

Catalyst Awards

2026 Informational Webinar Transcript

Peter Goodwin, MBA:

Good day, and welcome to the Macy Foundation's informational webinar for the 2026 Catalyst Awards for Transformation and Graduate Medical Education. I'm Peter Goodwin, chief Operating Officer and treasurer at the Josiah Macy Jr. Foundation. The purpose of today's webinar is to provide you with an opportunity to learn more about the 2026 Catalyst Awards grants program, now in its fourth cycle. We will share with you the vision, highlights and information about the program as well as the application and selection process.

Our agenda today is in two parts. The first is an approximate 20-minute presentation, which includes a brief overview of the program from Dana Levinson, as well as remarks from Patricia Poitevien. The second part and the remainder of the time will be devoted to questions and answers. We welcome any questions that may come up about the program as you hear from our speakers. At the end of the Q&A, we will spend our last minutes on some details you'll need to know in order to submit your proposal in the foundation's online grant application portal. This webinar is being recorded. You will be able to view the slides and listen to the presentation and the Q&A portion of the webinar 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, Dana Levinson, Chief Program Officer of the Macy Foundation. Dana.

Dana Levinson, MPH:

Thank you, Peter. I'd like to take a moment to thank you all for joining us today to learn more about our fourth cycle of the Catalyst Awards for transformation in graduate medical education. The Catalyst Awards support projects that improve the clinical learning environment and the experience and the education of residents and fellows. We created this initiative in response to the pressures and challenges that we currently see in graduate medical education. These include providing medical care in the context of a polarized society, including a growing public distrust towards science, medicine, and healthcare institutions. This requires residents and faculty to have the skills and tools to build therapeutic relationships with their patients, members of the interprofessional teams in which they work, and between the profession itself and the public. We have noted long-standing challenges to building and maintaining positive learning environments, environments that reduce physical and emotional stress.

Instances of mistreatment in the workplace unfortunately remain all too prevalent in graduate medical education. And lastly, we are aiming at a culture of training, which may valorize the neglect of personal self-care as a professional ideal, and policies which provide inadequate support for families, ongoing pressures for presenteeism, and the balance between education and surface, which may often favor service over education. Our goal is to provide support for strategies and programs that support healthy learning environments and equip those learners with tools and skills to flourish. The first three completed cycles have already demonstrated the potential of these awards to make positive change within the specific learning environments, as well as to provide important models that can be utilized by

Catalyst Awards

2026 Informational Webinar Transcript

other programs and other institutions. To kick us off, I would like to introduce Dr. Patricia Poitevien, Vice President for campus life at Brown University, and she will be joining me on the webinar today.

Dr. Poitevien, along with her co-principal investigator, Dr. Anne Vera Cruz, is a recipient of the 2025 Catalyst Award. She assumed a new role just this June 1st as vice president for campus life at Brown, where she leads a division of more than 20 departments, offices and centers with the goal of advancing holistic student success and fostering a vibrant and inclusive campus culture for students at all levels, undergraduate, graduate, and medical. Prior to taking on this role, Dr. Poitevien served as Senior Associate Dean for diversity, equity and inclusion in the division of Biology and Medicine. She's a board-certified pediatrician and associate professor of pediatrics at the Warren Alpert Medical School. She was the Brown Pediatric Presidency Program director and is the immediate past president of the Association of Pediatric Program Directors. Nationally, Dr. Poitevien is a recognized leader in education and equity in medicine. Her work reflects a longstanding commitment to mentorship, health equity, and support of medical learners. Welcome, Dr. Poitevien, and thank you so much for being here.

Patricia Poitevien, MDM MSc, FAAP:

Hello, Dana. Thank you so much for having me.

Dana Levinson, MPH:

We're delighted that you're here, and you have a bit of a history with the Macy Foundation and the Catalyst Awards in particular. You served as the keynote speaker for convening that we held with the first cohort of awardees. And in this last cycle, you and your co-PI, Dr. Ana Vera Cruz, received support for your project entitled Brown Advocates for Social Change and Equity Mentor Champions. So just to kick us off with a question to you, what advice would you give to those who are developing their projects and seeking funding to improve the clinical learning environment in graduate medical education?

Patricia Poitevien, MDM MSc, FAAP:

Well, again, thank you so much for having me. I've so enjoyed working closely with the Josiah Macy Foundation because the focus of your foundation is really critically important for what we're trying to advance in modern medicine. There's a focus from Josiah Macy really on patient outcomes and what we can do within medical education, undergraduate, graduate medical education, and interprofessional education to make sure that we are serving our patients and that we are serving our learners. And to be able to really partner with this foundation to think about some of the best ways to move projects like that forward is very special in this day and age. I think the advice that I would give, it may sound trite, is to really start with the voices of your learners. As a program director for over a decade, when I was thinking about the Catalyst Award and the opportunities that it offers, what I find remarkable is that so much of what the trainees tell me every day is necessary and important in caring for patients usually forms the best basis for any project proposal that anyone has in mind.

So speaking to your trainees, understanding what's going on on the ground, trying to understand how your trainee's interaction with patients and other professionals in the healthcare space is impacting your patients. I think if you start conceptually from that framework and work backwards to ask questions and

2026 Informational Webinar Transcript

to interrogate why your patient outcomes might not be what you want, what you will find in conversations with residents and with other individuals fellows in the GME space is that they have a really good sense of what is needed and where the gaps are. And as a senior person, what your job is is to take some of that feedback, take some of that insight, and really weave it together into a project proposal that really aligns with the Josiah Macy priorities.

Dana Levinson, MPH:

Thank you so much for that wonderful answer. Centering the voices of those whose voices may not be heard, those who might be more marginalized and vulnerable in the healthcare system, voices of learners and of patients is very much a part of what the Macy Foundation is trying to do. And so that was a wonderful answer to the question. I'd like to hear a little bit more about your project. Your funded project is in our priority area of promoting diversity, equity, and belonging. And the title, as you know, is Brown Advocates for Social Change and Equity Mentor Champions. How do you expect this work to help contribute to an inclusive learning environment at your own institution and maybe beyond?

Patricia Poitevien, MDM MSc, FAAP:

So BASCEMC, as we call it for short, really is an embodiment of the concepts that I just shared. It's really taking the voices of the learners and amplifying them into a project or into a proposal. So BASC, which was the predecessor to BASCEMC, is a program that we run at Brown that is meant to bring in trainees at all different levels, medical students, residents, fellows, and even junior faculty members who are interested in becoming change makers within their scope of practice or within their field of influence. And not surprisingly, individuals come to this decision at all different levels of training, and so we thought it would be great to offer an opportunity for folks from across the medical fields to come in and really think through carefully how they can utilize their skillset, their knowledge, and their passion for community engagement and advancement of patient concerns, how we can teach them the tools to really make that passion into a [inaudible 00:10:08] project.

And to be honest with you, BASC was started seven years ago, almost eight years ago by a medical student. So I walk my talk when I tell you, amplification of the voices of the learners is the key. It really is. And we've built BASC out from the concept of that medical student to a program that has really been and continues to be an important part of Brown. And what we heard from the individuals who were going through BASC is that they loved the BASC training, but then when they went back into their areas, whether it was a resident going on to be a faculty member or a student going on to be a resident, that they needed ongoing support to continue their work, that learning the tools and having the tools simply wasn't enough. They also needed mentors that could help them to continue to translate the skills that they learned from our program into practical, applicable work.

And so BASCEMC is meant to help create mentor champions in the graduate medical education space so that they can continue helping our student graduates and our resident graduates. They can continue helping them to move forward the work that brought them into the BASC program originally. So again, BASCEMC is simply an amplification of a need and an ask that our learners express to us, and we began to think of ways really to create a pipeline of mentors who can also help continue the work of our BASC scholars, but then ideally also provide additional mentorship for other individuals in the space who have

Catalyst Awards

2026 Informational Webinar Transcript

not gone through BASC, but who are similarly oriented to really provide very good care for their patients.

Dana Levinson, MPH:

Thank you, Pat. We're going to talk a little bit later about how important it is in looking at the Catalyst projects that co-creation is something that is centered in the way in which we review them. So that was a great example. You've been a leader in GME for many years, but today, in June 11th, 2025, what do you see as the most urgent challenges that you would like to see the next crop of Catalyst projects address?

Patricia Poitevien, MDM MSc, FAAP:

Let me see. I have to be brief, right? I think you shared that with me before I started. Okay. Probably the most urgent challenge I see today is what is beginning to, oh, I shouldn't say beginning, what feels like a true disconnect of our medical education and training programs from our patient outcomes. When I see all of the work and energy that is involved in training a future physician, the level of investment of the learner themselves, the level of investment of the faculty members, of the nursing staff, of all of our interprofessional colleagues who are really focused on creating a wonderful pediatrician in my specific example. But I think across graduate medical education programs, we're all really striving to create exceptional physicians. What I'm realizing more and more is that it's so difficult to connect what we are teaching and how we are teaching to what our patients need.

And that disconnect, I mean, I can go on forever to talk about how that disconnect has occurred and some of the circumstances that are making it worse, but I do believe that there are individuals who are spending a lot of time and energy trying to connect the dots again. Making sure that the experiences that the learners are having in the graduate medical education environment are contributing to the patient experience in a way that the learners feel connected to the patients, and also that they feel connected to the future trajectory of their education. And the more that we can center the patient and really focus on learner outcomes that are linked specifically to patient outcomes, the better off we are.

That's how we should really be imagining graduate medical education for the future, that all skills that we teach our learners and all the skills that we insist that they develop, we should be able to also introduce to them a value proposition that these skills will ultimately help your patients. I think that would allow for each of our learners to be even further invested in their own education, and hopefully we would see the dividends of that type of education in the outcomes of our patients.

Dana Levinson, MPH:

Thank you very much for sharing your thoughts and ideas with us, and I'm sure everyone is going to be happy to know that Dr. Poitevien is going to be available later on to help answer some questions, but right now what I'm going to do is do some nuts and bolts and give you some information about the highlights of the program and information about eligibility. So next slide, please. Thank you. Recipients will receive support of up to \$100,000, and this is inclusive of indirect costs and our foundation caps indirect costs at 10%. The projects are intended to last over an 18-month period, beginning February

Catalyst Awards

2026 Informational Webinar Transcript

2nd, 2026. In terms of eligibility, we're really interested in hearing from those who are directly involved in graduate medical education. Next slide, please.

And these include faculty, staff, and residents. We're also interested in projects that are centered in the clinical learning environment. Successful projects will describe, implement and evaluate innovative strategies to create healthy learning environments, or to equip learners with tools and skills to help them flourish. Proposals should align with one of the three priority areas supported by the Josiah Macy Jr. Foundation, and these are promoting diversity, equity, and belonging, increasing opportunities for our learners to learn both in and from high performing interprofessional teams and preparing future health professionals to navigate ethical dilemmas. Finally, while we are very interested in seeing projects that have incredibly strong value in their local institutions, we will look for projects that have the potential to serve as models for other programs within the institution or other institutions themselves.

Before I move on, I would like to address the multiple questions that we received from those registering as to whether the executive orders related to diversity, equity, and inclusion are going to impact the Foundation's grants programs, including of course, the Catalyst Awards. The Josiah Macy Jr. Foundation is continuing to monitor, very closely, an evolving regulatory landscape, which of course includes those executive orders. However, the Foundation's mission and priority areas have not changed. We believe that everyone who teaches, learns or seeks care in our nation's clinical environments must be treated equitably and they must feel welcomed and supported. We take a very broad view when interpreting that principle. We will not get into an analysis of anti-discrimination laws during this webinar. However, legal organization and regulators have published guidance in the form of other webinars and resources, and I would encourage you to seek those out and we would also encourage you to seek guidance from your own institution's legal offices.

Moving on, let's go over some of the important selection criteria that the foundation is going to be looking at, and the key criteria which will how we're going to assess the application. Grant applications are going to be evaluated on the following basis, importance and originality. In other words, the likelihood of having an impact and achieving the goals of the project. We would like to see a strong evidence of commitment from your institution for the project, which of course includes its sustainability after the period of project support ends. And as a demonstration of institutional support, we will be seeking letters from either the medical school or the clinical department or the affiliated health system, whichever is applicable with a demonstration of required matching support, either in kind or financial.

As Pat very eloquently showed us, the voice of learners is very important and we would like to see learners as leaders or collaborators in these projects. There must be evidence of strong co-creation between faculty and staff and learners in the design and implementation of the project, as evidenced by learner participation and contributions to project plans. Additional information along with descriptions of the projects we have supported in the last three years are available on our website and those links can be found in the chat.

Catalyst Awards

2026 Informational Webinar Transcript

Moving on to talk about the application, we have designed it and structured it to be as brief as possible as we want to encourage even very busy clinical faculty residents and fellows to apply. The project application asks for the following information, we want you to describe the purpose of the project, the background and justification for that project, and the potential impact on the clinical learning environment. We hope you'll describe the work very clearly that will be undertaken to achieve those goals and objectives, major activities, stages of work, methods used, and a timeline. We hope that you will identify the change you anticipate that your project will achieve and what measures and evaluations you will use to assess if that impact has been successfully achieved. Every project is going to have problems, and so we hope you'll describe what barriers and limitations you anticipate and how you will overcome them.

We want to know how you plan to share what you learn through a communication or dissemination plan, including the target audience. And finally, we want to describe the plans for sustaining the program or project after the period of Macy Foundation support concludes. And as I said before, institutional readiness and support are very important. So in addition to the letter of support on institutional letterhead, which describes the financial and non-financial support for the project, we also would like to hear from you what events or experiences led to the application and why this is the right time now to conduct this project. We will request bio-sketch forms for the principal investigators, and we are only allowing two principal investigators on the project, and the total number of key personnel, including those principal investigator or principal investigators must be no more than five. As I said before, we are providing up to \$100,000 over an 18-month period beginning on February 2nd, 2026.

Key dates for you to keep in mind as you plan your summer. The applications are due on Wednesday, September 17th by 11:59 PM, and that's Eastern time. Once we receive the applications, we will conduct an internal review using a standardized assessment in the Macy Foundation. And then we will engage external expertise who can help provide specific guidance and insights because we anticipate receiving applications from a range of specialties and programs within GME. Funded projects will be notified in late December or early January if they have been accepted to move forward. And funding will begin on February 2nd, ending on August 1st, 2027. Thank you.

Peter Goodwin, MBA:

Thank you, Dana. We will now move to the Q&A portion of the webinar with Dr. Poitevien and Dana Levinson. Please enter any questions you have about the 2026 Catalyst Awards for transformation and graduate medical education grants program in the Q&A function on your screen. We will answer as many questions as we can. Staff at the Macy Foundation are also triaging the Q&A box and are responding directly to some folks, but there's also a line that is in front of me right now of questions that I will begin to share with both Dana and Dr. Poitevien. The first question, can there be a nursing learner component within our project, or is this just exclusively for medical faculty, staff and residents?

Dana Levinson, MPH:

That's a great question. And I think I shared before that one of the Foundation's key priority areas is helping our learners learn both within and from high-performing interprofessional teams. It is a requirement that this project address residents, but it is not a requirement that this project be limited

Catalyst Awards

2026 Informational Webinar Transcript

solely to residents and fellows. And should a project have an interprofessional focus, obviously the inclusion of nursing would be a very important element because we know that our residents are not learning in a vacuum, they're learning in a clinical team. Pat, do you want to add anything to that?

Patricia Poitevien, MDM MSc, FAAP:

No, I think you hit the nail on the head, Dana. In thinking about your projects or your project proposals, I think an understanding of all of the different influences for the graduate medical education space, which obviously include our partners from interprofessional teams, is really critical. And the goal, like Dana said, is to demonstrate that you are helping to foster, I think, a more inclusive and a stronger graduate medical education space. And by doing that, you are benefiting your trainees. How you do that, I think can involve lots of different partners and a real deep sensitivity to how our partners in this space who are not physicians, contribute to the GME environment, I think actually is a huge strength of a project proposal.

Peter Goodwin, MBA:

Thank you. This next question comes from a group who admittedly are not medical directors or doctors as well. Would you consider supporting a behavioral science research project that strives to create empirically validated medical education training interventions?

Dana Levinson, MPH:

Well, that's a little bit of a black box, so I'm not exactly sure what the project entails, but I will answer it. The project must address improving the learning environment for residents and fellows, and we do want to see the direct impact on residents and fellows. So we would accept and we have accepted projects from outside of health institutions and residency programs such as specialty organizations have submitted to us. If those projects were intended to directly improve the education and the experience of residents and fellows. Without more details, I'm afraid I would not be able to answer that question more specifically.

Peter Goodwin, MBA:

Next question is, are non-ACGME fellowship programs eligible to apply?

Dana Levinson, MPH:

Yes. No more needs to be said, yes.

Peter Goodwin, MBA:

Okay. Great. Here's an applicant who's thinking about the probability of success. What might be the estimated number of submissions this year and how many of them might be awarded?

Dana Levinson, MPH:

So I can tell you that we have a fluctuating number of applications that come in. Last year we had close to 100 vying for six funded projects. This year, we do not anticipate funding more than three. I do not know what number of applications we will receive, we've received as few as 50 and as many as 100, and

2026 Informational Webinar Transcript

I would anticipate that the number of applications we receive would be somewhere within there. This is another reason, by the way, that we have made our application as, what we hope, as streamlined as possible to facilitate the ease by which very busy people doing a lot of different jobs can get an application in without it being incredibly onerous. And we also will accept feedback from our users if we haven't met that goal, because we do want this user experience in the process of applying for our grants to be a good one, that obviously any grant is a competitive process and we receive many more wonderful applications than we have the resources to support, unfortunately.

Peter Goodwin, MBA:

Thank you. Within the \$100,000 award, are there any limitations to funding amounts directed towards the clinical learning environment in GME? For example, technology development stipends, curriculum development? Are there any limits within those types of categories of funding within the 100,000?

Dana Levinson, MPH:

I'll answer it first and then I'm going to send over a question to Dr. Poitevien when I'm done, about what educational scholarship and educational projects really, in her opinion, need in terms of those resources. From the Macy Foundation's perspective, we will not fund, for example, renovations, we will not fund development efforts. We really want the resources to go directly into the development of the projects. So the things that were listed there as examples, curriculum development, we often see people's time being bought out to support that kind of activity, including also evaluation.

We encourage utilization of stipends, particularly those directed toward residents and fellows because these are very busy learners and helping or providing a reward for them to participate in extra activities, we think is really valuable. Pat, when you organize your educational scholarship and you think about how to direct the resources that come in, what do you consider to be best use of funds?

Patricia Poitevien, MDM MSc, FAAP:

I would certainly lean into time. Buying out people's time, especially in the clinical learning environment in GME is critical. So for our BASC MC program, a chunk of our proposal was around providing stipends for individuals who were selected to be mentors, because we're going to ask a lot of time from them. We're asking time from them to learn the skills, to mentor individuals within the GME space appropriately, and we're also asking for additional time because as a part of our proposal, they also have built-in meeting times with mentees themselves.

So we are teaching them skills and we're asking them to meet and really meet some critical goals in those mentorship-mentee relationships. And unfortunately, in academic medicine, despite how important we say mentorship is, we often do not compensate individuals for the time it takes to mentor our learners. And certainly, mentoring trainees takes up a huge chunk of time. So offering to buy out their time to acknowledge the work that they're doing to celebrate the fact that they are learning skills so that they can become better mentors, I think is critically important in this moment. And I would also say, evaluation is a big part of what, I think, funding needs to go towards when looking at medical education projects. One of our challenges in medical education is that we don't do a great job of assessing the efficacy of the work that we do.

Catalyst Awards

2026 Informational Webinar Transcript

Unfortunately, we still see tons of projects, not the Macy Foundation, but many individuals who are interested in medical education still see the satisfaction of individuals participating in education projects as a fait accompli when trying to understand whether they've been efficacious. And I think we need to push ourselves in medical education to really assess the efficacy of the work that we do to use rigorous qualitative and quantitative methods, but also to push ourselves beyond just the experience of the individuals who are in the medical education project. But trying to find ways to link them back to patient outcomes and working very closely with individuals who are specialists in assessment is a really great way to think through your medical education projects to make sure that you are measuring all of the different ways the work that we're doing in med-ed is impacting both our learners, our teachers, and our patients.

Dana Levinson, MPH:

Thank you, Pat. Great answer.

Peter Goodwin, MBA:

This next question, Dana and Pat, comes from individual who has applied in the past. And I'm sure we have a number of individuals who applied previous cycles to the Catalyst Awards program. And the question is two-part. One is, can they apply again for the same project that was not awarded? And probably more importantly, what are the elements that make for a successful application to this program? If you could speak to that.

Dana Levinson, MPH:

So I'll start off and then I'll ask Dr. Poitevien to chime in as well. Yes. As I said before, and I truly meant this, we receive more wonderful proposals from people than we can support. So having said no to an application in the past is not a reflection on the quality of that application, it's a reflection on the bandwidth that we have to provide support. Unfortunately, and we get this question quite a lot, people do ask us to provide feedback on their proposals. And while I truly, truly wish this were something that we could do, the size of our foundation staff makes it impossible for us to provide this holistically. And so we don't want to provide it episodically because that's not fair and provides an unfair advantage to individuals. So we cannot give evaluation on previously submitted grants.

But I am very happy to answer the question about what we are looking for in a successful application. And the first thing I would say is that we, as a small foundation, really like to stay very tightly aligned with our priority areas. There are a million other important priority areas out there, we fully and freely acknowledge that. But these are the ones that our foundation has selected to put our attention on. And so it is important, not required, but we are going to care that it is aligned with what we are trying to accomplish. We really think it's important that we see an impact on learners, that the work that's being done is going to make the experience for learners better. Now we have an example right here with someone on the screen with me of a project that focuses on developing mentorship. So a lot of the intervention is going towards that kind of faculty development, but we see a clear alignment with the learner experience. And so therefore, we're excited by that kind of a proposal.

2026 Informational Webinar Transcript

Co-creation, as I've said before, I will say again, incorporating the learner perspective, understanding that you have really listened to what the people in your clinical learning environment are telling you that is meaningful and important for them. And it truly does come across in the application. You can see the difference when those learners voices are reflected. And then I think I will stop there with one last thing, which is to say that we receive a lot of wonderful projects related to classroom education and simulation, and those are wonderful projects. But we also like to see that those projects are going to make a difference when residents and fellows find themselves in the clinical learning environment. So the clinical learning environment is an important component of how we evaluate and assess a project. And I will stop there and ask Dr. Poitevien her perspective on what she thinks of as being really important in trying to catalyze the kind of change that grant programs like this are trying to accomplish.

Patricia Poitevien, MDM MSc, FAAP:

Yeah. Dana, I couldn't agree with your answer more, and I would really love to highlight the co-creation part of this. That for me, I think, is so critical. Engaging your learners and really having an understanding of what their challenges are and what they think is the best approach to addressing them, sort of highlighting that, amplifying it and operationalizing it, I think, is key. And coincidentally, by really focusing on co-creation, what you end up having in a proposal is something that is really innovative. And although, I do not have the privilege of reviewing all of these applications, I imagine that something that Dana and the Josiah Macy Foundation are looking for is also just innovative approaches to problems that have probably plagued the clinical learning environment for decades. What is a new approach? What is a new and different way that you are going about trying to address that challenge? And I think that's where co-creation is key.

Being a program director, and one of the reasons why I've loved it so much is that the trainees always keep you guessing. Just when you thought you had all of the answers and all of the solutions and you had seen it all, the learner will introduce a totally new lens, a completely different perspective and a different way to solve a problem that has never occurred to you. So when you amplify those voices, you do have real opportunities for innovative solutions around problems that are often recalcitrant. So actually, it's a win-win. Involving the trainees should not just be sort of a checkbox that, "Oh, the Josiah Macy Foundation told us we should co-create." But really lean in and take advantage of that because I think that's where you get some of the more innovative projects and some of the more innovative approaches to some really challenging problems.

Peter Goodwin, MBA:

Thank you.

Dana Levinson, MPH:

Great question.

Peter Goodwin, MBA:

Keeping the focus on the learner, there are several questions asking about whether or not the PI needs to be a learner or should be a learner in the application.

2026 Informational Webinar Transcript

Dana Levinson, MPH:

I would answer that question by saying that we have had projects where we have had a learner be a co-PI. We've also had one project where both the PIs were learners. I would think that you would need to be very thoughtful about what else that individual has going on over the course of the period of project support. Understanding that residents and fellows have differing levels of availability to work on a sustained project over 18 months. It is not a requirement. It is certainly something that we would not say no to, but it is not a requirement that a PI be a learner. More often... I'm sorry, that a learner be a PI. But more often than not, we have seen learners in the co-investigator role or as advisors to the project. In other words, meaning less regularly, more episodically to help those who are part of the project team and to give them feedback in that way. It can be structured in a bunch of different ways. I think you want to look at what makes the most sense for the residents and fellows in terms of the schedule that they're trying to meet.

Peter Goodwin, MBA:

Thank you. The program looks to create change in the clinical learning environment, and there's a question here about whether or not you can explain what exactly are the boundaries of the clinical learning environment so applicants can fully appreciate what might fit and what might not fit as they consider submitting a proposal.

Dana Levinson, MPH:

I'm going to let Dr. Poitevien answer this too, but because that's a kind of hard question. So let's see if we can scope out the clinical learning environment. I would say that it is any opportunity that a resident or fellow has to interact with a patient or an interprofessional care team in the course of providing care to patients, whether that is inpatient or outpatient or community-based. I think, that's my definition. But Dr. Poitevien, what's yours?

Patricia Poitevien, MDM MSc, FAAP:

No, I think that definition was perfect. What I think I'm hearing in this question, and I apologize in advance if I'm misinterpreting it. I think what I'm hearing in the question as well is sort of what type of proposed clinical learning environment would be the most successful, if you all or if an applicant is including it in their application? I think what I would say is that certainly the definition of the clinical learning environment is very broad. And I imagine a successful application would also include the clinical learning environment where you have a good number of learners and a good number of learners who are really impacted by your educational programming. So while a community, perhaps a community practice might be a place that you have one learner go every couple of months, creating a project specifically focused on that area where you only have an opportunity to impact one or two or three learners might not be as strong as a community practice where your learners are going constantly.

So if your academic training program, for example, partners with a community practice where that is the primary location for your trainee's clinic, so you have multiple residents there or multiple fellows there on any given day, that's going to be much more impactful than a clinical learning environment that only sees a handful of learners over a week or a month or a year's time. Because ideally, in the end, you do want to demonstrate some impact. And so the larger number of trainees you have moving through that

Catalyst Awards

2026 Informational Webinar Transcript

environment, I think, the better off you are to demonstrate that impact and I think you put your application in a much more successful position.

Peter Goodwin, MBA:

Thank you. This next question asks, would project targeted towards undergraduate medical education learners be considered if graduate medical education learners are also involved in some capacity?

Dana Levinson, MPH:

I would say that I would reverse that, that a project targeted toward graduate medical education learners in which undergraduate medical education learners was involved in some way would be probably a more competitive application. Listen, we know that residents serve important, actually invaluable, teaching roles for medical students and a project which looked at that relationship is one that we would absolutely be very interested in seeing, but it's really one that we would look at from a residence as teacher perspective rather than the perspective of the medical student. Undergraduate medical education is a very important area that the Macy Foundation supports in multiple different ways. This is a program, an RFA specifically targeted toward GME, understanding that GME does not always receive the support that it deserves in evaluating and implementing innovative educational interventions.

Peter Goodwin, MBA:

Thank you.

Patricia Poitevien, MDM MSc, FAAP:

And Dana, if I can just add to that, and I want to be sure that I'm not misstating my understanding of what the grant is looking for. I would think that when you all are thinking about your proposals, to think less about the who is involved in the project and more about where the project is happening and who is impacted. To Dana's point, if you have medical students and residents that are part of the project, I think I would imagine that's absolutely fine. But I would really make sure that the application itself is speaking to how whatever your intervention is impacting the clinical learning environment and the very specific impact it's having on residents. So sure, it can involve students, maybe it will involve nurses, maybe it will involve other individuals who are in that clinical learning environment, but your focus of assessment and the impact that you want to have has to be on those individuals who are coming from the GME program. And ideally, the project is occurring within the clinical learning environment. So maybe focusing less on who's involved and focusing more on who you want to demonstrate positive impact for.

Dana Levinson, MPH:

That's absolutely right. I mean, residents don't move only in clumps of other residents. They move among a variety of different people across the course of a day. But Pat's point is that when you look at impact, we're looking at the impact on residents.

Peter Goodwin, MBA:

Catalyst Awards

2026 Informational Webinar Transcript

Thank you. This next question is, will new fellowship programs be considered or only established programs?

Dana Levinson, MPH:

We will consider any GME program. The one thing that I would say is that oftentimes we get projects from new programs asking us to help design a new program, and that we will not do because the value is so local. And really part of the responsibility of the program itself. But a new program, an established program, we will accept program at any level and consider them carefully.

Peter Goodwin, MBA:

Thank you. Are Catalyst projects expected to be fully implemented within the 18 month grant period or is it acceptable for the funding to support development for future scaling?

Dana Levinson, MPH:

So this project, when we originally rolled it out was a one year program and what we learned is that most of the projects we funded could not complete their project in one year, for reasons that we well understood. Given all of the things that need to happen in the course of a calendar year in GME. That is the reason why we extended the timeframe to 18 months, because everyone seemed to need 18 months to complete their project and we provided no cost extensions for the continuation of that work. What we are hoping is that the projects will move forward in a sustained and focused way, such that the project is fully implemented within 18 months. I would say implemented, but I would not necessarily say evaluated, because I think sometimes it takes longer to complete an evaluation. But the evaluation process should be set up at the time of the project's design.

And so I think that we want to see the projects continue after our period of project support. So it would not surprise me that there would be a longer timeframe outside of that 18 months. But the main activities that we would see, implementation of a project and a good bite of the evaluation is something that I think we would hope for. We also understand that there are circumstances that come up, and we try to work with our grantees to help them be successful within the constraints of their personal experiences and challenges that arise as they do for everyone.

Peter Goodwin, MBA:

Thank you. There are several questions concerning the matching support that you referenced in your remarks, Dana. And they're asking about whether or not there's a ratio that is desired of match to the foundation award. Is there a preference for in-kind or cash, if you will? Is it required during the funding period or can it be applied as part of sustaining the project? So on the back end if you will. So if you could take a moment to address some of those questions and anything else about the matching support.

Dana Levinson, MPH:

Those are very good questions and I will answer them and while I am, I'm going to ask Dr. Poitevien to think about what really strong institutional support looks like from her perspective. In terms of matching support, naturally we look at a direct application of financial resources as being a much stronger

2026 Informational Webinar Transcript

statement of institutional support than in-kind support. However, this is something which may favor those institutions which have more resources than those institutions which have less resources. So in-kind support is also something that we would look at very favorably. Dr. Poitevien earlier said something which is truly important and that is the gift of time. Providing time for people to participate in these projects is a tremendous kind of matching support and one that I think we really, really would care about. There are other forms of support which also, for example, the kind of supportive involvement of an administrator to help with the organization. Or an educational scholar to help with the evaluation. The resources from technology to maybe help design a survey and run that in a rigorous way.

These are all forms of in-kind support that we think of as being very substantive. In terms of the question then, this was something I hadn't thought about, which is can that support involve sustaining the project? No, I hadn't actually thought about that, but I would say, yeah, I would be very intrigued. If someone had protected time within the course of the project to participate and the institution committed to continuing that support. Well, that would be terrific. But of course we have no way to hold institutions accountable for those kinds of commitments, and so while I would pay attention to that, I would look at that very, very carefully. I'll stop there and ask Dr. Poitevien, what forms of institutional support, both concrete as well as in kind have been important and have made a difference for her?

Patricia Poitevien, MDM MSc, FAAP:

I think it's time, time and time. Always. There are so many pressures on medical educators in our clinical learning environments and we are constantly being pulled in thousands of different directions. When an institution really wants to support the success of a medical educator or a project that they are helping to lead, I think the best way to do that is the gift of time. As an institution to say, I will support the time that it takes for you to make sure that this project is successful and give you an opportunity to step away from perhaps your clinical duties, maybe even from your teaching responsibilities, but duties that are baked in to your job description that if an institution is willing to support, that you are able to take time away from those responsibilities so that you can ensure the success of the project. I think that is the most meaningful way to demonstrate institutional support.

Outside of buying out investigators time, I also think that supporting activities that are often happening at an institution is also helpful. So again, program evaluation and program assessment, that is generally speaking at most of our institutions, something that already exists. Statistical support already exists. An institution could very well offer time with a statistician or time even with a writer, time with individuals who are doing programmatic assessment to say, once again, we are committed to making this project successful. We don't want the funder to have to fund these services if we already have them in place. That's something that we can offer to allow for the funds from the project themselves to move into other spaces that might be more difficult for the institution to support.

Dana Levinson, MPH:

Agreed. Thank you.

Peter Goodwin, MBA:

Catalyst Awards

2026 Informational Webinar Transcript

Thank you. One of our attendees has made the observation that prior awards under the Catalyst Awards program have been schools of medicine. But what about a federally qualified health center, one with several ACGME accredited residency programs? Would they be eligible to apply?

Dana Levinson, MPH:

Yes, absolutely. We receive applications from medical schools and health systems. Any place where there is an accredited residency or fellowship is eligible to apply for the Catalyst Award. And as a matter of fact, we would welcome the opportunity to see a diversity of sites in the applications which come in. That would be something that we would be really excited, if more people from a variety of different sites wanted to apply for this project.

Peter Goodwin, MBA:

Thank you. We are now approaching the top of the hour and we have time for one more question before we turn to the wrap-up portion of this webinar. So this final question has to do with measurement. Are there forms of measurement that you'd like included to measure the impact or the sustainability of the proposals submitted under this program?

Dana Levinson, MPH:

Without knowing the details of a project, the question's a little hard for me to answer. But I would say that where we want to see impact is on the experience and the education of learners, as well as patient care outcomes as well, and patient care experience, actually that matters as well. So to the extent to which an evaluation assesses or measures those areas, I think we would be interested. Without knowing the details of a project, I don't think I can offer a specific instrument or involvement. I will also say, just before I turn this over to Pat to answer, we often see self-reported evaluation and self-reported measurement. I feel like I did this better, or I feel as though the project made me more confident in managing this situation. I think that's important. Actually there is a lot of data that says that how a person feels about an experience does have an impact on their ability and their capabilities. But it would be nice not to have an evaluation or a measurement end there. Pat, do you want to jump in?

Patricia Poitevien, MDM MSc, FAAP:

Sure. I think I said this earlier, but when it comes to medical education projects, really pushing ourselves to investigate and to think about impact beyond the experience of the learner, I think is really important. And certainly when we're thinking about the experience of the learner, being very rigorous about it is extraordinarily helpful. Thinking through, again, qualitative study methods, how can you collect data from trainees who have gone through an intervention or through a project? Is it going to be a survey? Is it going to be focus groups? Who is going to be transcribing for you? And really taking broad themes away from those experiences, and then how you're going to utilize that data to potentially continue to ask questions about the intervention, I think are all ways to really demonstrate that how you're assessing the impact of your intervention is a little bit different than perhaps a simpler survey that might just ask trainees if they feel better or better prepared in a space based on the intervention.

Catalyst Awards

2026 Informational Webinar Transcript

Self-efficacy is important, but there are other items within qualitative measures that I think all of us as medical education investigators can really lean into, to demonstrate just how broad and far-reaching interventions in medical education can be.

Dana Levinson, MPH:

Very well said. Thank you, Pat.

Peter Goodwin, MBA:

Thank you both for your thoughtful answers to these wonderful questions we received from the attendees. Let's take the last few minutes to go over some housekeeping items as we wrap up today's webinar. We're utilizing an online application for this program. To access the online application, you must first go to our website, click on the grants tab in the navigation bar and go to the Catalyst Awards page. For your convenience, the URL is displayed on this slide and in the chat. From there, click the start your application button to be directed to the online application platform. To apply, you'll 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@macysfoundation.org. But before you email us, we encourage you to review the website at the URL on the slide. We will continue to update this webpage throughout the open application period. And finally as a reminder, by next week, a recording of this session, both the audio portion and the slides will be available on our website.

We hope you will keep in touch with the Macy Foundation for more information about our grants, programs and initiatives, our podcasts, our webinars and blogs, and of course, the 2026 Catalyst Awards for Transformation in Graduate Medical Education Grants Programs. Thank you again for joining us. We hope to receive applications from many of you this September.