

2025 Catalyst Awards for Transformation in Graduate Medical Education Informational Webinar Transcript

Dana Levinson, MPH (DL):

The meeting will begin shortly. Please stand by.

Hello and welcome to the webinar for the Macy Foundation's Catalyst Awards for Transformation in Graduate Medical Education. I am Dana Levinson, chief program officer at the Josiah Macy Jr. Foundation. The purpose of this webinar is to provide you with an opportunity to learn more about the 2025 Catalyst awards grant programs now, in its third cycle. We will share with you the vision, highlights and information about the program and application and selection process. We would like to thank the Accreditation Council for Graduate Medical Education. Who provided matching funding to help support this initiative.

The agenda today is in two parts. The first is a 20 minute presentation, including a brief overview of the program from our President, Dr. Holly Humphrey, as well as remarks from Dr. Lynne Kirk. Chief accreditation officer of the Accreditation Council for Graduate Medical Education. The second part, and the remainder of the time will be devoted to questions and answers. We welcome any questions that may come up as you hear from our speakers.

At the end of the Q&A we will spend our last minutes on some details that you need to know in order to submit your online application in Macy's grant might portal. This webinar is being recorded. You will be able to view the slides and listen to the presentation and Q&A on our website within the next week.

For any questions you have during today's presentation, please use the Q&A function on your screen. We will answer as many questions as we can at the end of the prepared remarks. And now I would like to introduce our first presenter Dr. Holly Humphrey. President of the Macy Foundation.

Holly J. Humphrey, MD, MACP (HJH):

Thank you Dana. I would like to take a moment to thank all of you for joining us today to learn more about our third cycle of the Macy Foundation's Catalyst Awards for Transformation in Graduate Medical Education. As many of you already know. The Catalyst awards support projects that improve the clinical learning environment and the experience and education of our residents and fellows.

We created this initiative in response to the pressures and challenges that we currently see in graduate medical education across the country.

I know that, for many of you, these pressures and challenges are very well known. They include providing medical care in the context. Of an increasingly polarized society, a growing, public distrust of science medicine and healthcare institutions themselves which also require residents and faculty to possess the skills and tools to build therapeutic relationships with their patients and other members of the interprofessional care teams in which they work and between the profession and the public.

There are long standing and ongoing struggles to build positive learning environments that reduce physical emotional stress. Instances of mistreatment and workplace shaming remain all too prevalent in graduate medical education. And finally. Sometimes we continue to have a culture that encourages neglect of personal self care as a professional ideal. Including policies which can provide inadequate support for families, ongoing pressures to come to

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work when sick, and a balance between education and service. Which all too often can favor service over education.

Our goal with these awards is to provide support for innovative programs and strategies to equip learners with the tools, skills and strategies to flourish in the clinical learning environment. The first two cycles of these awards have already demonstrated the potential of these awards to make positive changes within their learning environments as well as to provide models that can be utilized by other programs and institutions.

We have also learned some important lessons from our initial grantees. And that is, that the period of support needs to be longer than one year. And given how tight budgets can be, the resources provided need to be more substantive.

We are very grateful to the ACGME who has generously chosen to provide matching support so that we can award a full cohort of projects at this higher level of funding support.

Before I go on into the details of the program I would like to introduce you to our representative from the ACGME who is likely well known to many of you. Dr. Lynne Kirk, the ACGME's first chief accreditation officer, is joining me on the webinar today. Prior to joining the ACGME in 2019, Dr. Kirk was a UT Southwestern faculty member for over 30 years. Dr. Kirk served as Director of the Student Health Service, Associate Dean for Medical Education and Graduate Medical Education, and Associate Chief of The Division of General Internal Medicine.

Her research has focused on medical professionalism, faculty development, clinical guidelines, Geriatrics, and medical education. She is president-emeritus of the American College of Physicians and Has received many accolades including election to Mastership in the American College of Physicians. As the ACGME's first chief accreditation officer Dr. Kirk leads the specialty and sub-specialty review and recognition commission activities and monitors and manages development and dissemination of residency programs as well as oversight of continuous quality improvement of the accreditation process. Please, join me in welcoming Dr. Lynne Kirk. Lynne?

Lynne Kirk, MD, MACP (LK):

Yes thank you Holly. Thank you Holly and welcome to all of you who are interested in what we think is a very important project. The ACGME is pleased to partner with the Josiah Macy Jr. Foundation on these Macy Foundation's Catalyst Awards for Transformation in Graduate Medical Education.

These awards supporting projects that enhance the clinical learning environment to improve the experience of residents and fellows in the areas of promoting diversity equity and belonging, increasing opportunities to learn in and from high performing interprofessional teams, and preparing future health professionals to navigate ethical dilemmas, will contribute significantly to the knowledge and processes that many GME programs can use to enhance the outcomes of the education and training they provide.

For the third cycle of the Catalyst awards the additional support from the ACGME will increase the total amount each awardee can apply to these important work over 18 months.

It is important for learners to have the tools, skills and approaches necessary to help them succeed in the clinical learning environment.

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We at ACGME were impressed that the first two cycles of these projects have already demonstrated positive changes within specific learning environments, as well as the development of important models that can be used by other programs and institutions.

The ACGME has recognized the critical role the clinical learning environment plays in shaping physicians during their GME experience. The ACGME's formative process of the clinical learning environment review clear program has given institutions sponsoring GME programs significant information on their own clinical learning environments.

We know from a large body of work that physicians carry forward the quality, safety, and cost effectiveness of the clinical learning environments in which they train throughout their careers as physicians.

Dr. Tom Nasca the President and CEO of the ACGME has noted that the Macy Catalyst awards provide an exceptional opportunity to generate positive change, foster innovation and improve the overall experience for residents and fellows. Supporting these projects furthers the shared vision with the Josiah Macy Jr. Foundation to prepare physicians of the future and improve the health of the public.

We appreciate the broad interest by institutions and programs in this focus on the clinical learning environment, and in the Catalyst awards.

Thank you.

HJH:

Thank you Lynne. Dr. Kirk will be joining us for the question and answer part of this webinar.

But before we get to that part of the webinar I do want to point out a few of the highlights of the program as well as review the eligibility criteria and so on.

So let me start with the program highlights. As I have already referenced, we are increasing the awards for this third cycle of the program. So the recipients can receive up to a \$100,000 award inclusive of indirect costs which we are capping at 10%.

And I also indicated earlier that this award will be expected to take place over an 18 month period.

Now we are planning to select our, expecting that our review committee will help the selection committee identify six projects for this funding.

And then finally at the halfway point of the grant period of funding, we will invite a faculty member and a learner, so a resident or a fellow or a chief resident, to meet for an in person convening so that we can share experiences, challenges, lessons learned, et cetera. And we are going to host that convening concurrent with the 2026 meeting of the ACGME in San Diego. The Macy Foundation and the ACGME will work together to provide complimentary registration for the meeting along with Airfare and coverage for a one night hotel stay for the purpose of attending the convening.

Now, let me say a word about the eligibility for this program.

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We are specifically interested in hearing from individuals who are directly involved in graduate medical education.

So generally, this includes faculty, staff, residents and fellows. And this is specifically an award that is focused on our colleagues in medicine.

We are interested in projects that are specifically centered in the clinical learning environment. And that is really in contrast to classroom settings. Which are obviously much less likely to be the case in graduate medical education but I want to emphasize the importance of the clinical learning environment.

Now successful projects will describe, implement and assess innovative strategies that equip the learners with tools, skills and strategies to flourish in their clinical learning environments in their graduate medical education programs.

So the proposals should ideally align with at least one of our three priority areas. And those three priority areas are described in some detail on our website. But I will just highlight here that they are promoting diversity, equity and belonging in the clinical learning environment. Increasing opportunities to learn in and from high performing interprofessional tools. And preparing future health professionals to navigate ethical dilemmas.

Now, while we are interested in projects that have a strong local value in their local institution, we also will be looking for projects that have the potential to at least serve as a model for other institutions, in other types of institutions, across the country.

Programs selected for support must commit to sending representatives to the 2016 ACGME medical education conference in San Diego California as I already mentioned. So that we can hear a progress report on your work. And that progress report will be given to the Macy Foundation and to representatives from the ACGME. As I already mentioned the Macy Foundation will be providing Airfare for up to two representatives from each funded project.

Generally, that will be a faculty member and a learner. As well as covering one night of a hotel stay for this meeting. And the ACGME has agreed to waive the conference registration fee for those grant recipients selected for this award.

Let me say a word about the selection criteria which our reviewers, our external reviewers and ultimately our selection committee will be using.

You see those criteria broadly, present on the slide in front of you. But, the grant applications are going to be evaluated on the importance and originality, specifically the likelihood of having an impact and achieving the goals that are set out by the project that you write about. We are looking for strong evidence of commitment from your institution for the project. And, one of the reasons that we are looking for that commitment from your institution is that we want to ideally see that these programs are sustainable, over time, after the period of support ends for that program. And as a demonstration of institutional support we are expecting there to be letters of support. Eighteenth from the medical school if the medical school is a sponsor or cosponsor of the project. But many many in fact most graduate programs do not have a direct base in the medical school so that is not a requirement. Butlers of support from the clinical department or affiliated health system will absolutely be important to the application.

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And we are looking for matching support or in kind support for these projects. And then, finally, we are looking for co-creation where we can see, very tangibly, the voice of learners in the projects that get proposed for funding.

So there should be strong evidence of co-creation with the residents or fellows themselves. Together with faculty and/or staff. And we like to see evidence of co-creation not only in the implementation of the project but at the very beginning. So the design, implementation and perhaps also in the assessment of the project itself.

Additional information about these awards along with descriptions of the projects that were supported in the first and second cycles, in 2023 and 2024 are available on our website and you can use the links found in the chat in the webinar to read more about the projects that were funded in the first two cycles.

I would now like to say a word about the application itself. And describe what will be a part of the application.

I want you to know that we are very purposefully trying to keep the application as brief as possible. To encourage even very busy clinical faculty, residents and fellows to apply.

So the project application will be asking you to describe the purpose of your project. Really, what are the goals of the project? And to do that we are looking for the appropriate background and justification as well as your description of the potential impact on your local, clinical learning environment. We would like you to describe the work that will be undertaken to achieve your program's goals and objectives, including the major activities, the stages of work, the methods that you will use to carry out the project as well as a timeline of the activities that will be a part of the project.

We would like you to identify the impact or change that you are anticipating your project will achieve. Indicating what measures and assessment plan you will use to make a determination if the impact, has in fact, been successfully achieved. Of course we would also like to make sure we understand your view of the barriers and limitations of the project and how you intend to address those barriers and limitations. We would like you to describe your communication, and dissemination plan for your work. Including your targeted audience for sharing the results of your work.

And, we would finally like to ask you to describe your plans for sustaining your program or project after the period of the funding from the Macy Foundation and the ACGME comes to conclusion.

You will be asked to provide some information about institutional readiness for change and readiness for support of your project. Including a discrimination of the events or experiences which led to this application and why this is the right time to take on this kind of a project at your institution.

And to convey that information, we would like to see a letter of support on institutional letterhead. Signed by the program director. For the discipline that is the site where this project is going to be implemented. Sometimes the program director, him or herself, is the author of the project. And in that case we would like to see a letter of support from the department chair.

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And then as I already referenced it is extremely helpful if we can see a letter of support from the health system or hospital, or you know, the community site where the project will be implemented.

The letter should include a description of both the financial and non financial support for the project at the program and/or department at the institutional level. The bio sketch forms must be completed for the principal investigators. And we are expecting that while you and your team may have many more co-investigators involved in this project, we are looking to see the bio sketches of two PIs for the project. In fact our system will only allow you to submit two bio sketches for two of the PIs.

But you are certainly welcome to have up to five PIs. We are just not asking for all of those bio sketches.

We will also be providing up to \$100,000 of support over an 18 month period. Which will begin on April 1, 2025. Concluding on September 30, 2026. And as I mentioned earlier, these funds include indirect costs capped at 10%.

Okay let me review some key dates for this process. Applications are due on September 20, 2025. By 11:59 p.m. EST.

So we are trying to be respectful of the residency application process that we know many of our core residency program directors will be inundated with applications to your residency program. So we are mindful of the other things that you have on your plate in establishing this due date of September 20.

Your project proposals will then undergo an internal review process with a standardized assessment that will be conducted by the Macy Foundation and ACGME staff.

We will then engage outside experts who will provide specific guidance and insight into the different specialties we receive applications from and the differences in graduate medical education.

All those receiving funding will be notified by February 1, 2025 for the project period that I already outlined as being from April 1 of 2025 through September 30 of 2026.

Okay, with that background, I would like to invite your questions. And I would like to invite my colleague Dr. Lynne Kirk to rejoin me. And between the two of us, we are going to do our best to answer the questions that you have.

So Dana let me turn it back over to you.

DL:

Thank you Holly we are getting many questions about matching or in kind support. Does the institution have to contribute the same amount of financial support?

HJH:

Well let me take that question. The short answer is no. We know that would be a non-starter for many of you if you submit a project with an ask up to \$100,000, that is an impossible ask for you from your department or institution.

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However, some degree of financial support will certainly be looked at very favorably by our review committees but we are not expecting it to be at that same level. In fact and instead, what we are looking for, is evidence of in kind contributions. And what I specifically mean by that is, you have identified a staff person who can support this program with a certain percentage of their time.

Now that of course should not be in addition to their other full time work. So that would likely be either part-time staff support or reallocation of other work.

But in kind support from staff definitely would be very appropriate to include. Examples of other in kind support would include access to space that you may need to consider out the project, access to equipment, access to other expertise that you may have at your institution to help with assessment.

To help with actually developing the project itself. So, I would imagine that there would be some combination of in kind support based on resources that you already have at your institution, but that may be specifically directed to focus on this project.

And perhaps, some additional financial support that you would be able to identify by working with the health system, or, with the department. But we absolutely are not expecting a dollar for dollar match up to \$100,000. I hope that clarifies but Dana if you have anything you would like to add or revise to what I said, please feel free to jump in.

DL:

Thank you Holly that was very complete. Please note we will accept if you have additional questions as you are putting together a budget, you may send those questions to our info@MacyFoundation.org e-mail address that I will ask Tori to put into the chat. One question regarding co creation noting learners are spread pretty thin with GME duties: how do you envision learner participation as investigators. How much is enough?

HJH:

Great question Lynne I am going to ask you to weigh in on this. These are a few ideas. By no means solid expectations but I personally really deeply resonate with how busy your residents are and I understand completely the intent behind the question, how much is enough.

Some of the things I have seen that early awardees in cycles one and two use are focus groups. Getting a group of residents together for lunch and getting their ideas and brainstorming kind of process. Other things might include engaging a chief resident or group of chief residents to brainstorm and take it on as one of their projects for their chief residency year.

So a combination of gathering feedback from larger groups of residents and maybe identifying one or two champions of the project. I have found very busy residents when they feel passionate about a project or area of interest they can catalyze the whole institution to be engaged themselves. It is not as if there is a minimum or maximum threshold. But certainly my experience in residency education has been that the more you can invite feedback and experience from the residents, whether that comes through focus groups or individual champions, the better the project is likely to turn out to be. So I am personally looking for authenticity in residency engagement. Lynne, you have spent your whole career working with residents. What ideas do you have?

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LK:

I certainly support everything that you said Holly. I guess the way I would look at it is making sure the residents or learner. Residents representing the group et cetera, those involved with the project, are at table when the important decisions are made.

So the time they devote is really where their input is needed to say this is going to work. This may not work. This is how it might work. Just to remind you we require scholarly activity of residents and this is wonderful work that would qualify for that scholarly activity. So their participation will be a win/win in that they will be able to help shape their clinical learning environment with the time, even if it is limited, that they can devote to co-producing what happens in the project.

But then, they also get that research. Which they're very excited to do.

DL:

Thank you Holly and Lynne. Another question has come in about specialty size and advantages in applying. One questioner noted surgery programs often have much smaller resident numbers compared, for example, to internal medicine, and asked if this is a disadvantage when applying?

HJH:

I personally do not think it is a disadvantage at all. I will invite Lynne to comment on this as well. I think we are well acquainted with some of the unique challenges that our colleagues in surgery are facing in overseeing meaningful experiences for their residents. I would strongly encourage our surgery programs, to come up with innovative projects and programs that can catalyze positive change in your residency programs and the size of the program, absolutely is not a factor in selection. I understand why that would be a concern.

But my own experience tells me that it is very often the smaller programs with the smaller numbers of residents who can often be forgotten in big health systems. And big GME footprints. So I definitely welcome proposals from programs that may be smaller in size and have a direct touch with fewer numbers of residents. Because as you heard me say, we are hoping that other programs all across the country might see what you did and be able to implement some part or perhaps all of that program in their own institution.

And so over time that can affect an entire discipline, not just your local institution. But Lynne do you have a comment on that?

LK:

I certainly agree with you Holly I think in looking at the applications, it is not going to be about the numbers that are impacted by this particular project it is the potential impact in especially high need areas, as you pointed out Holly, even if a project is done with a relatively small residency or even a fellowship that is smaller, but that information is shared broadly. As happened with the first two cycles, the impact could be magnified greatly so I agree. It is not just the size of the group impacted in the project but it is the size of the impact on the clinical environment at large.

DL:

Thank you, we have questions about if this is a limited opportunity. Can multiplications be considered from the same institution with different PIs? Different projects, different programs or potentially within the same program?

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HJH:

Yes, this is not a limited opportunity program. If there are multiple great ideas from your psychiatry residency, send them all. If there are multiple great ideas from multiple programs within our overall health system or overall institution you are encouraged to send them all.

DL:

Thinking about interprofessional teams. Would co-creation by learners who are not residents but other learners in the team be sufficient?

HJH:

Let me try to be very clear about this. We are looking for evidence that residents in graduate medical education will be directly impacted by the project. However, you heard me say that one of our main funding areas is the collaboration of high performing interprofessional teams. And that invites applications that include projects that are based in a highly interprofessional team. Where residents and other interprofessionals, whether that's nursing students or nursing faculty, physical therapists, chaplains, you name it, you can, engage members of your interprofessional team in whatever way you wish.

I would absolutely welcome projects that focus on interprofessional teams and collaborative practice, but we must see direct evidence that residents are actively engaged in that project.

DL:

Thank you. Are these grants limited to implementation at a single institution or is this open to a program that would use grant funds to expand to other institutions with GME programs?

HJH:

Both are possible. So you can definitely apply as a single program in a single institution. But you are welcome to apply in a multi institution format. Or multi program format either within your institution or with other institutions.

So, both types of applications are welcome.

DL:

Please clarify the expectations of the principal investigators. Is the focus on junior faculty? Senior faculty? Can a resident be one of the PIs?

HJH:

Yes a resident can be one of the PIs. And we leave it to our good judgment who is the most appropriate PI. We do not have an expectation related to the most senior person at your institution. Nor the most junior.

We see applications that have been successful, on both ends of the spectrum. Applications that have had very senior PIs. But applications that have had literally very junior students in their first few years on the faculty.

So we leave that up to your good judgment and we do not have an expectation related to that. Yes residents could be a PI.

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DL:

Can you provide a few examples of the kinds of measurable impact you would want to see out of one of these grants?

HJH:

Well I can tell you that several of the grants that have been funded in the first two cycles are using pre and post surveys to look at changes in either residents, obviously a difficult thing to measure. Changes in residents' perception and attitudes. Changes in resident's skill level.

I think the bigger challenge which we would love to see but can be harder to quantitate right now are changes in patient care and changes in patient outcome.

There may be ways in your local institution to look at change in the experiences of those who work on a particular unit in your hospital.

Or, in a particular program in your institution's GME or interprofessional programming area. So, those are very important and I would encourage you to identify someone with skills in assessment or evaluation to help you with that question. That is often the hardest kind of question that clinicians face when they are trying to design this kind of a project. Very often your medical school, or an affiliated medical school will have that kind of expertise within the school. Because there is so much emphasis placed on assessment during the medical education process.

Or sometimes, this is exactly the kind of expertise that you will need to hire as a consultant or as someone who can help you in the design of your project. How are you going to make those assessments and are there some measurements that are easy to identify, and manage. So, that is what I would say. Lynne do you have anything you want to say?

LK:

Yes, just a little bit I think you outlined Holly, all of us who have done graduate medical education research have aspired to is: can we look at changes in outcomes of patient care in the future since these are our trainees. And it is very hard to do that. But looking at changes of behavior among the residents or your target audience, we have a much smaller grant project that has been through several cycles that was designed by the residents who are on all of our review committees called "back to the bedside" they went through an exercise to say what gives them the most meaning in their work as residents and it was time with patients. All of the projects are designed to allow them to spend more time with their patients. Which is a very simple thing but a very positive thing in terms of an outcome.

So Holly mentioned changes in attitudes of residents. But are you allowing their behavior to change as a result of supporting them in what you are able to do in your project.

DL:

We have several questions from people wondering if they have received support in the past, either through grants or a Macy faculty scholar, if they are eligible for this award?

HJH:

You are absolutely eligible for this award. Any previous award does not prohibit you from applying or being reviewed in a completely neutral fashion so I encourage you to apply. In general the medical education community is smaller than the big clinical communities and

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big research communities and we aim to support all of you. And not penalize you for having prior support.

DL:

Will there be mentorship provided to those selected as part of this cohort?

HJH:

Well that is a very important question and one I think a lot about. And it is honestly the main driver behind our convening at the midpoint of the grant cycle. Technically I would not go so far as to call it mentorship. But the idea behind the convening at the midpoint of the grant cycle is to offer you advice and support. Not just from the Macy Foundation and the ACGME but very importantly the peer and near peer mentoring from your colleagues who will be the other grantees. And sometimes, depending on the content of the projects that are ultimately funded we bring in other experts that can help. And I can tell you a common topic area where we are often looking to bring in expert help is with assessment and evaluation. But it is very very important that you have your assessment strategies set up at the beginning of this award. And not wait until the midpoint.

But, it is not uncommon to encounter unexpected challenges along the way often with assessment or other areas of implementation. So it is a long way of answering the question about mentorship. It is not formal mentorship but it is our way of trying to send a very clear message that we are not expecting you to be perfect. In how this grant is implemented. Or, whether it succeeds or not. We are here to support you along the way and that is exactly why we are having the convening at the midpoint of the grant cycle.

DL:

Can two different programs from one suggestion collaborate on a program that affects both?

HJH:

Absolutely yes. I love the idea behind that. When two programs at a single institution can see common ground to affect residents positively in both of their programs I would say that would be a very welcome kind of proposal.

DL:

Some of the ways that prior awardees have utilized their grant funding support? What are the kinds of budgetary expenditures that they have generally used?

HJH:

I would say the most common pieces that occupy the largest percent of budgets are personnel. And personnel, largely includes faculty, and staff, and expert consultants and in any given grant the relative percentage attributed to those categories can vary considerably.

But the personnel costs are by and large, the single biggest line item in a budget. And then how that is divided between faculty, staff, expert consultants, can vary. This question does remind me to perhaps share that, sometimes we will see a grant proposal where the biggest line item is to build something. Like, build a building, or laboratory, or simulation center.

And, that is not something that we fund. So, that is just a caution. We are not here to put a roof on a building. We did see a proposal to put a roof on a building or to build a building. That is not what we are expecting the \$100,000 award to be used for.

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DL:

Holly I would like to add in prior projects when residents were asked to take on larger roles or to participate in a program, they often received stipends and compensation as well.

HJH:

Thank you. Sometimes there were incentives for residents to participate in certain aspects of the program to get the program launched or conceptualized.

DL:

Can you speak to avoiding the classroom in proposals? For interprofessional teams there are often needs to come together to learn collectively that may occur in a group meeting space and not in the clinical space. Would this still be aligned with the concept of emphasizing the clinical learning environment.

HJH:

In general no. So while I completely understand that a classroom experience is extremely important, especially in laying the ground rules and finding common footing, and if that were going to be, you know, a two hour introductory workshop, that would be fine. But that should not be the site of the \$10,000 award.

Meaning, that these are really meant, these awards are really meant to take place in that clinical environment. Which is where the majority residency training is taking place and where the majority of day-to-day issues that come up that are extremely complex and challenging. I am not saying the classroom is not important because it certainly is. But for this award we are looking to have the vast majority of the award supporting a clinical experience. If there is a classroom part in there, that is certainly fine but it should not represent the majority of the award.

DL:

Holly, and Lynne, this is a difficult question, but it has come up several times so I am going to ask it. How will you consider efforts in states in which there are laws against efforts in diversity equity and inclusion?

HJH:

Well first of all I would absolutely welcome you to apply for this award. I want to say that I personally recognize that I have a lot to learn from you on how you are doing your work. If your program is in one of those states. So, number one, I welcome the award with great enthusiasm. Number two I want to learn from your experience. Number three I want you to follow the law. You know the law of your state in much more detail than I will know. It so I absolutely want you to follow the law. And, that's where you will teach us. How do we do this very very important, critically important work? When there are barriers that for some of us are much bigger and much harder to manage than for others? And I would say if you are running a residency program in a state that has laws that make it much more difficult to have authentic programming in diversity and belonging I consider that a pretty big challenge but not one we are backing away from. One that we are embracing as a broad area to lean into.

To try to learn better to ultimately provide the very best, most equitable care to all of our patients and to properly take care of all of those training, learning and providing care to patients wherever they may be in communities, hospitals, clinics. All across America.

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Lynne do you have something you want to say?

LK:

I support everything you say Holly. To let people know, we at the ACGME because of our environments related to diversity, have put out quite a bit of guidance for all programs around limitations they may experience. We started with the Supreme Court decision that really focused again on higher education not GME. But we also have a lot of resources in our equity matters section again, free to everybody at our website.

We have opportunities within equity matters to participate in projects also. So, lots of tools, lots of things that you can use, both in your regular graduate medical education activities and that might stimulate thoughts for proposals. I think we all know that commitment in diversity in healthcare results in better patient outcomes and results in better training for residents and fellows and all health professionals.

So, we all remain committed to that and hope we can support those of you who are struggling with these limitations. To be able to do what you can, to promote, activities that will promote improved education and equitable healthcare.

DL:

Does the resident on the application need to continue to be a resident through the end of the award period. IE if the senior resident is on the application can a different resident take over when they graduate. How do you navigate this if a senior resident is the co creator. Would that preclude eligibility? Hollywood that does not preclude eligibility. We had chief residents who by the time the grant period ended were in their first job. You may absolutely apply it as a PI but there should be evidence of the hand off. Either to another resident. Or the other PI is going to be filling in. Just make that a part of your written application, it is not going to preclude you from applying as a co PI.

Does it have to be a resident program that applies for the grant? Can it be from a Dean's unit office like the Office of Research? Office of Diversity et cetera?

HJH:

It can definitely be from a Dean's level office but if an application comes from a Dean's level office we are going to be looking very carefully for evidence of buy-in from the residents and the program director and the department chair.

That they want this program and they are supporting the program and they are grateful you are interested in helping to develop this program for their benefit.

So, yes you can absolutely come from you but we will look to make sure that the environment where you are aiming to implement that project is strongly supportive of that project.

DL:

We are reaching the top of the hour so this will be our last question.

It is related to a community based program. They are exploring a partnership with community organizations for activities to support relationship and trust building between residents and local community as part of residency.

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If efforts take place in the city rather than the clinic would this be a fit for the Catalyst awards.

HJH:

Yes absolutely. So if your institution and when I say institution I mean your department, your program, perhaps your health system, I am not sure who is organizing your community-based experiences or city-based experiences, but we would absolutely welcome that kind of support because we know, that the vast majority of health and healthcare take place in the community. That doesn't necessarily align with where our residency trainees spend most of the time but we welcome the opportunity to have the residents learning in the community and if you have a project that lends itself to that, you would certainly welcome. It.

Lynne do you have anything to add to that?

LK:

No, I totally agree. I think especially in the subject areas that Macy prioritizes, there is a lot of, you can see a lot of opportunities for community involvement so I don't think it needs to stay in the clinic or in the hospital. But certainly many excellent projects will come out of there too.

HJH:

Thank you Lynne.

DL:

Thank you. We are going to go to a discussion about how to apply. We are utilizing an online application for this program. To access the online application you must first go on our website. Click on grants in the navigation bar and go to the Catalyst award page. For your convenience the URL is displayed on the slide and on the chat. From there, click the start your application button to be directed to our online application platform.

To apply, you will need to register for an account on the online application platform. You will also need to get the tax ID for your school as part of the registration process.

Once you have registered and logged in you may save and return to your application as often as you like prior to submitting. It

If you have any questions during the application process you may email us at info@Macyfoundation.org. Before you e-mail us we encourage you to review the website on the slide. We will continue to update the web page throughout the application period. Finally by next week a recording of the session. Both the audio and portion of slides will be available on our website.

HJH:

We hope you will keep in touch with the Macy Foundation for more information about grants programs, podcasts, webinars and blogs and of course the 2025 Macy Foundation's Catalyst Awards for Transformation in Graduate Medical Education. Thank you again for joining us today. We hope to receive applications from many of you this September. Have a wonderful summer.