March 13, 2009

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 2008 Budget Act, enclosed is the University of California’s report on *UC Contributions to Meeting California’s Health Workforce Needs (PRIME), March 2009*.

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

Sincerely,

Mark G. Yudof  
President

Enclosure

cc: The Honorable Gloria Romero, Chair  
Senate Budget and Fiscal Review Subcommittee #1  
(Attn: Ms. Amy Supinger)  
(Attn: Ms. Cheryl Black)  
The Honorable Wilmer Amina Carter, Chair  
Assembly Budget Subcommittee #2  
(Attn: Sara Bachez)  
(Attn: Amy Rutschow)  
Mr. Mac Taylor, Legislative Analysts  
Mr. Mike Genest, Director of Finance  
Mr. 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  
Mr. Steve Boilard, Legislative Analyst’s Office  
Joint Legislative Budget Committee (18)  
Senior Vice President John D. Stobo  
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Interim Senior Vice President Daniel Dooley  
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UNIVERSITY OF CALIFORNIA

Report on UC Contributions to Meeting California’s Health Workforce Needs (PRIME)

2008-09 Legislative Session
UNIVERSITY OF CALIFORNIA

Report on UC Contributions to Meeting California’s Health Workforce Needs (PRIME)

FY 2008-09 Update on UC Programs in Medical Education

University of California Schools of Medicine

This report is submitted by the University of California in response to language contained in the 2008 Budget Act, which states:

“11. Of the funds appropriated in Schedule (1), $1,050,000 shall be used to support 70 full-time equivalent students in the Program in Medical Education (PRIME) at the Irvine, Davis, San Diego, and San Francisco 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, 2009, 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.”

Reductions to UC’s State General Funds in 2008-09 meant that there were no new funds to support student workload increases, including the PRIME workload increase. Because of UC’s commitment to the goals of the PRIME program, UC was obligated to redirect existing funds in order to provide PRIME with the necessary funding, while reducing funding of other UC programs.

This report provides an update on recruitment and admissions activities for the first five classes of medical students enrolled in PRIME-LC at UC Irvine, the first two classes of students enrolled in PRIME programs at UC Davis, UC San Diego, and UC San Francisco, and the first class enrolled at UC Los Angeles; 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 PRograms 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 students as future clinicians, leaders, and policymakers. Below are brief descriptions of the program on each campus. More detailed information is contained in Appendix A.
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. Support from The California Endowment (TCE) -- a private, statewide health foundation committed to healthcare access, culturally competent health systems, community health, and the elimination of health disparities -- provided the initial resources needed to develop the program. In view of the urgency of these health needs, yet constrained by the State’s budget shortfall at the time the program was developed, TCE also provided the University $483,525 in one-time funds to assist in recruitment, admission, and teaching the first class of eight students admitted in July 2004.

State support for PRIME-LC began in July 2005 and provides essential core support for instruction as the program continues. State funding in 2005-06 supported the first class of eight students in addition to the second entering class of eleven students, to bring the 2005-06 enrollments to nineteen students. In 2006-2007, thirteen enrolled in the program and twelve additional students enrolled each year in 2007-08 and 2008-2009. However, there are fifty-four total students enrolled in the PRIME-LC program because two students withdrew for personal reasons. The admissions committee filled one of the vacated PRIME-LC positions with a student from the main class. This student has demonstrated a strong interest in the goals of the program and has continued to develop relationships with faculty and students in PRIME-LC. The Committee has plans to fill the other vacancy with a member of the incoming class. The program will reach full enrollment in 2009-2010 with sixty students after the inaugural class graduates this spring.

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 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 welcomed 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 and thirteen in fall 2008. 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 generation of 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) at UC San Diego is designed to produce physician leaders with the skills, knowledge, and behaviors that will help increase health equity and eliminate health disparities in California. PRIME students receive training in the clinical, research, and health policy arenas to prepare them to provide care to underserved populations. Other goals include increasing the number of clinicians, research scientists, and advocates working to improve minority health; creating a diverse community of scholars that develop,
disseminate, and apply new knowledge about health disparities and minority health; and promoting a multidisciplinary university-community partnership to help improve equity in health care delivery.

Last year, UCSD admitted twelve medical students into the PRIME program. UCSD’s PRIME-HEq program was initiated with a more flexible structure due to uncertainty regarding the state budget, changes in the Dean’s office, and ongoing efforts to assure that unique curricular elements were well-defined and consistent with the goals of the new program. Following orientation, nine of the twelve students admitted as part of the first PRIME HEq class requested and were approved to “opt out” of the program and to instead pursue the four-year core MD curriculum. Improved communication about the conditions and expectations for enrollment in PRIME-HEq resulted in twelve new PRIME-HEq students enrolling in the program in fall 2008. Because participation among the cohort of twelve admitted last year decreased to three students, UCSD elected to offer PRIME admission to an additional group of interested students. There are currently twenty-one students enrolled in PRIME-HEq (eighteen in the first year class and three in the second year class).

UC San Francisco
Faculty at UC San Francisco and the Joint Medical Program (JMP) administered by UC Berkeley and UCSF have been at the forefront of investigating the many 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 issues are particularly acute 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 support 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. This fall, 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 evidenced 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.

A. RECRUITMENT & ADMISSIONS

Recruitment
One of the most important early objectives of the PRIME program 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 the best students. This includes the development and revision of informational handouts; training academic counselors and admissions staff to respond to questions related to UC 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 who are fluent in Spanish and able to assess each applicant’s language ability (at UCI) 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 revised and 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://meded.ucsd.edu/ugme/prime-heq/
PRIME-US: http://medsch.ucsf.edu/prime/
UCLA PRIME: http://www.medsch.ucla.edu/uclaprime/

Admissions
The admissions processes for each PRIME program are not identical but very similar. 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 School of Medicine 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.

Applicants to the UCSF School of Medicine and the UCB Joint Medical Program are recruited from the pool of students offered an interview for admission. Students receive information about PRIME-US in the secondary application and then again on interview day. Interested students apply within two weeks after their interview. The application process involves a separate essay and two phone interviews. The first interview is conducted by a PRIME-US student, and the second by a PRIME-US faculty member. Interview guides were developed to elicit information on experience with undeserved communities, commitment to working with the underserved, leadership skills, career intentions, and interest in the program. Applicants are then reviewed by the PRIME-US Selection Committee, composed of both students and faculty. For the fall 2009 application cycle, UCSF changed their application process to require applicants to apply as part of the secondary application process. In-person interviews were conducted rather than by phone.

UCLA PRIME is different than the other UC PRIME Programs in that it has a separate admissions process from the general UCLA School of Medicine admissions process. 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.

Although most programs are only in their second 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. Approximately 500 of the 4,500 applicants to the UCI School of Medicine are selected to be interviewed, with only five percent of those invited to be interviewed ultimately offered admission to the PRIME-LC program. UCLA screened 980 applications and 300 secondary applications with only 78 interviews offered just for PRIME. UCSD interviewed 200 of the 445 applicants expressing interest in PRIME-HEq. Approximately 10% of those interviewed were admitted to PRIME. 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 is 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:

- Program retention
- Increased cultural competence – patient centered skills and knowledge compared with the rest of the class
- Practice in underserved communities – residency locations and specialty
- Alumni survey to assess the degree of leadership provided by PRIME graduates - leadership in health organizations, development of programs, and health policy impact
- Leadership in extracurricular activities related to the goals of PRIME
- Scholarly activities of PRIME graduates including presentations, publications, academic appointments, etc.

Advancement of telemedicine technologies, implementation, and utilization

An important goal of the program is the development of a system-wide PRIME evaluation. A systemwide 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.

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 first class of graduates this spring. Successful implementation of the newer PRIME programs are 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 different departments at UC Schools of Medicine, the broader UC campuses, and their surrounding communities. The most notable changes have involved medical student recruitment, the admissions processes, and active interaction and integration between PRIME and the rest of the University’s medical school classes. PRIME represents the first significant increase in medical school enrollment within the UC system in well over two 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
A major goal of the PRIME program is to inspire students to appreciate the rewards and challenges of caring for diverse underserved populations. In order to do this, each campus continues to develop new initiatives including: opening up 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.

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 causes 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. Since PRIME was launched, the overall racial/ethnic diversity of matriculating UC medical school students has increased. Nearly half of all PRIME students are from underrepresented groups and/or disadvantaged backgrounds, which exceeds the proportion in the general classes. A recent report from the Greenlining Institute notes that UCSF has shown the greatest increase in African American and Latino representation among its matriculants, compared to its institutional peers. 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 underserved populations.

The UCI Department of Family Medicine is creating a formal residency track position as part of the PRIME-LC program. This specialized track will train two residents to become leaders in improving the health care of Latino underserved patients and will use some of the same curricular interventions that PRIME-LC has developed, including clinical experiences in Mexico. 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. Recruitment for these positions is underway for the 2009-2010 resident recruitment season.
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 plans to use funding from Proposition 1D to equip its PRIME partner hospitals and affiliated clinics with telemedicine/telecommunication and simulation equipment to be used to train its students and to increase access to much needed 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 customary, programmatic and budgetary approval, planned enrollment growth for new PRIME programs is ultimately hoped to result in an enrollment increase nearly equivalent to a small new medical school, with a collection of specialized programs dedicated specifically to meeting the health needs of California’s medically underserved. Ultimately, new UC PRIME programs are planning to enroll a total of approximately 60 to 80 students per campus (i.e., across the five-year curriculum), or the equivalent of 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 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. In April 2008, each of the five medical campuses were invited back to make a presentation about UC PRIME programs at the Regional Conference of the Western Group on Educational Affairs. This meeting traditionally showcases innovation in medical education, with the UC system being invited to present based upon the growing national interest in the new programs and the planning undertaken within the UC system over the past several years. In 2008, UC has also made similar presentations at the annual Association of American Medical Colleges Physician Workforce Research Conference, Society of Teachers of Family Medicine, American Academy of Pediatrics, the Harvard Macy Institute for Educators in the Health Professions, and at the October 2008 national Josiah Macy, Jr. Foundation Conference on “Revisiting the Medical School Educational Mission in a Time of Expansion.”

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, this required $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 the
master’s degree students. Additional support for the medical program comes from fee revenue from mandatory systemwide student fees paid by all students and from the professional fee charged to MD students.

For 2008-09, however, the State budget for the University provided no new resources for the 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. The 2008 Budget Act language states: “Of the funds appropriated in Schedule (1), $1,050,000 shall be used to support 70 full-time equivalent students in the Program in Medical Education (PRIME) at the Irvine, Davis, San Diego, and San Francisco campuses.” However, reductions to UC’s State General Funds resulted in no increase in funding to support student workload increases, including the PRIME workload increase.

The University provided one-time funding for 2008-09 to keep the multi-year expansion of the PRIME program on track, 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 solution used for 2008-09 PRIME workload increase was necessary but this is not a sustainable solution 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-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 teaching programs, current health disparities will persist and likely intensify in the years ahead as the state is facing a projected 15.9% shortfall of physicians (i.e., almost 17,000) 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 nearly 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: Cuernavaca, Mexico
The five-week summer program in Mexico occurs during the summer before the students begin medical school to allow the PRIME-LC students to bond as a group before being introduced to the rest of the medical school class. This experience provides students with the opportunity to network with one another and to support each other while traveling abroad. The primary educational aim is to expose them to the health care system in Mexico and the culture, language, and environments from which many of their future patients originate.

Throughout the summer, students rotate through primary care clinics and attend courses in Conversational Spanish, Medical Spanish and History, Geography and Culture of Latin America at the Language Institute. Clinical preceptors from Servicios de Salud Morelos supervise and train students for a minimum of 10 hours per week. The objectives of the clinical internships include (1) exposure to the largest Mexican health system serving uninsured patients, and (2) taking medical histories in Spanish under the supervision of a senior faculty clinician. Students also
visit a medicinal plant open market and botanical garden, and participate in presentations given by traditional/alternative medicine healers. Students live with Mexican families identified by Universidad Internacional Center for Multicultural Studies (UNINTER). The home stays are intended to increase the students’ practice of conversational Spanish and give them further opportunities to learn about Mexican culture on a more informal basis.

Upon their return from the summer program, all students meet with faculty in a debriefing session to determine the extent to which the overall objectives were accomplished. Their feedback has led to the integration of the summer curriculum in Mexico with the second and third-year social sciences graduate curriculum. The evaluation session for the summer program is an important component of overall program evaluation, which is held for each class upon their return to UCI. 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 unchanged 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.
- Various masters degree coursework
- 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 Cuernavaca 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. Several PRIME students are in the MPH program at California State University, Long Beach; two are at the University of Michigan; and three are at Harvard University. Four students have either completed their Master of Business Administration (MBA); two students have pursued graduate studies in Health Policy at UCLA. UCI now has a new school of 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 masters 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.

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, be exposed to rural inpatient practice, and continue to use telecommunication technology as a clinical and educational tool. Second year Rural-PRIME students are introduced to UC Davis’ simulation center (the Center for Virtual Care) and the Telemedicine Learning Center to increase their exposure to the diagnosis and treatment of clinical conditions that are prevalent in rural areas.

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. Rural-PRIME has completed the first round of a rigorous selection process for our Rural Centers of Excellence (facilities that partner with UC Davis School of Medicine to
teach UCD students and immerse them in rural communities). The three 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, and an Agricultural Community.

The three Rural-PRIME partner sites for 2009-10 will be:

- Sierra Kings District Hospital, Reedley, CA
- Tahoe Forest Hospital, Truckee, CA
- Sutter Amador Hospital, Jackson, CA

UCDSOM faculty have approved rural primary care clinical rotations in Family Practice, Pediatrics, and Obstetrics & Gynecology. 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.

A crucial element of the third year rural training will be the use of telemedicine and simulation technology as part of the curriculum. During their rural infield experiences, Rural-PRIME students will participate in clinical teams working alongside other health professionals, clinical staff and community leaders, learning to work in a team as a patient advocate and health policy leader.

Last year, 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 masters degree in Public Health, Health Informatics, or a healthcare related subject area. 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 masters 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.
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 masters degree program
- Quarterly meetings with PRIME-HEq faculty advisor
- Debrief with PRIME-HEq faculty advisor as part of students' ongoing reflective practices

PRIME-HEq students may obtain a masters 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 & Medicine.

In 2007-2008, UCSD faculty developed and implemented two of the three new courses required for all PRIME-HEq students. 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.

The first two courses are integrated into the preclinical years, while the third 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 three 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. In addition, these three courses will be available as elective courses to all students enrolled in degree programs in the health sciences.

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. This year, UCSD is establishing a relationship with Lincoln High School in Southeast San Diego. Lincoln’s population is 70% Latino and 20% African American. PRIME students will have the opportunity to teach a Health Promotion/Disease Prevention curriculum at the high school as the SOM works with Lincoln to test the feasibility of a school-based health center. A fourth year elective which offers students opportunities to rotate at Lincoln and work with the school nurse practitioner while supervised by a faculty member via Telemedicine is also under development. UCSD is pleased that the PRIME students are among the most committed to the outreach programs that were already in place at the School of Medicine and that they bring their skills and dedication to these efforts.
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 ISP's 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, open events, clinical immersion, community engagement, and a masters degree.

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, they incorporated student feedback from the first year to improve the experience. They also included a session with a learning styles specialist.

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. PRIME students also participate in Project Homeless Connect, a quarterly event in San Francisco that brings homeless providers and resources together to provide direct care and advocacy.

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 health disparities, community assessment, homelessness, immigrant health, and more. These interactive teaching sessions are complemented by field trips to community-based organizations and institutions. For example, after attending a seminar on health care in the prison system, students travel to San Quentin Prison to meet with clinicians and peer educators.

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.
In addition to the afternoon seminars, two full-day weekend retreats aimed primarily at second year students were incorporated to ensure that the students are building their leadership skills as they progress through the program. The first retreat focused on identifying and understanding leadership style using the Myers-Briggs Type Indicator tool. The second retreat used three underserved issues (foster care, reproductive justice and elder care) to explore and apply advocacy skills. In the future, they plan to incorporate this longitudinal leadership curriculum into the program.

Clinical Immersion

The clinical component of PRIME-US includes preceptorships, clerkships rotations, and an elective in the final year. 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
   - Explore how preceptor balances work and personal life
7. Find inspiration
   - Reflect on experiences with preceptors, patients, staff and community
   - Pursue service learning or community-based projects

During their clerkship years, students will rotate through the UCSF hospitals and UCSF affiliated hospitals.
and clinics. Instead of developing a separate clerkship model for PRIME students, they are encouraged to enroll in current models to explore underserved medicine in a variety of settings.

In their fifth and final clinical year, PRIME-US will offer participating students and their interested peers the opportunity to participate in an urban underserved medicine elective. This elective will be developed to maximize student time spent in community-based clinics and organizations, encourage multidisciplinary collaboration (nursing, dentistry and pharmacy), and enable students to explore potential career paths. For example, students interested in caring for inner-city African American youth will have the opportunity to perform clinical work at Southeast Health Center, a community clinic in Bayview/Hunters Point, a poor and predominantly African American neighborhood. At the clinic, the students will work with physicians, nurses, and social workers as well as on-site dentists. They will also be introduced to neighborhood resources, including teen advocacy groups, resource centers, violence prevention programs, and schools in order to gain a better understanding of the community outside of the health center. Students will be expected to make a final presentation to their peers at the end of the elective. This type of elective experience will offer a unique opportunity to students interested in pursuing careers in underserved medicine the opportunity to work in urban underserved settings (clinics, hospital settings and community centers) and obtain additional faculty involvement, mentoring and inspiration.

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 UME and GME programs. These competencies will be piloted in PRIME-US using an electronic portfolio next year.

An extra year of graduate study is included in the PRIME-US curriculum. All JMP students complete a Masters of Science during their first three years, while UCSF students will explore a variety of masters degree opportunities (e.g. public health, public policy) between their third and final year. PRIME-US is currently working to enhance
relationships with the UC Berkeley public health program and develop new relationships with other programs and universities like San Francisco State University.

Recently, third year JMP students presented their masters degree thesis work. Each student chose a unique aspect of underserved care to explore. One worked with at risk-youth in the Asian Pacific Islander community, capturing their experiences and providing them with a voice through photos and written reflections. Another student interviewed older clients who were recently housed to determine the impact of housing on their social networks and health. A third evaluated well-baby group visits at a community clinic to determine outcomes for the children as well as their parents. The last student looked at global brain-drain, exploring the ethical responsibility of participating countries. These students will now graduate with their masters degrees and move into their clerkship rotations.

A formal mentorship program has been developed to provide participating students with social and academic guidance to ensure personal, professional, and academic success. Students are assigned both peer and faculty mentors, and are offered additional opportunities to meet informal mentors and role models.

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**

UCLA PRIME students will receive the same general four-year M.D. program instruction as the existing student body. They will, however, have 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.

Students enrolled in the PRIME program are required to obtain an advanced degree during the fourth year. 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. Additionally, all PRIME students will be taught how to utilize telemedicine as a mechanism to provide clinical care to underserved populations by providing access to physicians and segments of the health care enterprise that are currently not available.

During a three-week pre-matriculation program, UCLA PRIME students were 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 served 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 are in the process of developing 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:
Telemedicine – Telehealth 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 will also 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, or Spanish language and culture immersion programs in Mexico that combine classroom instruction and clinical volunteer work (similar to that of the Cuernavaca experience in the PRIME-LC curriculum at UCI).

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.

The fourth year will allow students to begin their masters programs. The Masters in Business Administration, Masters in Public Health, and Master of Science - Medical Informatics will be degree options available to UCLA PRIME students. 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; 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.

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