The Honorable Denise Moreno Ducheny  
Chair, Joint Legislative Budget Committee  
State Capitol, Room 5035  
Sacramento, California 95814  

Dear Senator Ducheny:  

Pursuant to Item 6440-001-0001, Provision 11, of the 2009 Budget Act, enclosed is the University of California’s report to the Legislature on UC Contributions to meeting California’s Physician Workforce Needs (PRIME).  

If you have any questions regarding this report, Associate Vice President Debora Obley would be pleased to speak with you. She can be reached by telephone at (510) 987-9112, or by e-mail at Debora.Obley@ucop.edu.  

With best wishes, I am,  

Sincerely yours,  

Mark G. Yudof  
President  

Enclosure  

cc:  The Honorable Gloria Romero, Chair  
Senate Budget and Fiscal Review Subcommittee #1  
(Attn: Ms. Seija Virtanen)  
(Attn: Ms. Cheryl Black)  
The Honorable Wilmer Amina Carter, Chair  
Assembly Budget Subcommittee #2  
(Attn: Ms. Sara Bachez)  
(Attn: Ms. Amy Rutschow)  
Ms. Ana J. Matosas, Director of Finance  
Mr. E. Dotson Wilson, Chief Clerk of the Assembly  
Mr. Gregory Schmidt, Secretary of the Senate  
Ms. Diane Boyer-Vine, Legislative Counsel  
Ms. Sara Swan, Department of Finance  
Joint Legislative Budget Committee (18)  
Executive Vice President Nathan Brostrom  
Senior Vice President John Stobo  
Vice President Patrick Lenz  
Associate Vice President and Director Steve Juarez  
Associate Vice President Cathryn Nation  
Associate Vice President Debora Obley  
Executive Director Jenny Kao
UC is not just an institution of higher learning. Here, research aims higher. Service reaches higher.

A higher level of excellence calls for a higher commitment.
UNIVERSITY OF CALIFORNIA

Report on UC Contributions to meeting California’s Physician Workforce Needs (PRIME)

This report is submitted by the University of California in response to item 6440-001-0001, Provision 11, of the 2009 Budget Act, which states:

"Of the funds appropriated in Schedule (1), $2,025,000 shall be used to support 135 full-time equivalent students in the Program in Medical Education (PRIME) at the Irvine, Davis, San Diego, San Francisco, and Los Angeles campuses. The primary purpose of this program is to train physicians specifically to serve underrepresented communities. The University of California shall report to the Legislature by March 15, 2010, on (a) its progress in implementing the PRIME program and (b) the use of the total funds provided for this program from both state and non-state resources”.

State funding requested in 2008-09 and 2009-10 for PRIME was not provided. Because of UC’s commitment to the goals of PRIME and to maintain momentum in the development of this program, the University made funding available on a one-time basis in 2008-09 for PRIME expansion, and in 2009-10, redirected funds from their general medical school enrollments to support planned enrollment growth for the program. This strategy is not sustainable, however, as UC medical schools face continuous reductions in state support and as student fees and levels of educational debt continue to rise.

This report provides an update on recruitment and admissions activities for the first six classes of medical students enrolled in PRIME-LC at UC Irvine, the first three classes of students enrolled in PRIME programs at UC Davis, UC San Diego, and UC San Francisco, and the second class enrolled at UC Los Angeles. This report includes: an overview of PRIME curricula for each program; a review of the evaluation process used to assess progress in meeting program goals and objectives; and an overview of the impact that the program has had on campuses and their communities, the University of California system, and medical education nationally. The report includes information and an update on funding for the program.

I. IMPLEMENTATION OF THE UC PRIME PROGRAM

Research has made clear the value of developing a multi-pronged strategy for medical schools to better address the needs of medically underserved groups and communities. Strategies should include the recruitment of students who have a demonstrated interest in community service and an expressed interest in serving disadvantaged communities as part of their future professional careers. Research has further shown that students who enter medical school with an interest in caring for disadvantaged populations are more likely than other students to practice in such communities and to serve minority and uninsured patients. In addition, students in educational pathways focused on the underserved appear to maintain their interest in working with the underserved and demonstrate more positive attitudes toward these populations than their peers. Through PRIME, UC medical schools are developing new programs that will offer students new educational opportunities to prepare them as future leaders and experts in caring for California’s underserved and increasingly diverse populations. UC PRogram In Medical Education (PRIME) are innovative training programs focused on meeting the needs of these communities by combining specialized coursework, structured clinical experiences, advanced
independent study, and mentoring. These activities are organized and structured to prepare highly motivated, socially-conscious students as future clinicians, leaders, and policy-makers.

**UC Irvine**

UC Irvine’s Program in Medical Education for the Latino Community (PRIME-LC) was developed to help address the increasing demand for culturally and linguistically competent physicians, who are better prepared to address the health needs of the Latino population. The five-year program is designed to improve the cultural and linguistic competence of future physicians by developing Spanish language proficiency and increasing familiarity with the socio-cultural values, health beliefs, and lifestyles of Latino patients. Instruction regarding disparities in health status and disproportionate disease burdens suffered by many Latino patients is emphasized. The program is nearly at full enrollment with fifty-nine students now enrolled. PRIME-LC graduated its first class in May 2009.

Building on the success of PRIME-LC, UC medical schools engaged in an intensive planning process to develop new programs that focus on rural health/telemedicine (UCD); health equity/health disparities (UCSD); and urban underserved populations (UCSF). In January 2006, the UC Office of the President received a $473,000 grant from The California Endowment - a private, statewide health foundation committed to healthcare access, culturally competent health systems, community health, and the elimination of health disparities - to assist and expedite these planning activities with an expectation that these programs would receive permanent state support. The grant also included planning funds for development of a program at the David Geffen School of Medicine at UCLA, which admitted its first class in fall 2008.

**UC Davis**

UC Davis’ Rural-PRIME program is an innovative program in medical education, focused on addressing workforce shortages and healthcare access issues in rural communities. Rural-PRIME welcomed its first class of twelve medical students in fall 2007, thirteen in fall 2008, and twelve first-year students in 2009. The students were selected because of their demonstrated interest and strongly expressed commitment to rural practice along with having significant exposure to rural communities.

The goal of Rural-PRIME is to train medical students to become the future physicians and community leaders in underserved communities in rural California. The program builds on UCD’s strengths as an integrated health system and medical school including excellence in primary care education, commitment to rural outreach (rural medical school rotations, residency locations, and clinical affiliations), expertise in the use of telecommunications technology, and strong commitments to public health, community service, and diversity.

**UC San Diego**

The Program in Medical Education-Health Equity (PRIME-HEq) is a five-year dual degree program, first developed in 2007, that offers students the opportunity to examine health equity in an area of interest consistent with the Healthy People 2010 goal of eliminating health disparities among all segments of California’s population. The main goals of the PRIME-HEq program are to increase the number of clinicians, research scientists, and advocates working to improve minority health; create a diverse community of scholars that will develop, disseminate, and apply new knowledge about health disparities and minority health; and promote multidisciplinary university-community partnerships to help improve equity and eliminate disparities in health care delivery. UCSD’s faculty is fully committed to the attainment of these goals. UCSD admitted eight medical students to the PRIME program in 2009-10. There are currently twenty-nine students enrolled in PRIME-HEq.
Lindia Willies-Jacobo, MD became the new Assistant Dean for Diversity and Community Partnerships, and Acting Director of the PRIME-HEq program as of July 1, 2009. In this capacity, she will be overseeing the PRIME program together with Vice Dean for Medical Education, Maria Savoia, MD.

**UC San Francisco**

Faculty at UC San Francisco and the Joint Medical Program (JMP) administered by UC Berkeley and UCSF have been leaders in research investigating the factors that contribute to urban health disparities, including geographic mal-distribution of clinicians, lack of insurance, minority race-ethnicity, low socioeconomic status, limited English proficiency, and low health literacy. These are widespread in California, a state with a high proportion of the population lacking insurance and a tremendous degree of racial and ethnic diversity. The Program in Medical Education for the Urban Underserved (PRIME-US) offers UCSF and JMP medical students the unique opportunity to pursue their interests in caring for underserved populations in urban communities. The program provides a medical education experience for students that supports their goals of becoming leaders; community-engaged clinicians, educators, and researchers; and advocates for improving the care of urban underserved communities.

UCSF launched PRIME-US in fall 2007 with twelve first-year students. Eight students were enrolled at UCSF and four at UCB. In fall 2008, enrollment in the program grew to fifteen PRIME students, with eleven at UCSF and four at Berkeley.

**UC Los Angeles**

The David Geffen School of Medicine at UCLA has a long history of training practitioners who provide health care to traditionally disadvantaged populations as demonstrated by the success of its longstanding joint medical education programs with UC Riverside and the Charles R. Drew University of Medicine. Building on the success of these programs, the UCLA PRIME initiative aims to educate future physician leaders trained to address the health care needs of a wide range of diverse disadvantaged communities by delivering culturally competent clinical care, providing leadership for improved health care delivery systems in disadvantaged communities, conducting research on health care disparities, and serving as community advocates for improved health care policies. In fall 2008, eighteen PRIME students enrolled in the new UCLA program with ten students at UCLA and four each at UCR and Charles Drew University. In 2009-10, seventeen students matriculated into the program, with nine at the UCLA campus and four each at UCR and Charles Drew University.

**A. RECRUITMENT & ADMISSIONS**

**Recruitment**

One of the most important early objectives of the PRIME initiative was attracting a group of applicants that met both the program’s unique criteria and the overall requirements for admission to UC Schools of Medicine. PRIME faculty and staff continue to build the infrastructure and expertise to support the recruitment of well-qualified and highly motivated students. This includes: development and revision of informational handouts; training of academic counselors and admissions staff to respond to questions related to PRIME programs; working with the admissions committees and staff to identify the point at which students apply; integrating the PRIME application process with the general School of Medicine secondary application process; and developing unique standards for the interview process, including the recruitment of interviewers (at UCI) who are fluent in Spanish and able to assess each applicant’s language ability and commitment to meeting the goals of the program.

Active recruitment also includes year-round visits to UC campuses, California State University campuses, Community Colleges, and private Universities in the state. Faculty, staff, and students in the program have attended premedical
conferences and outreach fairs in Northern and Southern California to introduce the program and to speak with potential applicants and advisors.

The PRIME websites at each campus are an important recruitment tool. Each continues to be updated on a regular basis.

PRIME-LC: http://www.ucihs.uci.edu/PRIMELC/
Rural PRIME: http://www.ucdmc.ucdavis.edu/medschool/rural_prime/
PRIME-HEq: http://prime-heq.ucsd.edu
PRIME-US: http://medschool.ucsf.edu/prime/
UCLA PRIME: http://www.medsch.ucla.edu/uclaprime/

UC PRIME has also made a commitment to widening the pipeline for students from diverse backgrounds interested in pursuing careers in health care. In order to target high school students who may have an interest in health and science, PRIME programs are engaged in a number of K-12 outreach activities, including workshops, presentations, and visits to UC medical schools.

Admissions
The admissions processes for each PRIME program are similar, but not identical. These processes are also evolving as programs grow and as campuses evaluate their progress from year to year. Applicants to PRIME programs must first be identified and invited to submit a secondary application. Only at this stage in the process (at UCI, UCD, and UCSD) are they given the opportunity to apply to the program. Applicants selected to submit a secondary application are screened by UC admissions committees. When applicants are invited to interview for PRIME, they are provided with detailed information about the programs and have opportunities to meet faculty, current PRIME students, and other prospective students.

For the fall 2009 application cycle, UCSF changed their application process to require applicants to apply as part of the secondary application process. Interested applicants were required to submit their PRIME-US essay with their secondary application. Efforts were made to have PRIME-US interview days but the demand was so high that they were unable to offer all applicants in-person interviews. For the current application cycle, they have added additional screening questions to the secondary application and returned to phone interviews to ensure equal treatment for all PRIME-US applicants.

The admissions process is slightly different for the JMP. Students who are interested in PRIME-US notify the program before their interview date and bring their essays to interview day for submission. The JMP submits their top candidate choices to UCSF for final approval. The Joint Medical Program also receives far more PRIME applicants than the number of available spots, with approximately a third of JMP applicants applying to PRIME-US.

UCLA PRIME is different from the other UC PRIME Programs in that it has a separate admissions process from the general admissions process for the David Geffen School of Medicine. Students interested in UCLA PRIME at any of the three campuses (i.e., UCLA, UCR or Charles Drew University) apply via the American Medical College Application Service (AMCAS) using a separate code for UCLA PRIME. Applicants are evaluated by an admissions subcommittee composed of faculty from all three institutions. UCLA PRIME was one of the first medical school programs in the country to implement the Multiple Mini-Interview, a process in which students interview in relatively short, but focused sessions, with eleven to twelve faculty members who each rate candidates on a particular question selected to examine a particular characteristic identified by UCLA PRIME faculty and administrators.
Although most programs are in their third year, interest in PRIME programs continues to grow and exceed program capacity. For example, UCSF receives over four times the number of applications as they have available positions. As the program expands, the demand is expected to increase significantly.

B. PRIME CURRICULA

The UC system is growing and changing through the creation of new Programs in Medical Education (PRIME) that will increase total medical student enrollment in new and unprecedented ways. Individually and collectively, these programs are structured, five-year (MD and masters degree) programs that offer specialized education, training and support for students who wish to acquire added skill and expertise as they pursue future careers caring for medically underserved groups and communities. Although the curriculum for each program is unique, the curricula for all PRIME programs generally includes a summer introduction/immersion experience, a seminar series with site visits, clinical immersion in underserved settings, community engagement, a masters degree, and sponsored events that are open to the campus community. All five programs include a component for improved training and delivery of care through expanded use of telemedicine. Detailed descriptions of the curricula, by campus, are provided in Appendix A.

C. PROGRAM EVALUATION

Each program has developed comprehensive evaluation plans that include both formative and summative assessments at the curricular and programmatic levels. The goal of formative evaluation is to facilitate continuous monitoring of the quality of the program as various components are planned and implemented. Issues concerning implementation, overall quality, and program challenges are discussed at regularly scheduled meetings of PRIME planning committees and community partner groups. The outcomes of these meetings have led to improved or enhanced structure and functions.

The prospective design of most PRIME evaluation plans not only includes both formative and summative measures, but quantitative and qualitative methods as well. Data are being collected over time primarily from students, but also from participating faculty and community partners. Surveys explore predisposing factors to working with underserved populations (demographics, work and life experience), career intentions, knowledge of health and health care disparities, and attitudes towards the underserved. Summative evaluations and outcome data will be used to determine the overall effectiveness and quality of the PRIME program. Outcomes of interest include:

1. Increased cultural competence – patient-centered skills and knowledge compared with the rest of the class
2. Leadership in extracurricular activities related to the goals of PRIME
3. Scholarly activities of PRIME participants including presentations, publications, academic appointments, etc.
4. Program retention
5. Advancement of telemedicine technologies, implementation, and utilization
6. Graduate Medical Education in a specialty and program that is congruent with the goals of the PRIME program
7. Practice in underserved communities – residency locations and specialty
8. Alumni survey to assess the degree of leadership provided by PRIME graduates - leadership in health organizations, development of programs, and health policy impact

An important goal of the program is the development of a system-wide PRIME evaluation. A system-wide approach will enable each campus to develop both a shared and program-specific evaluation plan that will yield results that will be shared across the University and serve as a national model for innovation in medical education. By pooling data, participating
campuses will have the opportunity to fully evaluate the effectiveness and impact of the program and produce high quality educational research.

Ultimately, patient satisfaction will be an important measure of the program’s success in meeting the goal of providing culturally sensitive, linguistically competent physicians for diverse patients. Patient surveys will be used to evaluate patient satisfaction, comparing PRIME and non-PRIME students, and later, comparing PRIME and non-PRIME physicians.

D. OUTCOMES

The development and implementation of the PRIME-LC program at the UCI School of Medicine has been a remarkable success as they prepare to graduate their second class of graduates this spring. Successful implementation of the newer PRIME programs is expected as well. While the program’s overall impact will require many years to fully evaluate, important gains that will have positive implications for health care in California have already been achieved. A number of changes have taken place across UC medical education programs and within their surrounding communities. The most notable changes have involved medical student recruitment, the admissions processes, and active interaction and integration between PRIME students and students enrolled in the core (i.e., non-PRIME) medical school classes. PRIME represents the first significant increase in medical school enrollment within the UC system in more than three decades. This unique program reflects rare innovation in medical education and is emerging as a model in California and nationally for programs committed to addressing the needs of medically underserved groups and communities.

UC Medical Students

Another major goal of the PRIME program is to inspire students to appreciate the rewards and challenges of caring for medically underserved populations. To achieve this goal, each campus continues to develop new initiatives including: offering the PRIME curriculum to non-PRIME students; creating new resources and activities for interested students; and encouraging PRIME students to accept leadership roles in campus organizations.

Current PRIME students hold leadership positions in the American Medical Student Association (AMSA), Latino Medical Student Association (LMSA), Student National Medical Association (SNMA), Black Student Health Alliance (BSHA), and several others. Some students have started new organizations and coordinated several electives (e.g., Caring for the Underserved, Incarcerated Youth, CARE (cancer support group), and the Health Disparities Lecture Series at UCSF). PRIME students also participate in a variety of off-campus activities, including community screening events, outreach activities, and health fairs.

Increased activism/advocacy among the students in promotion of social justice and equality in health care continues to grow. For example, UCI sends the largest contingent of medical students in California to Lobby Day, where students meet with their legislators to promote policies that aim to reduce disparities. Some students have also completed internships with legislators who are health advocates.

At UCI, student interest in migration and international health has increased as a result of PRIME-LC. Nearly all PRIME-LC students have returned to Latin America after their immersion experience in Cuernavaca. Other students have worked with global health and international health organizations in other countries.

UC Schools of Medicine

The program continues to have a positive impact on medical school classes throughout the UC system. The PRIME program has produced significant increases in racial, ethnic, and socio-economic diversity across the UC medical education
system. Of the 193 medical students enrolled in UC PRIME programs, more than 50% are students who are underrepresented in medicine, which substantially exceeds the proportion in the general classes.

Although the diversity of UC medical school classes still lags far behind the growing diversity of California’s population, these increases demonstrate that PRIME is having a positive impact on the University’s ability to successfully recruit a diverse group of students who are interested in providing culturally competent care to California’s underserved populations.

### PRIME ENROLLMENTS 2009-10

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Through the generous support of The California Endowment, UCI hosted the first systemwide PRIME conference in February 2009. Although there were several objectives of the conference, the primary goal was to convene PRIME students and faculty together to network and discuss opportunities for collaboration. The meeting also provided an opportunity for the faculty to discuss future plans for a systemwide PRIME evaluation and how to address program challenges. The students benefited by the opportunity to meet fellow PRIME students and discussed ways to collaborate on projects to improve the health of California’s underserved communities. UCSF will host the next conference in the spring.

The UCI Department of Family Medicine has developed a formal residency track position as part of the PRIME-LC program. This specialized track, designed for residents with an interest in becoming leaders in Latino health, will use some of the same curricular interventions that PRIME-LC has developed. In addition, these residents will receive special instruction in medical leadership. This track will allow residents who did not attend UCI to train with PRIME-LC faculty during residency and act as mentors to PRIME medical students. The applicant pool of twelve physicians is highly qualified for the program and includes students from PRIME-LC. The PRIME GME component will help advance the mission of the University and provides an opportunity for PRIME-LC graduates to build upon their specialized training and continue to build their leadership and advocacy skills.
Community Partners
The development and implementation of the PRIME program has also facilitated and enhanced university-community partnerships throughout the state. Community partners and preceptors are eager to work with PRIME students as a way to instill awareness and respect for the community in future clinicians. PRIME is committed to developing strong and sustainable relationships with the community, and continues to seek ways to ‘give back.’ As PRIME students become physician leaders in underserved medicine, their commitment to providing health care and advocacy for the underserved will directly benefit communities throughout California.

The use of technology is an integral part of the PRIME curricula at each school. UC Schools of Medicine plan to use funding from Proposition 1D to equip its PRIME partner hospitals and affiliated clinics with telemedicine/telecommunication and simulation equipment to help train students and to increase access to specialty services in remote or underserved areas. As part of becoming a preceptor site, clinics and hospitals teaching PRIME students will receive training on the use of the equipment for telemedicine consultations, for teaching students, and for accessing Continuing Medical Education. Clinicians practicing at the sites will gain access to a wealth of live and online medical research, publications, and other resources.

Impact on Medical Education within the UC System and Nationally
Building on the efforts linked to PRIME-LC, the UC Schools of Medicine at Davis, San Diego, San Francisco, and Los Angeles have each implemented new PRIME programs. As currently envisioned, pending programmatic and budgetary approval, planned enrollment growth through PRIME is ultimately hoped to result in an enrollment increase nearly equivalent to a small new medical school, with a collection of specialized programs dedicated to meeting the health needs of California’s medically underserved. Ultimately, UC PRIME programs are planning to enroll a total of approximately 60 to 80 students per campus (i.e., across the five-year curriculum), equivalent to a total increase of more than 300 new medical students system wide. By approaching these enrollment increases through the creation of new programs, the UC health sciences system is aiming to help increase the diversity of the physician workforce to improve health outcomes in California.

At the national level, interest in the structure and goals of UC PRIME programs continues to grow within the medical education community. Based upon the growing interest in these programs and the planning undertaken within the UC system over the past several years, UC is frequently invited to present at national and statewide conferences and meetings. In 2009, UC made presentations at the annual meeting of the Association of American Medical Colleges, the annual meeting of the Association of Academic Health Centers, the National Advisory Committee on Rural Health, the California Health Professions Consortium, and the Health Workforce Diversity Conference hosted by The California Wellness Foundation.

II. THE SOURCE AND USE OF STATE AND NON-STATE FUNDS FOR THE M.D. PROGRAM
The core support for sustaining the undergraduate medical education or MD program is from State funds and student fee funds. In addition, the costs of clinical training traditionally have been supplemented by physician and other professional fee income and by revenues generated by the medical centers.

For the initial growth of the PRIME programs, UC had requested and received the MD marginal cost of instruction for the undergraduate medical education students (MD) and the marginal cost of instruction for master’s degree students. For 2007-08, for example, at $26,900 per MD student, the State provided $1,748,500 of State General Funds for 65 MD students, and at the general campus marginal cost of instruction rate of $11,300, a total of $45,000 for 4 master’s degree students.
Additional support for the medical program was derived from fee revenue from mandatory systemwide student fees paid by all students and from the professional fee charged to MD students.

For 2008-09 and 2009-10, however, the State budget for the University provided no new resources for the PRIME program. In 2009-10, the University requested an enrollment increase of 122 MD students and 8 master’s students to support the unfunded expansion in 2008-09 as well as the 2009-10 phase of a planned multi-year expansion in the University’s PRIME program. The University had requested State support for the fourth year class of PRIME- LC students at Irvine, the second year class for three PRIME programs at Davis, San Diego, and San Francisco, and the first year class for a new PRIME program at UCLA. In total, this consisted of an enrollment increase of 65 MD students and 4 master’s degree students.

In order to maintain momentum in the development of this program, the University provided one-time funding in 2008-09 for PRIME expansion, and in 2009-10, redirected funds from regular MD programs to PRIME to support planned enrollment growth, and the programs enrolled the additional students. But accommodating enrollment growth with few additional resources other than the student fee income associated with growth means that new and existing students alike are impacted by the lack of resources to support a high quality academic experience. This is especially true in the high cost disciplines that characterize the health sciences. The University cannot continue to accommodate increased enrollments without State funded workload support.

To operate the instructional program, the health professional programs require faculty, administrative and staff personnel, supplies, and equipment. Faculty requirements are determined in accord with student-faculty ratios that have been established for each profession and for each of the categories of students enrolled. The historical budgeted student-faculty ratio for medical students is 3.5:1.

For the University’s total health sciences budget, faculty salary and benefit costs constitute over half of the total expenditures for the health sciences instructional program. Instructional support costs represent approximately 42% of the budget. These costs include salary and benefits for non-faculty personnel, partial support of stipends paid to interns and residents, and supplies and equipment. The remaining 7% of the program’s expenditures are for other expenses such as a portion of malpractice insurance premiums.

A portion of the revenue from student fees is used for financial aid. As professional fees for medical students have increased, student financial aid for PRIME students is a priority given the negative impact that increasing debt loads will have on UC medical students and how it influences the career paths they pursue.

UC medical schools are committed to developing new programs, such as PRIME, that will offer students new educational opportunities to better prepare them as future leaders and experts in caring for California’s underserved and increasingly diverse populations. PRIME programs build upon research showing that students who enter medical school with an interest in caring for underserved communities as part of their future career are more likely than other students to practice in such communities.

During a budget crisis, the temporary solutions used for 2008-09 and 2009-10 PRIME workload increases were necessary but these are not sustainable solutions over a long period of time if the quality of the University is to be preserved. The University cannot indefinitely accommodate larger numbers of students without the resources needed to provide them a UC-caliber/quality education. Without new workload support, the University will consider plans to bring enrollments more into line with resources.
APPENDIX A: Overview of Programs In Medical Education (PRIME)

California’s physician workforce is vital to the health and well-being of the state’s 37 million residents. As the most populous, and most ethnically and culturally diverse state in the nation, California faces unique challenges in improving access to care and health outcomes for its citizens. In both urban and rural communities, challenges associated with inadequate access to care and resulting health disparities stem from multiple factors, including geographic maldistribution of clinicians, lack of insurance, low socioeconomic status, limited English proficiency, and low health literacy. Without comprehensive strategies and focused health professions teaching programs, current health disparities will persist and likely intensify in the years ahead as the state is facing an estimated 15.9% shortfall of physicians (equivalent to nearly 17,000 physicians) by 2015. This shortage is expected as a result of rapid growth and aging of the state’s population, aging of the current physician workforce, and a comparative lack of growth in medical education and residency programs in California – including virtually no growth within UC for more than three decades.

To help improve health outcomes and better serve patients who face limited access to care, California’s health providers must acquire improved understanding of research findings pertaining to health disparities and improved skills with respect to the needs of underserved groups and communities. Health sciences graduates must be prepared and better trained to consider the cultural and socioeconomic factors, health practices, and potential environmental hazards that affect health outcomes.

UC medical schools are committed to developing new programs that will offer students new educational opportunities to better prepare them as future leaders and experts in caring for California’s underserved and increasingly diverse populations. Programs In Medical Education (PRIME) build upon research showing that students who enter medical school with an interest in caring for underserved communities as part of their future career are more likely than other students to practice in such communities.

The PRIME programs incorporate specific training and curricula designed to prepare future physician leaders to address health disparities and improve the quality of healthcare available to all Californians. The special training ranges from enhancing cultural sensitivity to the use of tele-health technology to overcome geographic barriers to comprehensive health care.

UC Irvine

The PRIME-LC curriculum incorporates three broad components: the traditional medical school core curriculum; the “Doctoring Curriculum” (i.e., the Introduction to Clinical Medicine course, but with additional experiences in the third and fourth year); and the curriculum for the advanced degree program.

Summer Immersion Experience: Southern California and the Central Valley

After six years of providing the cultural immersion summer program in Cuernavaca, Mexico, the PRIME-LC program changed their summer curriculum in 2009. Program faculty and staff wanted PRIME students to have immediate access to the many opportunities for cultural immersion in California. The one-month curriculum, combines classroom learning, community service, and field trips emphasizing successful collaborations between physicians and communities with opportunities to learn about health policy and clinical experiences with underserved Latino populations in both urban and rural settings.

Some of the curricular elements of the Cuernavaca experience were retained such as the course taught by Dr. Socorro Torres-Sarmiento, an anthropologist from Chicano/Latino Studies at UCI, on the History, Culture, and Geography of Latin
America. During the first three weeks of the course, the students’ time is shared between her class, health training and outreach, and clinical experiences in community clinics around Orange County with majority Latino patient populations.

Students also explore the relationship between the environment and health in Long Beach to learn about models of successful community interventions. Students spend time at the Unihealth Foundation to learn how funding agencies operate and how they may help meet future needs. They also complete a half-day media training. More than half of the students used this experience in live media interviews before the end of the summer program.

The final week includes five days of working at UCSF-Fresno. The students complete a variety of assignments – clinical practice, teaching children in a migrant housing complex, speaking with kids involved with the Doctor’s Academy at the Latino Center for Medical Education and Research, and understanding the challenges and opportunities of rural medicine for Latino populations. The students also spend two days in Sacramento where they learn about health policy and the legislative process. Students have the chance to participate in direct advocacy by participating in legislative visits with state policy makers and the governor’s office. After returning to Irvine, students completed their required community projects and made presentations on the final day of the summer experience.

Although the summer experience will no longer take place in Cuernavaca, students will still have access to educational opportunities in Mexico. UCI has plans to offer a fifth-year rotation in Mexico which focuses on clinical and community health. Postponement of this experience to the fifth year will allow students to gain more from working with Mexican physicians, and is likely to have a greater impact on their understanding of Latino and border health issues.

After the summer, all students meet with faculty in a debriefing session to determine the extent to which the overall objectives were accomplished. The evaluation session for the summer program is an important component of overall program evaluation. Although the program was concerned about the students’ opinion about the new curriculum, the feedback was extremely positive. The immersion experience has proven to be a unique learning experience that builds on the linguistic and cultural competence that PRIME-LC students possess upon matriculation to the program.

The PRIME-LC curriculum is comprised of six components:

- The traditional medical school courses
- Additional courses modified to include content addressing the PRIME-LC goals. For example, the PRIME-LC Clinical Foundations (formerly Patient-Doctor) course series and Problem Based Learning sessions integrate material specific to treating Latino patients, and the standardized patients communicate in Spanish.
- New courses specifically designed for PRIME-LC that, in addition to the material taught during the summer immersion experience, include courses developed by the Department of Chicano/Latino Studies in the School of Social Sciences.
- Master’s degree
- Electives focusing on the PRIME-LC objectives are continuously being developed. Practical experiences working with California legislators, grass roots organizations, border experiences, and international experiences are examples of electives that have proven popular among the students.
- Scheduled extracurricular activities, such as student gatherings with a moderator to discuss books and other material. In addition, leaders from health care and other disciplines are invited to these sessions as guest speakers as part of or in addition to the PRIME-LC Grand Rounds. Heads of industry, managers of philanthropic foundations, scholars in Latino Studies, and representatives from community-based organizations are examples of those who have participated. These meetings provide opportunities for students to strengthen their relationship
previously established during their early experiences together and to network with all students in the program and invited speakers.

In the second year, students have a twelve-week community based primary care experience. They work with a community faculty member in his or her practice to enhance history-taking and exam skills. These experiences include exercises in cultural values, spirituality, ethics, nutrition, pain, humanities, and geriatrics. PRIME-LC students work primarily in Spanish-speaking practices.

Early in the second year, the Chicano Latino Studies experience begins. Taught by UCI faculty in the Chicano Latino Studies department, this experience focuses on the history, politics, medical and cultural beliefs, and life experiences of Latinos living in the U.S. and in Latin America. Originally scheduled for initiation in the third year, it became apparent that it should begin in the second year to build steadily on the cultural immersion experience. Courses teach students to integrate cultural health care models to provide optimal clinical care to Latino patients. Students are invited to participate in seminars to discuss contemporary issues in Latino health.

PRIME-LC students are required to obtain an additional graduate degree. The Master of Public Health (MPH) degree is the most popular choice. Of the twenty-eight students who have completed or are enrolled in the Master’s program, sixteen chose an MPH. Several PRIME students are in the MPH program at California State University, Long Beach; one is at Berkeley and another student is at Harvard University. Eight students have either completed or are in the process of completing their Master of Business Administration (MBA); two students have pursued graduate studies in Health Policy at UCLA. UCI now has a new program in Public Health as well as a masters program in Biological and Translational Science. The program works closely with the Directors of these new degree programs to ensure their compatibility with the students and the mission of PRIME-LC.

UC Davis
Rural-PRIME is an “integrated” track within the UCD School of Medicine. Students take the same lectures and classes as the general class each year. All students will receive an MD and will also complete a master’s in year four of the five-year curriculum, in Public Health, Health Informatics, or a related healthcare subject area. The primary difference for Rural-PRIME is that the course content of the general curriculum integrates rural contextualization and infield experiences. For example, Doctoring (a course to introduce students to the clinical curriculum and to model physician-patient interaction) has been modified to have a rural focus; the Primary Care clerkship in year three will be at rural centers of excellence; and a voluntary seminar series is available to Rural-PRIME students to learn more about health issues in rural and underserved populations.
All Rural-PRIME students participate in a special two-day orientation, which provides an overview to the basic concepts of rural health care and early exposure to rural life and health care services. The orientation includes both lecture and hands-on experiences in a range of topics:

- Rural-PRIME curriculum and masters degree options
- Rural models of health care delivery and rural case discussions
- Applications of telecommunication and simulation technologies in learning as well as increasing access to medical care for rural patients

In addition, during orientation, students have the opportunity to meet with rural practice faculty instructors who will advise them and follow them throughout their medical school experience. The longitudinal Doctoring course, which begins in the first year for all medical students (Doctoring 1), affords Rural-PRIME students the opportunity to work with rural practice faculty instructors who teach portions of the course both in the classroom and in rural practice settings.

Classes modified to have a rural focus help students obtain the same core knowledge and skills as the general medical school class but use case studies to highlight rural themes, use of technology, distance learning, and public health. Through the infield experience in Doctoring 1, Rural-PRIME students are exposed to migrant and other underserved populations in community-based clinics. Students are also introduced to the use of telecommunication technology in the practice setting and as a tool to connect with faculty, the classroom, and fellow students.
In 2009-10, the curriculum was changed so that first and second year students (versus only second year students) receive skills-based training sessions in the UC Davis Center for Virtual Care. The exposure is double that of previous years and overall, translates into PRIME students having four to five times the amount of simulation training received by the students in the general class. Under the expert tutelage of the nurses and administrators at the Center, the students learn to use simulation technology to mimic real-life situations, learn basic skills such as suturing, and hone their ability to make logical decisions in crisis situations. A faculty member oversees the process, helps with the training, and creates real-life “scenarios”. These skills-based sessions are meant to increase preparation for third-year clinical rotations (clerkships).

Doctoring coursework follows a similar implementation plan in the second year of the program (Doctoring 2), and combines required core courses with increased exposure to rural practice. It focuses on advanced clinical skills, epidemiology, ethics and problem-based assessment. Rural-PRIME students also focus on population-based health, are exposed to rural inpatient practice, and continue to use telecommunication technology as a clinical and educational tool. Another recent change to the curriculum is the additional training in the use of telecommunications technology for distance learning and telemedicine. They are trained to become familiar with the operations of the equipment, with using peripherals such a general exam camera, and with telemedicine protocol. As they become proficient in the basics of video-conferencing, they become more confident about the prospect of their third year, when they will be “beaming” back to their didactics sessions at UC Davis several times a week.

Third-year Rural-PRIME students follow the same clerkship rotations as traditional students, but will receive a portion of their training in rural clinical settings. In 2009, Rural-PRIME had its first third year cohort doing their six core clerkships in Primary Care, Pediatrics, Ob/GYN, Psychiatry, Surgery and Internal Medicine. This was the first year in which the students gained exposure to rural practice through clerkships (clinical rotations) at rural hospital and clinics around Northern California and the Central Valley. Rural-PRIME has completed the first round of a rigorous selection process for their Rural Centers of Excellence (facilities that partner with UC Davis School of Medicine to teach UCD students and immerse them in rural communities). The four sites selected in the first round were chosen for their excellent record of patient care to rural populations, service to the community, and enthusiastic, high quality physician teachers. These sites have been chosen to reflect the diversity of rural populations in California (i.e., mountain community, migrant and Hispanic community, agricultural community, and a remote north state community). The four facilities also reflect diversity in their structure, including district hospitals, a Federally Qualified Health Center and a rural hospital that is part of a large healthcare system.

The four Rural-PRIME partner sites for 2009-10 are:

- Sierra Kings District Hospital, Reedley, CA
- Tahoe Forest Hospital, Truckee, CA
- Sutter Amador Hospital, Jackson, CA
- Shasta Community Health Center, Redding, CA

UCDSOM faculty has approved rural primary care clinical rotations in Family Practice, Pediatrics, and Obstetrics & Gynecology. Psychiatry/mental health was approved for a pilot four-week rural block as part of the overall eight week rotation. The pilot took place successfully and included numerous tele-psychiatry sessions, and focused on the integration of primary care and mental health. Based on the results of the first pilot, UCDSOM will offer rural Psychiatry rotations in 2010-11 for all Rural-PRIME students, giving them a total of twenty weeks of clinical experience in rural areas. Rural-PRIME students will follow the same pattern of clinical education as non-PRIME students but will spend between four to eight weeks at a time in rural settings under the leadership of one physician preceptor, while being exposed to two or three other physician preceptors in the same specialty. They will rotate through rural health clinics, outpatient offices, and inpatient settings, participating in didactic sessions at the medical school via distance learning and video-conferencing.
Standard curricula for the clerkships are completed at a distance and are part of a larger process of building a culture of distance interactive education. Weekly didactics are featured in their new distance interactive medical school education program. The didactics are delivered at a distance via telemmedicine with interactive methods at multiple sites simultaneously. This new field includes many diverse areas of medicine, technology, and pedagogy. Distance learning began in July 2009 and will continue through each cohort’s clerkship year. The modified culture is expected to be in place and functional by June 2010. Advanced web streaming software will be installed this spring in the School of Medicine. Evaluation is in progress to assess participant satisfaction, attitudes, and acquisition of knowledge and skills.

In 2008, the School of Medicine at UC Davis relocated to a new state-of-the-art facility in Sacramento, on the health system campus. The new building has “smart” classrooms and distance learning capabilities that will result in a unique learning experience. These technologies will allow the Rural-PRIME students to get the most out of their rural immersion experiences and enable them to access resources available to the School of Medicine. On returning from rural clerkships, students will use the Center for Virtual Care to enhance their exposure to more complex diagnostic and treatment processes and to supplement their rural practice experience. UC Davis telemedicine resources will also provide on-site and remote Continuing Medical Education training for instructors who participate in the Rural-PRIME program to ensure that the educational objectives are achieved and the learning experience is maintained at a consistent level.

During year four, Rural-PRIME students will be engaged in the pursuit of a master’s degree in Public Health, Health Informatics, or a healthcare related subject area. The first group of Rural-PRIME students will begin their Masters programs in fall and winter 2010. Current third year students have attended lectures and information sessions from graduates of various master’s programs at UC Davis, so that during their clinical rotations, they can start to consider options for community-based master’s projects. In 2009, Rural-PRIME conducted “Masters Panel” sessions, inviting the students to talk to graduates with an MBA, MPH, MPP, Masters in Anthropology, Masters in Health Informatics and Masters in Nutrition Science.

Year five will be a clinical year during which Rural-PRIME students will gain additional rural practice experience. During year five, medical students will partner with Family and Community Medicine residents at rural sites.

The role of advising and mentoring the Rural-PRIME students has consistently been communicated as a vital one as the planning team has developed the curriculum and kept faculty updated. In the early stages of the planning process, research from other programs across the country showed that mentoring at various levels is crucial in keeping the students focused on their studies, doing well, and passionate about going back to rural areas to practice.

Rural-PRIME students receive advising in several dimensions. In addition to traditional advising, students also attend seminars in the Office of Career Advising, approximately once per month. This makes graduate group faculty available to them, and provides the opportunity for discussion about the master’s component of the program. Mentoring occurs through rural physician preceptors. This provides the students with a deeper understanding of rural practice and leadership, both through their course work and patient care experiences.

**UC San Diego**

The PRIME-HEq curriculum is a five-year dual degree program that offers students the flexibility to examine health equity in a particular area of interest consistent with the Healthy People 2010 goal to eliminate health disparities – among all segments of the population. Medical students match their interests, backgrounds, and expertise to the scholarly pursuit of reducing disparities in health. All students participating in PRIME-HEq receive a broad-based preparation in the clinical, research, and health policy arenas. This preparation occurs through the five primary components of PRIME-HEq:
Participation in a series of courses that address disparities in health and health equity
Participation in community based experiences with underserved and at risk populations
Completion of an Independent Study Project (ISP) as part of a master’s degree program
Quarterly meetings with PRIME-HEq Director
Debrief with PRIME-HEq faculty advisor as part of students’ ongoing reflective practices

PRIME-HEq students may obtain a master’s degree in any discipline, including, but not limited to Public Health, Leadership of Healthcare Organizations, Bioengineering, Advanced Studies in Clinical Research, Business Administration, or Advanced Studies in Law and Medicine.

The PRIME-HEq curriculum’s primary aim is to ensure that all graduates of the PRIME-HEq program have the knowledge, skills and attitudes necessary to become clinicians, researchers, and advocates fully committed to finding solutions to eliminate disparities in health care. Although developed for PRIME-HEq students, the PRIME courses are open to all students enrolled in degree programs in the health sciences.

The first three courses are integrated into the preclinical years. *From Genes to Communities: Influences on Health* is a course that addresses health care equity. Using a variety of methodologies, this course examines some of the influences on health ranging from genetic inheritance to the environment. In addition, the concept of health equity is introduced, with a discussion of health care system models that may either increase or decrease health equity in a given population. The course includes the opportunity for students to hear stories from people from varied backgrounds about their health.

*Beyond the Bench and Bedside: Partnering with Communities* provides an overview of community-based quantitative and qualitative research methods, and includes a review of selected “best practices” for community assessments and program planning. The course is designed to provide students with the knowledge and skills to partner with communities to conduct and evaluate community-based research, and design and conduct program evaluations of community programs.

*Healthy Minds, Healthy Bodies:* In partnership with an urban public high school, this course was developed as an outreach opportunity where PRIME students teach a longitudinal health curriculum, established to address the six urgent health topics identified in the most recent Youth Risk Behavior Survey (YBRS) 2007. The PRIME-HEq students teach this curriculum monthly, and have recently added an interactive component to it. The high school students will visit the UCSD School of Medicine, where they will have the opportunity to be a “doc-for-a day”.

Students in their third year of medical school are required to have a longitudinal primary care experience. PRIME students are assigned to a community-based clinic for their experience. A fourth year *Telemedicine* elective in partnership with the same high school is currently under development. Once developed, the students will rotate at the school and work with the Nurse Practitioner (who staffs the clinic) under the supervision of a faculty member.

The fifth course, *Health Policy* will occur during a period in the final year of medical school. *Health Policy* will be developed and implemented in partnership with UCSD Extension. These new courses will ensure that all graduates of PRIME-HEq have a strong foundation and the knowledge and skills necessary to be clinicians, researchers, and advocates committed to finding solutions to eliminate disparities in health care.

PRIME-HEq is continuing to expand opportunities for students to work in the community. PRIME students work in the three UCSD student-operated free clinics, participate in immersion projects in the community, and mentor younger students from underserved areas in outreach programs like Doctors Ought to Care and Doctor-For-A-Day.
PRIME-HEq builds on the foundation of excellence in research, clinical care, health promotion, disease prevention and health care advocacy that exists as part of the university-community partnerships between UCSD, San Diego State University School of Public Health, and the Council of Community Clinics network in San Diego. Training in community clinics reinforces culturally effective care practices and will allow PRIME-HEq students to participate in the care of underserved and at risk populations as they become skilled physician healers. Completion of ISPs will strengthen the population health and evidence based medicine skills of PRIME-HEq students as they learn to be competent physician scholars. Exposure to health policy and advocacy will train the students to become skilled physician advocates who will be able to promote change in the health care system to improve the health status of underserved populations. These concepts will be reinforced during coursework, clinical experiences, faculty meetings, and self-reflection activities.

UC San Francisco

The PRIME-US curriculum includes a summer introduction, a core seminar series with site visits, clinical immersion, community engagement, a master’s degree, a capstone experience, and open events. New components this year include: a longitudinal leadership curriculum; evidence-based community engagement competencies; a new format for critical reflection; an electronic portfolio; and a month long course in the final year.

Summer Immersion Experience: San Francisco Bay Area

PRIME-US students arrive early for a stipend-supported immersion experience that includes visiting community-based organizations, meeting clinicians and patients, learning about UCSF and UCB resources and support services, becoming familiar with the Bay Area, and getting to know one another. The UCSF students spend two weeks together, while the JMP students only participate in the first week of activities due to differing academic schedules.

Students are asked to explore their personal, professional, and program goals to facilitate student bonding and to enhance program development. They are also introduced to key faculty members at UCSF and at the JMP. They hear lectures that provide them with a foundation for learning about health disparities and caring for the underserved, and visit a variety of community organizations in San Francisco and East Bay cities. This year, in PRIME-US introduced an electronic portfolio to capture student reflections on community engagement activities. To launch this new part of the curriculum, students learned about community assessment and then participated in a guided walking tour of the Mission District. At the end of the tour, they were asked to reflect on what they learned about community assessment during the tour and record their experience in the eportfolio.

During the second week, San Francisco students are encouraged to start actively exploring underserved communities that they will serve, both in clinical placements as well as during community-based activities. Issues related to homelessness are used as a framework for the week, providing students with an experience on a mobile van providing care to homeless individuals in San Francisco. At the end of the week, the PRIME students and faculty served lunch at a large food kitchen in the Tenderloin District.

Core Seminar Series

Regularly scheduled afternoon seminars provide students with a solid foundation in the principles, practices, and populations of urban underserved care. In small group settings, students meet with faculty and community members to discuss their work and careers in underserved care. Topics include at-risk youth, prison health, legal issues, public health and more. These interactive teaching sessions are complemented by field trips to community-based organizations and institutions.

PRIME-US combines informal seminars with evening events and field trips. Some activities are held at San Francisco General Hospital or at the JMP, while others are held in the community. Seminar guests are invited faculty and community
experts who are encouraged to present their work in a manner that engages the students. Guests are also asked to share their career path stories, offering the students an opportunity to hear how others have pursued their goals. While most seminars are specifically for PRIME-US students, evening events and other optional activities are open to all interested students at UCSF and the JMP.

This year, a longitudinal leadership curriculum was added to the core curriculum. Two students spend the summer working as Curriculum Ambassadors to review the literature, identify leadership competencies, survey PRIME-US affiliated faculty and students to determine the most relevant competencies, and develop curricular objectives. Leadership competencies are incorporated into the seminars, including Reflection (critical thinking and feedback skills), Lobby Day (advocacy skills), New Media (media skills) and Final Presentations (public speaking skills). The students are collaborating with other leadership programs at UCSF and the UC Berkeley School of Public Health to develop more workshops for next year.

Clinical Immersion
The clinical component of PRIME-US includes preceptorships and clerkships rotations. All students at UCSF and the JMP participate in preceptorships. PRIME-US students, however, are specifically placed in community-based clinics to learn about direct patient care in community settings. Longitudinal placements enable students to understand the clinic structure and public health system, and to develop relationships with clinic staff, physicians and patients.

In addition to clinical goals and objectives established by UCSF and the JMP, PRIME-US has additional preceptorship goals. Students are expected to spend extra time at their preceptor sites to help fulfill the following goals:

1. Work directly with urban underserved patients
   - Develop clinical skills working under the supervision of the preceptor
   - Become comfortable working with the urban underserved
   - Learn about and apply harm reduction approach
2. Learn about the clinic and health care system
   - Learn about the structure of the clinic
   - Learn about the local health care system
   - Learn about clinic resources
   - Meet staff and understand their roles
3. Explore the community
   - Gain insight and see patients in the context of their community
   - Learning about the history, needs and resources of the community that the clinic serves
   - Participate in community-based activities
4. Practice cultural/linguistic competence
   - Gain skills in caring for patients with limited health literacy, language barriers and poor access to medical care
   - Practice using an interpreter
5. Form longitudinal relationships with patients
   - See course of chronic disease over time
   - Learn about patients’ social issues and impact on health
   - Elicit the patient’s perspective and cultural beliefs
6. Work with a role model
   - Observe preceptor communicating with patients and navigating in a busy clinic
   - Learn how to advocate for patients
   - Learn preceptor’s perspective on working with urban underserved
Clinical immersion experiences in PRIME-US provide students with a valuable opportunity to work directly with underserved communities, learn about the systems of care in a variety of settings, and meet physician role models. Their presence in these settings also creates a pipeline, providing opportunities for community clinics and public hospitals to cultivate their future workforce.

**Community Engagement Program (CEP)**
Community engagement activities are incorporated into all aspects of PRIME-US. The goals of the CEP are to:

- Provide a framework for working effectively in partnership with urban underserved communities building successful and sustainable partnerships
- Develop opportunities to work with communities on short-term service learning activities and longitudinal projects
- Promote critical thinking and reflection on experiential learning activities

Student objectives are to:

- Learn ways to define community
- Learn and practice the core principles of community assessment including:
  - Windshield/walking tour
  - Resource mapping and identification
  - Key informant interviews
  - Asset-based community development
- Understand principles of cultural humility
- Understand purpose of community-campus partnerships
- Identify and apply core principles of service learning
- Understand the impact of historical and current social determinants on health disparities
- Create and reflect on your personal vision for community engagement

Seminars and site visits introduce students to community experts and leaders, providing them with an opportunity to learn directly from those working and advocating for the underserved. Preceptorships and clerkships also provide an opportunity for students to engage directly with community-based organization, health care providers, and patients. In addition to the CEP goals and objective listed above, several PRIME-US faculty members were awarded an Academy of Medical Educators Grant to develop community partnership competencies for UCSF medical education and residency programs. These competencies are currently being piloted in PRIME-US using the electronic portfolio this year.

An extra year of graduate study is included in the PRIME-US curriculum. All JMP students complete a Master’s of Science during their first three years, while UCSF students will explore a variety of master’s degree opportunities (e.g. public health, public policy) between their third and final year. PRIME-US has worked closely with the UCSF liaison to the UC Berkeley MPH program and secured additional spots for their students. UCSF also created a master’s policy this year to ensure that students who have already completed a master’s degree or equivalent experience can request a waiver. Student facing extreme financial hardship may also apply for a waiver.
This fall, PRIME-US piloted an interdisciplinary month-long course in collaboration with UCSF’s Health and Society to provide students with the opportunity to review the principles, practices and populations of urban underserved care, and complete a legacy project. In the future, this course will be a requirement for all PRIME-US students in their final year of school. The course combines small group seminars, skills-building workshops, and experiential sessions in the areas of community engagement and advocacy, health systems, health policy, and social and behavioral science. Students are introduced to concepts of quantitative, qualitative, and translational research, and are provided with a variety of opportunities to develop their leadership and public speaking skills. At the conclusion of the course, all students make a formal presentation to the group that reflects their “work in progress” of the legacy project each has undertaken during their final year. PRIME-US students will present their completed projects at the end of the year to PRIME-US faculty, staff and students.

A formal mentorship program has been developed to provide participating students with social and academic guidance to ensure personal, professional, and academic success. Every PRIME-US student is paired with a faculty mentor who is actively involved in teaching, clinical care, and/or research related to the care of the urban underserved. Faculty mentors are based at several of the clinical and teaching sites within UCSF and practice in a variety of specialties. Students meet with their faculty mentor on a quarterly basis throughout the year for support and guidance. Mentors provide guidance on questions related to their mentee’s career path, work/life balance, and personal and professional growth. Although faculty mentors are assigned to ensure early and strong support, students are encouraged to find other mentors as needed. Seminar guests, preceptors, and other faculty advisors provide an easily accessible pool of informal mentors.

**UC Los Angeles**

While UCLA PRIME students will receive the same general four-year M.D. program instruction as the existing student body, their experience is augmented by activities and electives that will provide them with experiences to further their goals of clinical care, research or health policy. All will develop expertise in aspects of telemedicine by having experience in a robust clinical telemedicine program. Although all students will have exposure to telemedicine, the PRIME students will have greater breadth and depth than non-PRIME students.

During a three week pre-matriculation program, UCLA PRIME students are presented with an examination of traditional models of leadership, given the opportunity to identify a group project designed to help in a disadvantaged community, and serve as mentors for undergraduate students who are participants in the Summer Medical and Dental Education Program (SMDEP), a national program funded by the Robert Wood Johnson foundation.

The faculty have developed new courses and activities to supplement existing courses - Caring for the Underserved in Los Angeles, Health of the Latino Population, Medical Spanish, Salvation Army Homeless Clinic, Immersion Experience in Cross-Cultural Medicine, and Healthcare Delivery in Nontraditional Settings. New courses include:

- **Tele-health Program:** Introduction to information related to basic telemedicine such as video conferencing; utilization of a “smart classroom” and technology links with community clinics or affiliated sites to increase patient access to care
- **Tele-Education:** This selective will increase students’ experience in the planning and implementation of teleconferences from across the UCLA system of affiliates on topics relevant to health care disparities and care of the underserved
- **Student Operated Homeless Clinic:** Located in Riverside, this clinic is currently a volunteer activity that will be transitioned to a service-learning selective

Students participate in a Summer Immersion Experience after the first year. They will have the opportunity to choose
from a service learning program; a research project with a faculty member conducting studies related to underserved populations; Spanish language and culture immersion programs; or administrative fellowships with UCLA Health Systems Leadership. All UCLA PRIME students present a poster about their experiences at the annual Short Term Training Program Scholarship Day.

During the second year, opportunities for all students to learn about health care needs of underserved communities will be increased through existing weekly problem-based learning (PBL) sessions. PBL cases will be developed that emphasize issues related to underserved populations in both rural and urban settings. PRIME students will be expected to share their experiences and knowledge with other students in their groups and become the “expert” on health disparities in these sessions. Eventually, second year PRIME students will be expected to design PBL experiences for first year students.

Students will have access to the clinical clerkships that are currently offered at UCLA and affiliated sites for third year students. PRIME students will be required to have their clinical clerkship experiences in one of the affiliated County hospitals or the VA hospital. They will also be assigned to the LA County Hubert Humphrey Clinic, Inland Empire and Imperial Valley sites, or at one of the Venice Family Clinic sites. These sites will be equipped with telemedicine technologies. Clinical preceptors will be identified to provide longitudinal experience for PRIME students in medically underserved areas in specialties of their choice. Students will have clinical opportunities during core rotations in pediatrics, psychiatry, and surgery/surgical subspecialties to work in settings where tele-imaging, tele-pathology, tele-dermatology, tele-psychiatry, and/or tele-ophthalmology are available.

Students enrolled in the PRIME program are required to obtain an advanced degree during the fourth year in which they will develop a project related to helping improve healthcare for disadvantaged/underserved Californians. This additional educational experience will prepare clinician leaders who will be advocates and activists in underserved communities. With opportunities to develop expertise in academic medicine, public health, health care disparities research, public policy, telemedicine, clinical informatics and other related fields, PRIME graduates will be knowledgeable about various ways to influence change with regard to California’s health systems. Opportunities will also be available for students to obtain work experience that will advance their knowledge and leadership skills in health policy and advocacy for medically underserved communities. Students will be expected to design and implement a research project that will meet the criteria for a thesis.

In addition to the currently offered clinical electives, PRIME students will have required selectives during the fifth year. Proposed selectives may include Telemedicine in Psychiatry; Clinical Informatics; joint selectives in business/medicine, public health/medicine, or law/medicine; and clinical experiences in telemedicine programs such as tele-emergency department consultation, tele-stroke, pediatric tele-psychiatry, tele-imaging, tele-dermatology, tele-pathology, and more. Students will be required to participate in Senior Scholarship Day in a special section devoted to care of vulnerable populations. Presentations and posters will provide an opportunity for members of the entire medical school class to learn about the needs of the underserved and the outcomes of targeted interventions.

Contact information:
University of California
Budget and Capital Resources
1111 Franklin Street, 6th Flr.
Oakland, CA 94607-5200
Office website: http://budget.ucop.edu
Report website: http://budget.ucop.edu/legreports/200910/200910legreq.html