

## EVCP Expresso ? October 2021

Dear Colleagues,

Where does the time go? Since the last installment, summer came to an end and fall began. I hope you had an opportunity to mark the changing of the seasons and reflect on where we were a year ago, fall 2020. (Want to immerse yourself in a metaphysical discussion on the notion of time? Check out this BBC podcast about French philosopher Henri Bergson <sup>[1]</sup>, recommended by my colleague Payam Nahid.)

We also are now in the midst of celebrating Latinx Heritage Month at UCSF! Check out how you can participate with a virtual visit to the Multicultural Resource Center <sup>[2]</sup>.

If you haven't had an opportunity to read the UCSF Land Acknowledgement <sup>[3]</sup>, I encourage you to invest the time to take it in and reflect on its words of gratitude and respect. I thank the co-chairs of the UCSF Native American Health Alliance <sup>[4]</sup> ? Tasce Bongiovanni, Anne Montgomery, and David Pennington ? for collaborating with the Association for Native American Medical Students and working closely with the Ramaytush Ohlone community as well as campus Indigenous groups regarding language and securing the rights to the web page artwork until 2023. Please read the FAQ about when the statement should be used.

I have another ask of you ? to take the UCSF Climate Survey <sup>[5]</sup>. In a few weeks, we will launch a survey of the entire community about climate for inclusion <sup>[6]</sup>. UCSF aspires to be one of the best places to work and study, where we demonstrably live our UCSF PRIDE Values, and where the health and well-being of the UCSF community matters. One important way to get there is to make your voice heard, so when you receive an email containing your individualized link, please take the survey. While it will be open from October 11 through November 30, I urge you to not wait until the last minute.

Now on to this month's *Expresso*. In September, we heard from education deans Sara Hughes and Catherine Lucey at the schools of Dentistry and Medicine about trends in health education, particularly related to the ongoing march of technology, and the ways the pandemic has hastened change. This month, I'm pleased to continue the topic with insights from educational leaders in the schools of Nursing and Pharmacy, as well as the Department of Physical Therapy and Rehabilitation Science.

You'll also get updates on the murals of Toland Hall and the efforts to help scholars in Afghanistan.

- Shining a Light on Trends in Health Science Education: Perspectives from our leaders, part 2
- History of Medicine: Next steps for Zakheim's monumental murals
- UCSF in Action: Swift work to help Afghan scholars

Regarding the scholars from Afghanistan ? please, *please*, PLEASE ? reach deep and make a donation

[7] to help these individuals and their families who have suffered so. As of now we've raised slightly more than \$40,000. Let's get to our goal of \$100,000!

Thank you for reading the stories in this month's issue and please send any suggestions for future topics to ExecutiveViceChancellor@ucsf.edu [8].

With best wishes,  
Dan

## Shining a Light on Trends in Health Science Education: Perspectives from our leaders, part 2

In September, *Expresso* featured "Shining a Light on Trends in Health Science Education: Perspectives from our leaders" [9], and we heard from former School of Dentistry Associate Dean Sara Hughes and School of Medicine Executive Vice Dean Catherine Lucey. I'm pleased this month to cover the viewpoints of School of Nursing Dean Catherine Gilliss, School of Pharmacy Vice Dean Sharon Youmans, and Physical Therapy and Rehabilitation Science Department Chair Amber Fitzsimmons.

I'll break this one down into the "5 Trends Influencing Health Science Education Today" [10] according to the *Caduceus* article, along with reactions from this month's education leaders.

### 1. Standardization of Knowledge, Skill, and Professionalism Competencies

"In theory, standardization could help with benchmarking and best practices, and overall is an important conversation," Amber said. "However, I think global standardization may be difficult to achieve as it potentially devalues cultures, norms, attitudes, knowledge, and skills of those countries/regions/cultures that are often historically marginalized and oppressed by western and/or Euro-centric practices."

For example, she notes that the U.S. may have a vastly different approach to end-of-life conversations and care than another culture. "This is one example where I think global competencies with shared language may be more difficult to achieve."

In pharmacy, however, Sharon sees some advantages to standardizing pharmacy education competencies. To get agreement on an international level on the basics of professional pharmacy services would allow for more cross collaborations of training and research.

Catherine notes that the School of Nursing has two main types of students. Those who are studying for professional entry and are not yet licensed "are the students for whom standardization is most important. These beginning students do not have experiences from which to draw. In contrast, most of our students are working as professional nurses and do have relevant clinical experience that enables them to individualize care as appropriate."

### 2. Heightened Emphasis on Assessing Individual Competencies and the Outcomes of Student Learning

Sharon says today's pharmacists don't want to just fill prescriptions but aim to have a more

engaged role in patient health. They are the experts in drug interactions. They can administer vaccines, as we've seen in the pandemic. "The old days of just teaching people facts are gone," she says. "It's not what you know but what you do with what you know. Competencies are clearly the top priority. Our new curriculum is a competency-based curriculum, because we're trying to train students how to apply information, to make decisions, to think critically."

Amber likes the idea of competencies but worries about implementation. "The individualization of learning is ideal," she says. "If we could figure out a way to let students progress through their education using a shared set of competencies, moving at their own pace and time, that would be an ideal way to go. The question is, 'how do you scale?' Particularly with physical therapy, so much of what we do combines the clinical reasoning with movement interventions and hands-on training. So, it would be a challenge to have 150 students moving through the curriculum and at different times, each getting individual assessments at different times of the year. We don't have the infrastructure, yet, to manage potentially 150 different trajectories given our signature pedagogy of movement."

Catherine notes that advanced students in the School of Nursing, who are the majority of the trainees, "are working professionals who are returning with very specific goals and very different professional experiences". They are the students who benefit most from a focus on competency-based education. We are working to focus on competency development, rather than "time in the chair" for these students. We need them in the workplace and will be working to allow them to move through their programs of study at a pace that works for them."

### **3. Increased Focus on Team-Based Diagnostic and Medical Care Efforts**

Amber is a big supporter of team-based care and would like to see more training headed in this direction. Ossified practices and payor rules often stymie innovative health care delivery models such as team-based practice. Perhaps a board certified orthopedic physical therapist should be the first point of patient contact within a primary care team if a client is dealing with a musculoskeletal issue. That may free up the NP, MD, or PA to focus on clients with complex medical needs. "We should adopt the mantra 'the right care at the right time with the right professional,'" she says. "Issues should be triaged and whichever profession may be best suited to meet the patient's need, would be able to do so."

Catherine agrees. "Team-based focus is important and valued; the problem we have in our teaching setting is locating good models for instruction. Students need to be working on real problems across disciplines to learn the value."

Sharon says in pharmacy we emphasize the benefits of a team approach to delivering patient care, and it is often easier to do in the classroom than in practice, but it is happening. When pharmacy students are on clinical rotations, they're working on a team. "We often remind our students of their role on that team as the medication expert," Sharon says. "You need to be ready with plan B and C of medication recommendations. Make sure the patient's medications and doses are appropriate to avoid to the extent possible drug-drug and drug-disease interactions - all the things that don't necessarily get picked up by physicians. I tell my students, 'You educate the medical student or the resident on the drugs, and they will educate you on the disease states.'"

#### **4. Integration of Simulation and Virtual Immersive Reality**

The pandemic accelerated the adoption of technology in education, as in many other areas of modern life (Zoom, anyone?). Catherine says UCSF continues to push forward in this regard. "We are looking at ways to increase access to education for our working professional students, including online and asynchronous options, virtual reality and simulation," she says. "We have launched a TechHub to support our faculty in the use of advanced teaching technologies, including simulation and immersive strategies. These approaches were critical to our being able to graduate students on time during the pandemic."

Amber notes that an explosion of new physical therapy schools across the nation may ultimately "limit the ability of some students to have clinical rotations in hospitals. Therefore, simulation plays an increasing role in assessment of hospital-based skills." But she offers some warnings. "Centralized resources – well funded – and instructional technology experts will need to support content experts to create tech-heavy learning opportunities," she says. "Faculty generally do not have these tech skills."

Sharon says some curricular content can be taught via simulation as the curriculum evolves. "There might be some content that's available via simulation," she says. "There are certain things you can't just learn from a textbook; you need to be in the moment." We have a simulation exercise of a poisoning event taught in our toxicology elective that uses simulation to mimic real life, so students can see physiological changes when medicines are administered to treat the problem.

It's sure to keep changing, Amber says. "I completely agree with the statement: In the next decade, the industry will see the rise of the first set of health care leaders who are digital natives. The next generation will bring a different set of work ideas and assumptions."

#### **5. Increased Accountability for Health Care Outcomes**

"Health care institutions are being held more accountable," Sharon says, "so it is our job to educate our learners that the outcome is really the ultimate goal."

Pharmacists are conscious of their role in providing pharmacy care services to patients, asking questions such as, "What are we doing to improve outcomes? What interventions are we making to prevent readmissions due to the side effects of medications or patients not taking their medications at all?"

Sharon describes one way to get there: "I'm hoping that our health care system will be more of a fee for outcomes and less fee for service." As health care professionals, our job is to do our best to optimize patient therapy with the goal of influencing the best health outcomes.

Amber has another creative take on educational outcomes: "We want to graduate learners that live out the mission of our program. How many in the next five years will go to advanced training, or work in a rural or underserved area, or go into leadership, or go into policy?"

Exciting stuff! This series on education highlights a host of challenges, both shared and unique, for all of the health professions, some of which are at the broader systems level. But I am not at all surprised by the creativity and commitment our educational leaders are bringing to the table on behalf of the people we serve in society, who expect nothing less than true

excellence and compassion in their care.

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## History of Medicine: Next steps for Zakheim's monumental murals

UCSF is not only home to fantastic science and health care. We also have some world-class art and architecture on our campus. Art and science go hand in hand, each enhancing the other.

That's why UCSF has committed to carefully removing and finding a new home for the historically significant New Deal-era murals in Toland Hall by artist Bernard Zakheim, a Polish World War I veteran. Zakheim studied at the San Francisco Art Institute under Diego Rivera, and also painted murals at Coit Tower and the San Francisco Jewish Community Center. (Side note: UCSF has paintings by Diego Rivera and Frida Kahlo <sup>[11]</sup> at ZSFG!) Zakheim's ten-panel frescoes, "The History of Medicine in California," are painted directly onto the walls of the lecture room in century-old UC Hall, which is now seismically unsafe, functionally obsolete, and slated for demolition to make way for our new Parnassus Research and Academic Building.

Over the past two years, UCSF engaged the broader community about these plans, which included discussing the murals in public notifications and meetings, public testimony at the San Francisco Planning Commission, and in the Draft Environmental Impact Report for the Comprehensive Parnassus Heights Plan.

In July, UCSF appointed a task force <sup>[12]</sup>, co-chaired by Alicia Murasaki, assistant vice chancellor and University campus architect, and Brian Dolan, professor of Humanities and Social Sciences. (Historical side note: The graduate program of History of Health Sciences within that department is the second oldest such program in the country and was established by visionary faculty member Chauncey Leake in the 1930s — around the same time he commissioned Zakheim to paint the murals. Read more <sup>[13]</sup> courtesy of UCSF Archives.)

The task force, comprising a broad representation from throughout UCSF and including Diane Matsuda, president of the San Francisco Historic Preservation Commission, will gather input from a wide range of people and assess all aspects of the murals — including their history, their content, and ideas for where they could be displayed in the future — and make a recommendation to the chancellor by next spring. Because the murals are painted directly onto the plaster on large, curved walls, their removal will be a complex and daunting task.

According to Alicia, "Given their age, size, and weight, and the fragility of murals in general, it's a big job. We have to stabilize and conserve the mural, then remove it, crate it, take it off-site, store it. Then once we identify its new home, bring it out of storage and reinstall it." She added, "We were originally led to believe that it would be virtually impossible to remove the murals intact and without significant damage due to their medium and very unusual configuration. However, once we brought additional expert voices into the conversation, we determined we should try."

Last year, UCSF hired Architectural Resources Group to help ascertain what is feasible and how to physically do it. In the meantime, the murals have been preserved digitally by the UCSF Library, and one of Brian Dolan's PhD students, Aaron Jackson, wrote an extensive narrative on the murals that will be made into a recording including voiceovers by members of the UCSF community. The digital work will be put on a UCSF website when it is ready, featuring a three-dimensional animated tour of the panels.

Another factor in the murals' preservation is their content. Leake worked closely with Zakheim on what the murals would depict, which was in keeping with the thinking of the time, Brian says "a common early twentieth-century perspective that medicine in California had evolved from Native Americans and "a chaotic state of practice in the Gold Rush era to one that was more laboratory-based." Brian describes the murals' theme as "more or less the heroic triumph of medical science over its mystic origins as interpreted by the artist." Today, we recognize the insensitivity and inaccuracy of dismissing indigenous knowledge as primitive rather than an often astute and sophisticated approach to using the natural environment to treat sickness and promote healing.

The mural also depicts a Black woman many believe to be Bridget "Biddy" Mason, a formerly enslaved woman who became a pioneering midwife, entrepreneur, and philanthropist in Los Angeles. The task force will talk to Mason's descendants, as well as artist Zakheim's family. This will help us ensure the most inclusive and informed history of the murals.

The murals portray Hugh Toland, the namesake of Toland Hall, a South Carolina physician who came to California seeking gold but soon gave up. After success practicing medicine, he founded the medical school that ultimately became today's renowned UCSF School of Medicine. However, as a proponent of the Chinese Exclusion Act of 1882, Toland did not support the inclusion that is one of our core values today. The mural also features what's been described as stereotypically racist depictions of Chinese corpses, which some have said were Zakheim's attempt to expose the racism of the era but have disturbed some viewers.

Among options the task force will consider for the controversial content: if the murals stay at UCSF, making the murals accessible for voluntarily viewing; or, in the end, moving to a venue for more appropriate contextual display.

Regarding the content, Brian says, "My view is, that we are not art historians or museum curators and therefore are not in a position to offer guidance on interpreting the murals. We are a public health sciences institution that has inherited a work of art of historic significance because of the New Deal, an historically important era for artists across America. We have responsibility as caretakers for something created with federal government assistance by a local artist, but also to remedy any potential offense that they cause." He adds, "The artistic portrayal of the history of medicine in California was controversial from the moment Zakheim finished the murals, and our community has long debated its appropriateness. But as an historic artifact, we need to consider not only the murals' preservation but our responsibilities to explain the context of their creation and ensure the overall welfare of our community."

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## UCSF in Action: Swift work to help Afghan scholars

In the last weeks of August, the distressing scenes of the fall of Kabul to the Taliban took over the world news. Fully comprehending the dire need to evacuate tens of thousands of Afghans, it was very difficult not to feel absolutely helpless.

Thanks to UCSF's commitment to global health and our connections to doctors and scientists around the world, we are positioned to help in our own way. In this situation, colleagues sprang into action at the first signs of trouble in Afghanistan.

Jess Ghannam, a professor of psychiatry and faculty at UCSF's Institute for Global Health Sciences <sup>[14]</sup> (IGHS), brought to our attention two fabulous scholars who we hope will soon join our community. As Chancellor Sam Hawgood introduced them last month, the first scholar, who with family has made it out, is a physician with a master's degree in public health and has earned one of the competitive slots in the PhD program in Global Health Sciences. Their research interests involve strengthening health systems and improving health for women and minority populations. The second scholar has been admitted to the master's degree program in Global Health Sciences. This scholar graduated from a medical university in Afghanistan and has a research focus on reproductive health for women in Afghanistan.

Jess, who is UCSF's representative to the Scholars at Risk network <sup>[15]</sup>, learned of the pair and began mobilizing immediately. "Identifying someone in Kabul to get out, after the U.S. military left, became enormously complicated and difficult. One way to get scholars at risk out of Afghanistan is to get them a visa, and one way to get them a visa is to get them into a program," Jess says.

Working with UCSF's International Students and Scholars Office <sup>[16]</sup> and our Health and Human Rights Initiative <sup>[17]</sup>, people began contacting California's U.S. Senators Dianne Feinstein and Alex Padilla. Chancellor Sam Hawgood and I immediately approved the effort, as did Jaime Sepulveda and George Rutherford, who lead IGHS.

Jess noted that both individuals are "extraordinary scholars" and UCSF would be lucky to have them under any circumstance. To that end, the University is working to provide tuition waivers, and community allies are organizing to provide housing and other support, which will help with their visas. However, because they are still at some risk, we can't identify their names nor give too many details. I look forward to telling their whole story when they are safely ensconced on our campus.

"This was a multifaceted, multidisciplinary, multi-departmental effort," Jess says. "I'm just so happy to see the way we all came together in only two weeks. It was an all-hands-on-deck effort. It's why UCSF is such a great institution. Although two families may be one drop in a very large bucket, we are prepared to help many families."

That may mean hiring or bringing over more scholars, either to UCSF or to other schools in the UC system. We already have a robust program aiding people from Central America seeking asylum and will extend that to Afghanistan. Jess also plans to use his background in global mental health to support the many Afghan refugees starting to filter into the Bay Area.

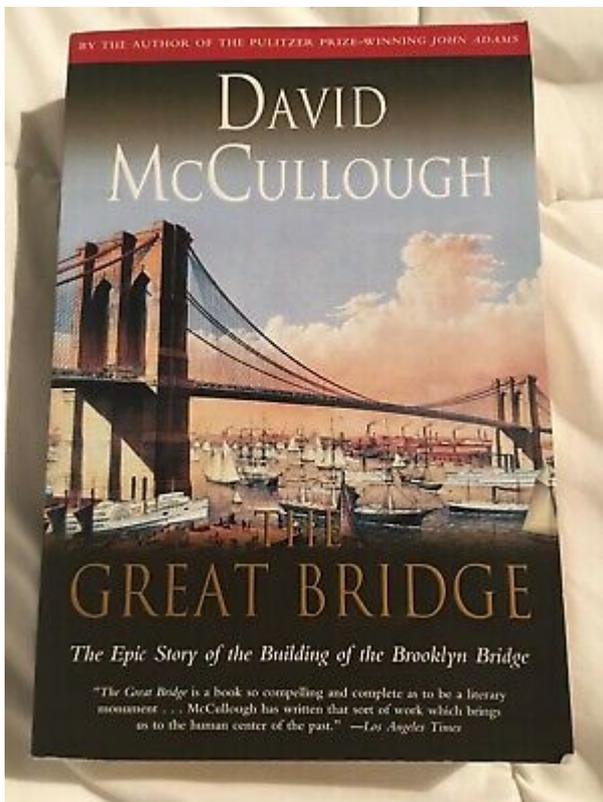
UCSF plans to keep helping in Afghanistan, even as the U.S. military has left, because we try to assist as many people as we can everywhere. While recent months have seen a cascading

negative effect in Afghanistan, the reality is the situation has been urgent for decades and has taken a serious toll on people's psyches, with many experiencing massive traumatic exposure. Being physically safe is just the first step in a long-term challenge.

Our immediate need is to raise \$100,000, and so far, we have raised slightly more than \$40,000. I am pleased to announce that we have also received a very generous donation for matching funds. Starting now, if you make a donation it will be matched dollar-for-dollar. If you are able, please consider contributing to this effort online at Together at UCSF: UCSF Afghan Scholar and Refugee Initiative [7]. When doing international work, the time frame is decades. Thankfully we have the people, passion, commitment, patience, and infrastructure to step up and be part of the solution.

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## Dan's Tip of the Month



Ever thought about what it took to build the

Brooklyn Bridge? I recently read an enthralling book, *The Great Bridge* by David McCullough. It tells the story of how a daring concept — building what was then the longest suspension bridge in the world — required imagination and dedication. There were many who said it was a fool's errand. I immediately drew parallels with what UCSF is going through now in realizing the daunting Comprehensive Parnassus Heights Plan. Building the Brooklyn Bridge took sustained vision and bold determination, and so will transforming Parnassus Heights into a campus as forever indispensable to San Francisco as the Bridge is to New York.

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- [1] <https://www.bbc.co.uk/programmes/p09tn472>
- [2] <https://mrc.ucsf.edu/events/latinx-heritage-month-2021>
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- [10] <https://www.cipcourses.com/health-science-education-trends-today/>
- [11] <https://www.ucsf.edu/news/2017/01/405681/paintings-frida-kahlo-diego-rivera-return-zuckerberg-san-francisco-general>
- [12] <https://www.ucsf.edu/news/2021/07/421091/ucsf-task-force-identify-new-location-zakheim-murals>
- [13] <https://blogs.library.ucsf.edu/broughttolight/tag/chauncey-d-leake/>
- [14] <https://globalhealthsciences.ucsf.edu/>
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