **Systems based practice** Graduates will: • Identify different types of medical practice and delivery systems, and navigate within different health care systems and teams • Understand the health care system and recognize ways to assess and improve health care and reduce medical errors, and apply to a specific clinical scenario • Understand basic principles of health care finance, how methods and costs affect health care delivery, and methods and incentives for controlling costs			

	• Identify methods for evaluating cost-effectiveness of care, and apply a method to a clinical experience or setting • Advocate for quality patient care Competencies are assessed progressively using a variety of different evaluation methods appropriate to each competency. The four curricular oversight committees report to the Committee for Curriculum and Educational Policy certifying the competencies of our students. An annual report of the success of students on the competency progression is given to the Associate Dean for Curricular Affairs.		

EXTENT TO WHICH LEARNING OUTCOMES ARE MEASURED
CFR: 2.5, 2.6

School of Dentistry	School of Medicine	School of Nursing	School of Pharmacy	Graduate Division
Learning outcomes are measured in every course and include the use of traditional paper-and-pencil examinations, and laboratory and clinical demonstrations of skills. In addition students demonstrate higher levels of knowledge through OSCE-type (Objective Simulated Clinical Evaluation) examinations and self-assessment of work primarily in the laboratory. Using a variety of assessment strategies permits the faculty to evaluate student knowledge and skills more broadly. Beyond these examinations students are asked to evaluate every course using an anonymous on-line system, and to review their educational experience upon graduation and respond with their opinions regarding the adequacy of training for a list of topics considered essential elements of the curriculum. Data from these evaluations are used by faculty to assess the success of student learning. In addition, success on both written national boards and clinical licensure examinations are monitored for success. These external benchmarks indicate the extent to which graduates possess the knowledge and skills deemed appropriate by the community for the competent graduating dentist.	Learning outcomes are measured in every course and include the use of traditional paper-and-pencil examinations, and laboratory and clinical demonstrations of skills. Using a variety of assessment strategies permits the faculty to evaluate student knowledge and skills more broadly. Our Director of Student Assessment oversees the development and enhancements to these various evaluations. Each student must meet expectations for the competency evaluation to progress to the next level of the curriculum. Status of student performance is monitored through our Academic Standards Committee. The hallmark evaluations of student medical knowledge are the United States Medical Licensure Examination Step 1 (at the end of the eighteen month essential core curriculum) and Step 2 Clinical Knowledge (at the end of the clerkship year). For patient care and patient communication skills students must pass a Clinical Performance Examination at the end of their third year. This examination is a standardized patient performance examination is given by all eight California medical schools. . Students evaluate every course using an anonymous on-line system and review their educational experience upon graduation by completion of the Association of American Medical Colleges Graduation Questionnaire	Learning outcomes are measured using a variety of methods, including return clinical demonstration, faculty observations, testing (paper & pencil; online testing), student projects, class assignments & papers; clinical, teaching, and research residencies and practica.	Learning outcomes with respect to each student are measured in every course and include the use of traditional paper-and-pencil examinations, and laboratory and clinical demonstrations of skills. Using a variety of assessment strategies permits the faculty to evaluate student knowledge and skills more broadly. Additional measures of individual student achievement are the Comprehensive Examination prior to clinical rotations, and the midpoint and final evaluations in each clinical rotation. In addition, success on written national boards (NAPLEX) and California pharmacy law (CPJE) are monitored for success. These external benchmarks indicate the extent to which graduates possess the knowledge and skills deemed appropriate by the community for the competent graduating pharmacist. In addition to assessing individual student outcomes we do programmatic assessment, which takes several forms. Students are asked to evaluate every didactic course and instructor using an anonymous on-line system, and to provide written evaluations of their clinical rotations as well as their preceptors. After their first clinical rotation, they are asked to provide comments on their preparedness for it, and what might be done to better prepare them. The Senior Survey asks them to review their educational experience upon graduation and respond with their opinions regarding the adequacy of training with respect to a list of topics considered essential elements of the curriculum.	Learning outcomes with respect to each student are measured in every course and include the use of traditional paper-and-pencil examinations and laboratory demonstrations of skills. Learning outcomes are also measured after each laboratory rotation, and by the comprehensive examination and the qualifying examination. Individual graduate programs use several different and rigorous means of course evaluation and learning outcomes. For example, one graduate program uses three types of evaluations after each course. First a faculty member not in the course meets with the students as a group and gets their assessments of strengths and weaknesses; this is written up as an essay. Secondly, a questionnaire is distributed to each student with space to describe the student's background and what he or she considered strengths and weaknesses. Thirdly, each student gives an evaluation of each faculty participant on a 1 to 5 scale.

	which is completed by medical students throughout the United States and Canada. Data from these evaluations are used by faculty to assess the success of student learning and to identify needed curricular reform.		Data from these evaluations are used by faculty to assess the success of student learning. Graduates of two relatively new curricular pathways are requested to complete a separate survey regarding their pathway experience and how it might be improved. We also do graduate placement as well as alumni surveys (at intervals) to regarding satisfaction with their educational experiences.	

ASSESS CULTURAL COMPETENCE IN THE COMPETENCIES AND TEACHER PREPAREDNESS ON THIS TOPIC
CFR: 2.3, 2.4, 2.5

School of Dentistry	School of Medicine	School of Nursing	School of Pharmacy	Graduate Division

• What is the School doing to Prepare Faculty in Cultural Competence?
 	
Two of The School of Dentistry competency statements relate to cultural competence, one requiring professional and ethical behavior toward patients, and a second on effective communication. In order to achieve these competencies, the School has developed cultural competency in-service modules for faculty that include ethnic identities, gender issues, and gay, lesbian, bisexual, transgender groups. Faculty members are provided the training during quarter breaks and have been very receptive to increasing their understanding of the complexity of patient care for people of different backgrounds. They have also requested background and training in gender issues and gay, lesbian, bisexual and transgender issues. The training is provided by the two clinical psychologists on the faculty.
 	
• Innovations in educating students in cultural competence
 	
This past year students have created and presented cultural modules to enhance the faculty-organized activity which has added value to the experience. The classes have rated these student-generated presentations as very effective.
	• What is the School doing to Prepare Faculty in Cultural Competence?
	
	The School of Medicine has a Faculty and Student Health Disparities Working Group which generates projects that include development efforts. The Essential Core Curriculum Committee includes diversity issues in their faculty development for small group facilitators.
	
	• Innovations in educating students in cultural competence:
	The School of Medicine has a curricular theme related to cultural competence. A roadmap exists of what we teach in this area across the curriculum. We also have a special program called PRIME-Underserved which recruits students into a separate track in the curriculum. However, the presence of PRIME allows cultural competence and health disparities to permeate the curriculum. Some of the objectives in the Clinical Performance Examination specifically address issues of cultural competence including use of a translator and issues around experimentation on patients from minority backgrounds.
		The Diversity in Action (DIVA) faculty work group, which serves as advisor to the Dean and to the faculty, on issues related to diversity, inclusion, and faculty development; undertook an effort in 2006 to review all course syllabi and to survey all graduates to determine the extent to which diversity is integrated in the curriculum. This exercise yielded rich feedback from the faculty and from the students and has led to a six part faculty development series on "Preparing ourselves for a diverse community". The six modules concentrate on fostering inclusion and establishing an environment of humility, respect and shared ownership in the classroom, in clinical settings, and in research.
		
		Additionally, the S/Nursing offers a variety of socio-cultural courses. MEPN students must take a minimum of a 2 unit course in their first year of study; MS students must take a total of 6 units of socio-cultural content before advancement to candidacy. The doctoral curriculum has diverse socio-cultural coursework woven throughout the curriculum – topics include: vulnerable women, violence & health, soci-cultural issues and HIV/AIDS, Race & Class issues in healthcare.
		
		Nurse Practitioner and Clinical Nurse Specialist MS students (>2/3 of MS cohort) have clinical experiences in SON faculty practice sites: the Tenderloin in San Francisco (homeless and low income diverse populations); and Valencia Family Clinic (varied immigrant and low income Hispanic ancestry populations).
			• What is the School doing to Prepare Faculty in Cultural Competence?
			
			   No program is in place at this time.
			
			• Innovations in educating students in cultural competence:
			
			   Cultural competence in the provision of pharmaceutical care, which had been an elective course, has now been incorporated into the core doctorate of pharmacy curriculum. Cultural competence, health care disparities, and related topics are integrated into the didactic courses and applied by students in the experiential core curriculum.
			
			The outline of the elective course in cultural competency has been published electronically as "Cultural Competency in Pharmaceutical Care Delivery - A Training Template for a One-Day Pharmacy Student Elective Course", available at http://www.futurehealth.ucsf.edu/ pdf_files/Assemi_Cullander%20 2003%20Curricula-final.pdf
				• What is the School doing to Prepare Faculty in Cultural Competence?
				
				Not applicable to the Graduate Division. If this is done, it would be through the School or Department.

ASSESS BARRIERS TO FACULTY ADOPTING CONTEMPORARY TEACHING STRATEGIES
CFR: 2.3, 2.7

School of Dentistry	School of Medicine	School of Nursing	School of Pharmacy	Graduate Division
Adoption of technology and different teaching strategies are occurring in the School of Dentistry. The curriculum revision that was inaugurated four years ago in July 2004 required web-supported courses, interdepartmental collaboration, and major adjustments to previous teaching strategies such as published syllabi. The first movement into web-supported instruction was strongly supported by students and faculty who thought they could not make these changes were pressured to do so by students, and they did. The initial changes were a great step forward and now more sophisticated technological enhancements to the curriculum are required. The Associate Dean for Education has conducted extensive interviews with faculty course directors. The biggest reported barriers to adoption of new teaching techniques include: • Lack of time to learn new technology • Resources to purchase programs, scan kodachrome slides, create movie clips • Comfort with the lecturing format • Discomfort with noise and commotion associated with group activities • Fear that students will not attend class • Inability to recognize that students learn differently in	The primary barriers to adapting are time, money and space. There is the natural inertia toward change since there may not be compelling reasons. Our faculty are supported by their departments whose priorities may be for research funding and patient care and not on the academic mission. We have been restricted in innovation due to our lack of space which will be improved with the opening of the new learning space in the library.	As mentioned by the other schools on campus in some form or another, the primary barriers to adapting contemporary teaching strategies are time, money, and technical support. While there is some worry learning new teaching strategies will take more time and need new skill sets; a Master's Curriculum Revision Task Force has been meeting for a year to revise the MS curriculum. Not only is the Task Force re-developing the curriculum, but attention is being paid to introducing new teaching strategies to faculty, to engage both high and low context learners in the classroom.	Essentially the same as those identified by the School of Medicine, with one addition – the lack of large classrooms on one level.	The primary barriers to adapting are time, money and space. This is mediated by the individual school in which the faculty member has his/her appointment; in the University of California no faculty hold direct appointments in the Graduate Division.

the technologically enhanced environment • Worry that new strategies will take more time • I walked seven miles through the snow…				

ANALYSIS OF COURSE OFFERINGS: CATALOGUE OF TEACHING STRATEGIES AND RESOURCES BEYOND TEXT BOOKS
CFR: 2.3, 2.5

Strategy	School of Dentistry	School of Medicine	School of Nursing	School of Pharmacy	Graduate Division
Online courses	Every course in the predoctoral curriculum has an on-line component; however, no course is presented entirely on-line without faculty and student interaction.	Every course in the School of Medicine curriculum has an on-line component; however, no course is presented entirely on-line without faculty and student interaction.		Nearly every course in the doctorate of pharmacy curriculum has an on-line component, however, no course is presented entirely on-line without faculty and student interaction.	N/A
Web-based modules	Each faculty course director places lecture materials and other resources on the electronic course platform.	Each faculty course director places lecture materials and other resources on the electronic course platform. The curriculum is also rich with Independent Learning Modules.		Many course directors place lecture materials and other resources on the electronic course platform.	N/A
Online support of courses	The on-line course format is currently WebCT. Each course is expected to utilize the functions available including the on-line syllabus, calendar, email, and many use the discussion tools along with posting course materials.	The Office of Educational Technology provides support to faculty and students for the online curriculum.		Courses on WebCT have varying levels of course support, from on-line grade reporting to a copy of the course syllabus, discussion tools, readings, etc. Courses on CLE use a larger array of course tools.	N/A
Use of information resources	Library resources are used extensively in the courses	Library resources are used extensively in the courses. Beginning students receive a structured curriculum in information retrieval and management skills. The School is supported by a liaison librarian.		Library resources are used extensively in all courses.	Library resources are used extensively in some courses.
Web access for courses and assignments	Every student has web access through the library. Students are required to have laptop computers and are provided id's that permit them to log onto the library site for course access. Each quarter staff in the School of Dentistry enroll students in the appropriate courses and interface with course directors to assure access.	Every student has web access through the library. Students are required to have computers and are provided id's that permit them to log onto the library site for course access. Each quarter staff members in the Office of Educational Technology enroll students in the appropriate courses and interface with course directors to assure access.		Every student has web access through the School's Informatics Resource Center as well as through the Library. Students are required to have computers as well as home internet access, and are provided with id's that permit them to log onto IRC workstations as well as the Library site for course access.	Every student has web access through the library and has a computer.
Web databases for learning activities	Web data bases are available through the library and access to the web. Students are enabled to access the	Web resources are available through the library and access to the web. Students are enabled to		Web resources are available through the library and access to the web. Students are enabled	Web resources are available for searching and reading original research publications.

	UCSF resources.	access the UCSF resources.		to access the UCSF resources.	
Role playing	Role playing is used in clinical training so that beginning students experience what the patient feels and does. This includes interviewing and examination skills, and some reversible dental procedures.	Role playing is used in clinical training which begins in the first year of the School of Medicine Curriculum. Through role-plays students experience what patients feel and do. Role playing is done for interviewing and examination skills.		Role playing is not currently used in the SOP curriculum.	Not applicable.
Standardized patients	Not used at this time	Standardized patients are used extensively in the School of Medicine. In the first two years the students interact with standardized patients including some whom they meet repeatedly as their health needs evolve. Our clinical skills center is used for a number of teaching and evaluation activities with standardized patients.		Not used at this time	Not applicable.
Small group teaching	Small group teaching is used in some courses to augment lecture material. This is most often in the form of discussion among groups in the classroom setting.	Small group teaching is a critical part of the School of Medicine curriculum and students are required to participate in the small group components. The School of Medicine believes that small group participation is fundamental since collaboration is part of the practice of medicine. There are different kinds of small groups throughout the curriculum.		Small group teaching is used in some courses to augment lecture material. This is most often in the form of discussion among groups in the classroom setting.	
Clinical teaching	Clinical instruction is provided extensively in the dental clinics, both on Parnassus Avenue and the externship sites. Students have close interaction with faculty during clinic sessions with a ration of 1:8, faculty to student. During these sessions they provide comprehensive care to their assigned patients and are assessed on patient interaction, skill, and professionalism.	Clinical education commences with the first week of medical school. Clinical responsibility is progressive across the four years of medical school. Clinical instruction is provided extensively in our primary teaching hospitals, clinics and in practice sites. During these sessions students are part of the health care team and in some cases focus on their own assigned patients. All competencies are evaluated in these experiences. .		Clinical instruction begins for all student pharmacists after the Winter quarter of their 3rd Year, and is provided at hospitals, clinics, and community pharmacies at seven sites throughout California. Students use their clinical knowledge and skills to manage patients with acute and chronic diseases, work collaboratively and actively on health care teams to provide cost-effective care, and provide medication consultation and education on drug-related issues to patients, their families, and	Not applicable.

				caregivers.	
Lecture	Lecture is still used to a large extent	Our curriculum has four hours in the day during the first 18 months of which half must be active. Therefore lecture is about 2 hours a day of our curriculum. There are lecture sessions in the clerkship curriculum..		Lecture is still used to a large extent in the didactic curriculum.	Lecture is still used to a large extent in the didactic curriculum.
Simulation	Simulation is the teaching style best suited to the technique laboratories where students learn dental surgical skills. This is used extensively in the School of Dentistry and is enhanced with technology that provides for individualized demonstration.	Simulation, beyond the standardized patient opportunities, is part of the student learning activities. The first day of medical school is a simulation of a trauma patient whom the students follow throughout the year. Students early in medical school participate in a simulation of a team care around a mannequin-patient. Students participate in the surgical skills centers during electives, transitional clerkship and specific clerkship.		Simulation is not yet utilized for instruction.	
Learner-centered activities	Learner-centered activities are used to augment lecture courses. The use of small group discussions, panels, and student presentations enhance the learning activities.	.		Learner-centered activities are used to augment many lecture courses. The use of small group discussions, panels, and student presentations enhance the learning activities.	
Problem-based learning	This is not used.	A series of PBL cases are part of the curriculum in the first two years in the School of Medicine Foundations of Patient Care curriculum.		Not used.	
Other	Journal articles and text chapters that can be linked to electronic courses				