



JOSIAH MACY JR. FOUNDATION
FACULTY SCHOLARS PROGRAM
ANNUAL MEETING

JUNE 12-13, 2019 | NEW YORK, NY



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The Macy Faculty Scholars Program convened its eighth Annual Meeting on June 12–13, 2019, in New York City. The design and leadership of the 2019 meeting came from a small group of Macy Faculty Scholars who served as the planning committee. It was an energizing two days!

A panel discussion on issues of diversity, equity, and inclusion opened the meeting. Three Macy Faculty Scholar alumni served as panelists, and each focused on a specific topic: structural racism, potential bias in evaluation, and racial and religious intolerance. The panelists provided a brief overview of their topic in a plenary session, and the meeting attendees then split into three small breakout groups for deeper discussion and formulating recommendations for improving health professions education. The opening session not only catalyzed conversations throughout the meeting, but informed the strategic planning process that was already underway at the Macy Foundation.

The meeting also featured presentations and updates from Macy Faculty Scholars on both their projects and their careers. The 2018 cohort rounded out the first day of the meeting with presentations and discussions of their Macy projects. The following day, the 2017 class of Scholars shared project and career updates before splitting into small groups for more in-depth problem-solving and mentoring. It was wonderful to hear from the Scholars about their progress, challenges, questions, and stellar accomplishments.

Later on the meeting's second day, attendees participated in one of three topical workshops designed and facilitated by their fellow Scholars. Finally, the meeting concluded with a luncheon session where National Advisory Committee member Kelley M. Skeff interviewed me about my career. Kelley is a friend and colleague who I met at the very beginning of my career when we were both internal medicine residency program directors. Being interviewed by him was not only fun but brought back memories laden with nostalgia highlighting memorable moments and some of the people who helped me along the way.

I opened this year's meeting focused on the inheritance I received when assuming the presidency of the Josiah Macy Jr. Foundation. That inheritance included the Macy Faculty Scholars themselves and the Macy Faculty Scholars Program built by my predecessor, Dr. George E. Thibault. This was the same note on which the meeting concluded: as the recipients of a great inheritance, we collectively assume responsibility to nurture the program, the careers of our Scholars, and the next generation of health professionals. Being stewards of that inheritance inspired us as we left the meeting and now look forward to the year ahead.

Holly J. Humphrey, MD, MACP

President, Josiah Macy Jr. Foundation

JUNE 12, 2019

BREAKFAST

WELCOMING REMARKS

Holly J. Humphrey, MD, MACP – President

SESSION ON ISSUES RELATED TO DIVERSITY, EQUITY, AND INCLUSION: PLENARY PANEL AND BREAKOUT GROUPS

STRUCTURAL RACISM

Led by Kenya V. Beard, EdD, AGACNP-BC, NP-C, CNE, ANEF, FAAN

POTENTIAL BIAS IN EVALUATION

Led by Eve R. Colson, MD, MHPE

RACIAL AND RELIGIOUS INTOLERANCE WITH PATIENTS AND FAMILIES

Led by Memoona Hasnain, MD, MHPE, PhD

LUNCH

2018 MACY FACULTY SCHOLARS' PRESENTATIONS AND DISCUSSION

Daniel J. Schumacher, MD, MEd
Cynthia Foronda, PhD, RN, CNE, CHSE, ANEF
C. Jessica Dine, MD, MSHP
Vineet Arora, MD, MAPP

RECEPTION & DINNER

Scholars, mentors, National Advisory Committee, Macy Board members, and Macy staff

June 13, 2019

BREAKFAST

2017 MACY FACULTY SCHOLARS' PLENARY PROJECT UPDATES AND SMALL GROUP SESSIONS

Ashley Darcy-Mahoney, PhD, NNP-BC, FAAN
Maja Djukic, PhD, RN
Jed Gonzalo, MD, MSc
Jennifer Kesselheim, MD, MEd, MBE
Jeanette M. Tetrault, MD, FACP, FASAM

TOPICAL BREAKOUT SESSIONS

NEGOTIATION AND CONFLICT RESOLUTION

Led by Memoona Hasnain, MD, MHPE, PhD, and Temple Ratcliffe, MD, FACP

LEADERSHIP SKILLS AND PROFESSIONAL GROWTH

Led by Tyler Reimschisel, MD, MHPE, and Meg Zomorodi, PhD, RN, CNL

CAREER TRANSITIONS

Led by Eve R. Colson, MD, MHPE; Maja Djukic, PhD, RN; Lisa Kitko, RN, PhD, FAHA, FAAN; and Wendy S. Madigosky, MD, MSPH

LUNCHEON

Conversation with Holly J. Humphrey, MD, MACP, and Kelley M. Skeff, MD, PhD

CLOSING REMARKS

Holly J. Humphrey, MD, MACP – President



MACY FACULTY SCHOLARS FAMILY



2018 Macy Faculty Scholars and National Advisory Committee (left to right): Christine Tanner, Kelley Skeff, Afaf Meleis, Samuel Thier, Holly Humphrey, C. Jessica Dine, Cynthia Foronda, Daniel Schumacher, Vineet Arora. Not pictured: Coretta Jenerette, David Irby

2018 SCHOLARS

Vineet Arora, MD, MAPP
C. Jessica Dine, MD, MSHP
Cynthia Foronda,
PhD, RN, CNE, CHSE, ANEF
Coretta Jenerette,
PhD, RN, AOCN, CNE, FAAN
Daniel J. Schumacher, MD, MEd

2018 MENTORS

Debra Albert, RN
Judy A. Shea, PhD
Cindy L. Munro, RN, ANP-BC,
PhD, FAAN, FAANP, FAAAS
Debra J. Barksdale,
PhD, FNP, FAAN, ANEF
Carol Carraccio, MD, MA

2017 SCHOLARS

Ashley Darcy-Mahoney,
PhD, NNP-BC, FAAN
Maja Djukic, PhD, RN
Jed Gonzalo, MD, MSc
Jennifer Kesselheim, MD, MEd, MBE
Jeanette M. Tetrault,
MD, FACP, FASAM

2016 SCHOLARS

DorAnne Donesky, PhD,
ANP-BC, ACHPN
Cristina M. Gonzalez, MD, MEd
Temple Ratcliffe, MD, FACP
Tyler Reimschisel, MD, MHPE
Jing Wang, PhD, MPH,
MSN, RN, FAAN

2015 SCHOLARS

Lauren Collins, MD
Cheryl Woods Giscombé,
PhD, RN, PMHNP-BC, FAAN
Deepthiman Gowda, MD, MPH, MS
Lisa Kitko, RN, PhD, FAHA, FAAN
Bridget O'Brien, PhD

2014 SCHOLARS

Laura Hanyok, MD
Douglas P. Larsen, MD, MEd
Sarah Peyre, EdD
Deanna L. Reising, PhD, RN,
ACNS-BC, FNAP, ANEF
Charles Vega Jr., MD
Meg Zomorodi, PhD, RN, CNL



2013 SCHOLARS

Lisa Day, PhD, RN, CNE
 Memoona Hasnain,
 MD, MHPE, PhD
 Kelly Karpa, PhD, RPh
 Lauren Meade, MD, FACP
 Mayumi Willgerodt, PhD, MPH, RN

2012 SCHOLARS

Kenya V. Beard, EdD, AGACNP-BC,
 NP-C, CNE, ANEF, FAAN
 Ted James, MD, MS, FACS
 Wrenetha A. Julion,
 PhD, MPH, RN, FAAN
 Wendy S. Madigosky, MD, MSPH
 Sandrijn M. van Schaik, MD, PhD

2011 SCHOLARS

Eve R. Colson, MD, MHPE
 Alan Dow, MD, MSHA
 Dena H. Hassouneh,
 PhD, RN, ANP, PMHNP, FAAN
 Jennifer S. Myers, MD
 Roberta Waite, EdD,
 PMHCNS, FAAN, ANEF

NATIONAL ADVISORY COMMITTEE

Holly J. Humphrey, MD,
 MACP President
 David M. Irby, PhD
 Afaf I. Meleis,
 PhD, DrPS (HON), FAAN
 Kelley M. Skeff, MD, PhD
 Christine A. Tanner, PhD, RN, FAAN
 Samuel O. Thier, MD

LUNCHEON SPEAKER

Holly J. Humphrey, MD, MACP
 President

MACY FOUNDATION STAFF

Holly J. Humphrey, MD, MACP
 Stephen C. Schoenbaum, MD, MPH
 Peter Goodwin, MBA
 Yasmine R. Legendre, MPA
 Heather Snijdewind

2019 ANNUAL MEETING PLANNING COMMITTEE

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 Eve R. Colson, MD, MHPE
 C. Jessica Dine, MD, MSHP
 Maja Djukic, PhD, RN
 Memoona Hasnain, MD, MHPE, PhD
 Lisa Kitko, RN, PhD, FAHA, FAAN
 Temple Ratcliffe, MD, FACP
 Tyler Reimschisel, MD, MHPE
 Jeanette M. Tetrault,
 MD, FACP, FASAM
 Jing Wang, PhD, MPH,
 MSN, RN, FAAN
 Meg Zomorodi, PhD, RN, CNL







VINEET ARORA, MD, MAPP

University of Chicago

Dr. Arora is Associate Chief Medical Officer-Clinical Learning Environment at University of Chicago Medicine. As a bridging leader, she works closely with educational and hospital leadership to engage staff and faculty in activities that support alignment of educational and clinical missions. She is PI of the AMA Accelerating Change in Medicine Education grant to integrate health systems science for medical students. With executive sponsorship from leaders of GME, Nursing, and Operational Excellence and funding from the Pursuing Excellence Initiative of ACGME, she created the IGNITE (Improving GME Nursing Interprofessional Team Experiences) program, which engages residents, nurses, and other professionals to form high-reliability teams to improve patient care in their discipline through improved collaborative practice. As a Macy Faculty Scholar, Dr. Arora is assessing whether the IGNITE program results in formation of interprofessional collaborative competency and creation of interprofessional clinical learning environments (IPCLE).



C. JESSICA DINE, MD, MSHP

University of Pennsylvania

Dr. Dine is an Associate Professor in the Division of Pulmonary, Allergy and Critical Care and Director for Assessment and Evaluation for the Department of Medicine at the University of Pennsylvania. Dr. Dine received her medical degree from the Perelman School of Medicine at the University of Pennsylvania and completed her residency, chief residency, and pulmonary fellowship at the Hospital of the University of Pennsylvania. She received her master's degree in health policy research from Penn during her fellowship training. Her B.S. in chemistry is from Haverford College. Her clinical expertise is in consultative pulmonary. In her educational role she focuses on novel assessment strategies. As a Macy Faculty Scholar, Dr. Dine is designing an assessment strategy for interprofessional collaboration in the clinical learning environment.



**CYNTHIA FORONDA,
PHD, RN, CNE, CHSE, ANEF**

University of Miami

Dr. Foronda is an Associate Professor of Clinical at the University of Miami School of Nursing and Health Studies. Dr. Foronda is a pediatric nurse who specializes in simulation, technology, cultural humility, and family caregiving. An expert in evaluating educational interventions, she is focused on fostering breakthroughs in education through the use of technology and diverse teaching methods. Dr. Foronda has published over 45 articles in peer-reviewed journals and serves on the editorial boards for *Nurse Educator* and *Clinical Simulation in Nursing*. Her work in simulation has resulted in several international awards and she is currently President-Elect of the International Nursing Association of Clinical Simulation and Learning (INACSL). Dr. Foronda's Macy Faculty Scholar educational innovation project involves use of simulation and telehealth with family caregivers of children with asthma.



**CORETTA JENERETTE,
PHD, RN, AOCN, CNE, FAAN**

University of South Carolina

Dr. Jenerette is a Professor and the Associate Dean for Diversity, Equity, and Inclusivity at the University of South Carolina College of Nursing. She is dedicated to educating future nurse scientists about the role of social determinants of health (SDH) on health outcomes. Currently, she is using her internationally recognized, patient-centered program of research in sickle cell disease to exemplify the importance of communication skills for vulnerable patient populations. As a Macy Faculty Scholar, Dr. Jenerette focuses on enhancing PhD programs with simulations that expose PhD students to the social determinants of health and interprofessional education (IP/IPE). She is developing simulation experiences to enhance current PhD curricula offerings and allow future nurse scientists to be well-versed in community-engaged research with minority and underserved populations. "Simulation in PhD Programs" (SiPP ©) is designed to meet unmet needs of PhD nursing students, including SDH and IPE activities.



**DANIEL J. SCHUMACHER,
MD, MED**

Cincinnati Children's Hospital
Medical Center

Dr. Schumacher is an associate professor in the Division of Emergency Medicine at Cincinnati Children's Hospital Medical Center (CCHMC), where he also serves as co-director of the CCHMC Education Research Unit. Later this year, he plans to submit to defend his PhD in medical education at the Maastricht University School of Health Professions Education. He transitioned from medical education administration to medical education research four years ago. Extending from his previous work as an associate residency program director, clinical competency committee chair, and director of assessment, his current research focuses on competency-based assessment, including milestones, EPAs, and resident-sensitive quality measures, which he developed as part of his PhD work. In the past year, he has received external funding for his work from the Macy Foundation, American Board of Pediatrics Foundation, American Board of Medical Specialties Research and Education Foundation, and the National Board of Medical Examiners Stemmler Fund.



VINEET ARORA, MD, MAPP

University of Chicago

EVALUATING AND SUSTAINING IGNITE TO PROMOTE INTERPROFESSIONAL CLINICAL LEARNING ENVIRONMENTS

BACKGROUND

Future population health models require clinicians to practice in a well-functioning team providing safe, high-quality, high-value care. While trainees may receive piecemeal, didactic training in these areas, integrated, experiential strategies to impart team training in health professions education remains largely siloed by profession. This is particularly salient in teaching hospitals, where resident physicians may engage in quality and safety activities, but rarely as part of an interprofessional team aligned with the goals of the institution. In fact, the National Collaborative to Improve the Clinical Learning Environment (NCICLE) recently launched an initiative that was supported by the Josiah Macy Jr. Foundation to chart a path forward in implementing interprofessional clinical learning environments in postgraduate training (IPCLE). Given the focus on cultivating IPCLEs to foster the promotion of teamwork in future clinicians, investing in how to create such structures in the context of current challenges facing teaching hospitals is critical.

While some institutions have tested different models of interdisciplinary collaboration between physicians and nurses, current models leverage geographic admitting structures, which is often not viable in centers with high-volume emergency departments due to the need for maintaining access to care. Many hospitals that sponsor residency programs also lack formal relationships with health professional schools, making creation of IPCLE challenging. Thus, new ways are required to foster IPCLE that engage practicing interprofessional team members. Lastly, few interventions have been based on theoretical frameworks of high reliability teams.

To fill this void and under the guidance of Ms. Debra Albert, our Chief Nursing Officer and mentor for this project, as well as sponsorship of our medical education and health system leaders listed below, I created IGNITE (Improving GME Nursing Interprofessional Team Experiences) teams. IGNITE teams aim to engage residents and nurses together in performance improvement projects with the ultimate goal of improving healthcare delivery for their patients. Through the ACGME Pursuing Excellence Initiative and with the support of our GME and health system leadership, IGNITE has now been spread to multiple specialties and service lines. While IGNITE projects have been successful in improving patient care in specific units, the broad overall impact on learning and teamwork for those who participate remains unclear.

GOAL OF PROJECT

The goals of my Macy Faculty Scholars project are to:

1. Evaluate whether IGNITE unit-based teams that partner resident and nursing champions to execute a performance improvement project result in the creation of high performance teams that can transform care.
2. Evaluate the overall impact of the IGNITE teams on the formation of interprofessional collaborative competency among the resident and nursing champions who participate.

DESCRIPTION

IGNITE teams aim to engage residents and nurses together in performance improvement projects and institutionally-sponsored performance improvement events with the ultimate goal of improving healthcare delivery for their patients. This is accomplished through creation of resident-nursing teams composed of “positive exemplars” recognized for their interprofessional practice who are working together to improve on shared QI goals. The resident-nursing exemplar teams brainstorm projects that target interprofessional collaboration. Through these projects, IGNITE champions can catalyze resident and nursing peers to participate in meaningful improvement work. IGNITE champions receive formal coaching that reviews principles of high-reliability teams in addition to performance improvement basics. While the first rendition of IGNITE occurred in pediatrics, internal medicine, and surgery, IGNITE has been spread through funding and support of the ACGME Pursuing Excellence Initiative to six other service lines.

PROGRESS AND NEXT STEPS

While our early results support improved patient experience and clinician engagement, impact on learning in IGNITE teams has not been well defined. Using mixed methods research, we will ascertain if IGNITE has resulted in high-performance teams and also the development of interprofessional collaborative competency. Working with a sociology doctoral student that Ms. Albert and I sponsor, we are planning to do qualitative interviews with all IGNITE champions on domains of high-performance teams. We will also use ICCAS (Interprofessional Collaborative Competency Attainment Survey), a validated survey of interprofessional teamwork, to examine whether IGNITE has resulted in improved knowledge and skills related to teamwork.

We have obtained IRB approval for the administration of the interview and have programmed the ICCAS survey into an online platform. We are starting interviews and survey administration this summer with the expectation to be complete by the end of the grant period.

ACKNOWLEDGEMENTS

This interprofessional work has been supported by a truly interprofessional team. I would like to thank the medical education and health system leadership at the University of Chicago Medicine, especially Ms. Debi Albert, Mr. Greg Horner, Dr. Anita Blanchard, Dr. Halina Brukner, and Dr. Stephen Weber for their sponsorship, partnership, and support of this work. Thank you to Dr. Sarah Peyre for her guidance as a Macy Faculty Scholar and a teamwork expert. In addition, I wish to thank the members of the Pursuing Excellence Steering Committee at University of Chicago Medicine and all of the IGNITE Team Members who have truly been champions in the work. Special thanks to both the Josiah Macy Jr. Foundation and to ACGME Pursuing Excellence Initiative for their support. Lastly, I am indebted to all current and former team members who work tirelessly to implement and improve IGNITE, especially Ms. Allison Norenberg, Ms. Sam Anderson, Dr. Mei Ming, and Dr. Ajanta Patel for their dedication to implementing and improving this vision.



C. JESSICA DINE, MD, MSHP

University of Pennsylvania

DEVELOPMENT OF AN INTERPROFESSIONAL WORK PLACE BASED ASSESSMENT TOOL FOR LEARNERS IN THE HEALTH PROFESSIONS

OBJECTIVE

The objective of this project is to design an interprofessional work place based assessment tool. Our vision is that a tool with robust psychometric properties will be usable across health care professions in different clinical environments. Our end point is to measure learner competence in multiple domains of interprofessional collaboration (IPC). A tool with evidence for score reliability and validity would ideally be sensitive to change (i.e., detect exposure to specific IPE interventions) and may also be useful for providing real-time formative feedback. The current inability to measure IPC hinders our research and innovation in the field. The specific aims of this project are to: 1) describe the construct of IPC and develop a tool with content validity; and 2) establish the score reliability and validity of the tool when assessing the IPC skills of clinical learners across health professions.

ASSEMBLY OF AN INTERDISCIPLINARY TEAM OF EXPERTS AND ITEM GENERATION

Since the start of the project, a team of experts across health care professions at Penn has been engaged. The team includes representation from nursing, nurse practitioners, occupational therapy, pastoral care, pharmacy, physical therapy, physicians, physician assistants, respiratory therapy, and social work. So far we have reviewed existing IPC frameworks and have selected a framework developed by the Interprofessional Education Collaborative entitled "Core Competencies for Interprofessional Collaboration."


We have closely reviewed this framework and made additions to better reflect the understanding of our own occupations. In addition, we have reviewed the competencies of each of the professions to ensure that they are represented accurately in the framework.

INITIAL ITEM GENERATION

The experts each reviewed the items individually. The interprofessional panel of local and national experts were asked to rate items as "essential"; "useful, but not essential"; or "not necessary" to calculate a content validity ratio. Twelve raters completed the assignment, which results in a goal content validity ratio of 0.56. All items below this threshold (17) were eliminated from the initial instrument. All items above this threshold (21) remain. The instrument will be used to when observing teams in the clinical environment to ensure that no additional items should be added.

INSTRUMENT TESTING

Video simulation will be used to estimate inter-rater reliability of the instrument scores prior to testing in the clinical environment. The team of experts will develop scripts for videos representing varying levels of competence in IPC to allow estimation of inter-rater reliability of faculty observing team members prior to instrument testing in the clinical environment. Although video scripting will be the same across health care professions, separate videos will be developed for each discipline to determine if the instrument



performs differently across professions. The interprofessional expert raters will be asked to focus on one team member in the videos. The profession of that team member will be randomly selected so that we can explore instrument performance for each profession (nursing, occupational therapy, pharmacy, physical therapy, physicians, respiratory therapy, and social work). In addition to the inter-rater reliability assessed with intraclass correlation coefficients, intra-rater reliability will be estimated to ensure consistency in ratings over time.

The instrument will then be used to observe learners from each of the professions across different clinical settings during clinical rotations. Data on observed learners, the complexity of their patient panel, and team members' perception of conflict among the team will be collected to test construct validity with a hypothesis that IPC performance would decrease with less experienced providers, when working in more stressful environments, and with team conflict. Since no validated tool for IPC is currently available, validity of IPC scores will initially be estimated by correlating scores of the individual domains of IPC with other assessment methods.

ADDITIONAL STATISTICAL ANALYSIS

Item analysis will involve different techniques to select the best items on the instrument by deleting items that are too ambiguous or do not discriminate between learners. Factor analysis will be performed to ensure that the test items represent different domains or competencies congruent with the conceptual framework of IPC. A generalizability study will estimate the sources of variance (e.g., items, learners, evaluators). A decision study will then test the effects of various assessment designs on the reliability of the results obtained to help determine the number of observations per learner and the number of evaluators required to dependably determine competence in IPC.

POSSIBLE ALTERNATIVE OR ADDITIONAL APPROACH

The proposal above uses a reductionist approach to generate the instrument. However, on review of the remaining 21 items, it appears that ideally one would be able to measure the interactions between the team members as well as within the environment. A health care professional may be competent in each of the 21 items but not be collaborating effectively. Complexity theory approach may provide additional important information when creating an assessment strategy for interprofessional collaboration. At this point, I am trying to determine whether to continue on the proposed plan or consider an alternative approach.



CYNTHIA FORONDA, PHD, RN, CNE, CHSE, ANEF

University of Miami

USE OF SIMULATION AND TELEHEALTH TO CREATE LONGITUDINAL EXPERIENCES WITH STUDENTS, PATIENTS, AND FAMILIES: A NEW MODEL BRIDGING HEALTHCARE EDUCATION WITH PATIENT OUTCOMES

BACKGROUND

One in 11 children has asthma, and the prevalence is increasing. Each year in the US, asthma causes nearly 500,000 hospitalizations, two million emergency department visits, and nine million doctor visits. Focusing on family caregivers of children with asthma, this project involves development, implementation, and evaluation of a family-centered program incorporating simulation-based education followed by telehealth visits to help family caregivers develop comfort and familiarity with the needs of their medically fragile children.

Currently, many gaps in healthcare education warrant improvement. For one, students in the health professions rarely have the opportunity to follow their patients longitudinally. In most clinical experiences, students are assigned to work with patients who are there incidentally. Students miss opportunities to view the healthcare continuum and to see the patient and family throughout their trajectory. Second, students often lack a chance to integrate the latest technology. They may be a recipient of simulation education or hear about the use of telehealth, but students rarely have the experience of applying the technology with patients and families. Third, students seldom have opportunities to interact with and teach family caregivers. The value of educating the caregiver often has been underestimated in our current system, but therein lies opportunity for change. Effectively teaching and communicating with families are critical skills to support families' transition from the hospital to the home setting.

For this project, we will employ a non-traditional use of simulation by having nursing students teach family caregivers about preventive care and asthma management. For educational reinforcement to family caregivers, doctor of nursing practice (DNP) students will use telehealth to support family caregivers over time. We plan to incorporate the simulation education and telehealth experiences with families as part of the nurse anesthesia students' clinical experience. This cost-effective and sustainable model will promote high-tech, longitudinal clinical experiences for students with patients and families and address the gap of inadequate family caregiver education.

THE SPECIFIC AIMS ARE TO:

1. Determine the needs of caregivers of a child with asthma.
2. Develop a tailored simulation and telehealth curriculum designed for caregivers of a child with asthma.
3. Implement and evaluate the impact of the intervention on:
 - a. student learning,
 - b. family caregiver outcomes, and
 - c. child health outcomes.

FINDINGS TO DATE

Our integrative review of the literature revealed the psychosocial and economic burdens that family caregivers of children with asthma face. Family caregivers experience psychosocial burdens including anxiety and depression, stress, worry, fear, decreased quality of life, lack of knowledge, decreased sleep, family stress, health disparities based on ethnicity, and healthcare communication challenges. Economic burdens are related to insurance challenges and missed work. Family caregiver outcomes have been shown to predict child outcomes.

Our qualitative study of healthcare providers' perceptions of the needs of family caregivers of children with asthma revealed gaps, barriers, and facilitators. The first gap included a fragmented health care system with subcategories of a) poor transitional care, b) communication gap from primary care to specialist, and c) insurance challenges. The second gap was lack of knowledge with subcategories of a) chronic vs. acute illness, b) lack of knowledge, and c) self-advocacy. Barriers included poor access to healthcare and medications, non-compliance, and cultural and linguistic diversity. Facilitators included education, improved communication, and peer support.

Informed by these data, we are developing a curriculum for family caregivers that incorporates:

1) Chronic vs. Acute Asthma, 2) Medication Management, and 3) Self-Advocacy. The simulation-based learning program will be offered as a half-day event followed by weekly telehealth follow-up visits. We will study the impact of this novel approach of family caregiver education on student learning outcomes as well as child and family outcomes. Student learning will be evaluated through demonstration using a leveled rubric influenced by guidelines from the American Telemedicine Association. To evaluate patient and caregiver outcomes, participants will be surveyed using valid and reliable instruments at baseline, post-simulation, and post-telehealth intervention. Anticipated barriers include recruitment and completion of evaluations.

We are currently working to receive Institutional Review Board approval for the two sites involved. We plan to recruit participants this summer from the pediatric pulmonary clinic affiliated with a local hospital. The plan involves offering the educational program in Fall 2019 with the DNP students as part of their Technology in Healthcare Practice Immersion course. Evaluation will occur in Fall with data analysis and write up conducted in Spring 2020.



CORETTA JENERETTE, PHD, RN, AOCN, CNE, FAAN

University of South Carolina

SIMULATION IN PHD PROGRAMS (SiPP©) TO PREPARE SCIENTISTS

BACKGROUND

Most would agree that nursing is a helping profession and thus has an obligation to advocate for social justice. In order to be effective advocates, nurses at all levels of education need to learn about important concepts to include social determinants of health (SDH) and health equity. Moreover, nurses do not work in silos and need an understanding of the importance of interprofessional education (IPE) and team science. Simulation is an important aspect of clinical education for nurses. However, when it comes to educating nurses in PhD programs, most learning is didactic with simulation rarely used. Although underutilized, simulation could be the key to improving IPE and SDH education to ensure the nursing workforce is prepared to advocate and improve outcomes for minority and underserved populations.

GOALS OF PROJECT

Simulation in PhD Programs, or SiPP©, is designed to meet these unmet needs of PhD nursing students, including experiential SDH and IPE activities. Simulations are produced to represent an activity of interest, including key characteristics, behaviors, and functions. The goal of SiPP is for simulation to enrich nursing's PhD curriculum to influence the academic experience of future nurse scientists to better engage in research, clinical practice, and education with a firm understanding of the impact of SDH and the power of IPE. Simulation can help achieve this via broadened understanding of responsible research conduct, exposure to demographically-matched role models and patient populations, immersion in health disparities attributed to SDH, and provision of an IP perspective regarding challenges to patients and their care, caregiving, and health outcomes.

PROGRESS TO DATE

SiPP© activities are being conducted at the University of South Carolina College of Nursing (UofSC CON). The UofSC CON PhD Council approved the integration of SiPP© into the PhD in Nursing program. As a first step in integrating SiPP© into the PhD in Nursing curriculum, the following were mapped: PhD program learning outcomes; course student learning outcomes, SiPP© objectives and approach; simulation student learning objectives; and the course and timing of activity. Three SiPP© cases have been identified, with one being an online authentic learning activity and two others being on-campus simulations. This summer, the online authentic learning activity will be piloted with faculty, revised as necessary, and subsequently integrated into the mapped PhD course in the fall. Cases are designed using Kolb's Experiential Learning Theory and Critical Race Theory. Lastly, I wrote a blog published by the Josiah Macy Jr. Foundation titled "Simulation in PhD Programs (SiPP) to Prepare Nurse Scientists as Social Justice Advocates."



NEXT STEPS

An important next step is dissemination. We are developing a SiPP© manuscript to be submitted this summer and plan to submit an abstract to a national doctoral education conference.

Additionally, based on faculty requests, we plan to develop additional cases to integrate in the PhD in Nursing curriculum.

ACKNOWLEDGEMENTS

This transformational work would not be possible without the support of my local and national advisors and mentors. Nationally, I am honored to be supported by advisor Debra Barksdale, PhD, RN, FAAN, and mentor Afaf Meleis, PhD, RN, FAAN. Locally, I am grateful for the support of my Dean, Jeannette Andrews, PhD, RN, FAAN, and the Director of Simulation, Crystal Graham, PhD, RN. Lastly, I am proud to be a part of the Macy family — especially the 2018 cohort.



DANIEL J. SCHUMACHER, MD, MED

Cincinnati Children's Hospital Medical Center

CLINICAL COMPETENCY COMMITTEE ENTRUSTMENT DECISIONS: AN EXPLORATION OF CRUCIAL ASSESSMENT DATA, BARRIERS, AND GAPS

BACKGROUND

Contemporary competency-based medical education is capitalizing on the concept of entrustable professional activities (EPAs). EPAs delineate major "professional activities" that an individual in a given specialty must be "entrusted" to perform in order to provide quality patient care. The American Board of Pediatrics led the pediatric community in defining 17 EPAs for general pediatrics as well as all 15 subspecialties.

EPAs fill critical assessment gaps left by competencies and milestones. First, EPAs situate assessment into a clinical context (e.g., caring for a patient with a common, acute illness) rather than the context-free framework of competencies and their milestones (e.g., interprofessional teamwork, clinical reasoning). Second, EPAs align assessment tasks with what assessors actually do in the clinical learning environment (e.g., supervise learners) rather than potentially abstract elements of performance represented by competencies. The former has been shown to have greater reliability and utility than the latter. Third, EPAs focus on the ability to provide safe care, bringing the patient into the assessment equation. Finally, EPAs extend across the educational continuum, with EPAs developed for medical students transitioning to residency and for residents transitioning to fellowship or practice.

While the case for EPAs as an assessment framework is clear, implementation and empiric evidence for the use of EPAs in clinical contexts is just emerging.

PURPOSE/AIM

This study seeks to understand the EPA implementation experiences of pediatric residency programs. We are specifically focusing on facilitators and barriers for assessing the general pediatrics EPAs.

In the three years prior to this qualitative study, 22 pediatric residency programs in the Association of Pediatric Program Directors' Longitudinal Education Assessment Research Network (APPD LEARN) assessed their residents twice yearly on a subset of the 17 general pediatrics EPAs. Individuals from these sites are serving as the participants for this current study.

PROGRESS AND OUTCOMES TO DATE

We are conducting a constructivist grounded theory study to explore our aim. Our prior knowledge of how individuals review assessment data offers sensitizing concepts for our work, aligning with a constructivist paradigm. We are interested in the views, values, and ideologies of program leaders and clinical competency committee (CCC) members. Therefore, we are conducting interviews with program leaders and CCC members to explore our aim. Interviews are being conducted by phone, during which participants are being asked a series of questions about their experience with making supervision level assignments for EPAs, including what they consider to be essential data for determining

supervision levels for the EPAs, what data would better inform entrustment decisions, and the facilitators/barriers to obtaining such data.

Thus far, we have conducted nine interviews. Inductive coding by four members of the research team began with the first five transcripts followed by the next four. Continued iterative data gathering and analysis is ongoing.

Early results are focusing in three areas: 1) facilitators to successful EPA implementation that seem to be unique to EPAs (compared to common to many assessment efforts); 2) the value of vignettes, which are a unique component of the way the general pediatrics EPAs have been developed; and 3) the relative value placed on EPAs compared to milestones. Participants have also described several aspects of EPA implementation that are common to likely all contemporary assessment efforts (e.g., the need for and challenge of direct observation, the importance of faculty development, and the barrier of time).

NEXT STEPS

In our next set of interviews, we will seek to further define our emerging themes, including confirming and disconfirming aspects of them. Interviews and analysis will continue in an iterative fashion until we achieve theoretical sufficiency. We anticipate completing this study by the end of the summer. Following manuscript preparation, we intend to develop an EPA implementation and assessment resource guide to benefit future pediatric residency programs that will seek to implement and assess EPAs. This resource guide will combine what is learned in this study with what we have learned in previous CCC and EPA studies as well as the published literature in both of these areas.

ACKNOWLEDGMENTS

I would like to first and foremost express my gratitude to the Macy Foundation, American Board of Pediatrics Foundation, and Dr. Carol Carraccio for their commitment to this project. Without funding and support from the Macy Foundation and American Board of Pediatrics Foundation, this study would not be possible. Without Dr. Carraccio, much of what I have accomplished in my career to date would not be possible. She is more than a mentor (someone who advises). She is my sponsor (someone who advocates for another) and has changed my career trajectory at least twice. I would also like to acknowledge and express great gratitude toward Dr. David Irby (my national advisor for the Macy Faculty Scholar Program), who has given me sage advice on several occasions for my project, my PhD work, and my career interests. This study would not be possible without the success of the previous study that this current work extends from, and I am grateful to the APPD LEARN, Dr. Alan Schwartz (APPD LEARN Director), and Mrs. Beth King (APPD LEARN Project Manager) for the success of the previous study. Finally, I would like to thank Drs. Dorene Balmer and Lorelei Lingard, who are advising me on constructivist grounded theory methodology as I complete this project, as well as my analysis team for this study who never miss a deadline: Drs. Ben Kinnear and Matt Kelleher and Mrs. Abby Martini.

ASHLEY DARCY-MAHONEY, PHD, NNP-BC, FAAN

George Washington University

INTEGRATING PEDIATRIC SOCIAL DETERMINANTS OF HEALTH IN MEDICAL AND NURSING EDUCATION

PURPOSE

The purpose of this program is to develop, implement, and build an educational program that teaches medical and nursing students to identify and address the social determinants of pediatric health and equity through multidisciplinary learning, service, and experiential learning. The curriculum will address the needs of the children by educating future pediatric clinicians in understanding the drivers of inequity and equipping them with the knowledge, skills, and courage to build more equitable health systems and organizations.

ACCOMPLISHMENTS

Since September 2017, 50 learners have enrolled in my pediatric adversity course. This was the first time this course was offered, and overall, the students took the course because they were interested in the subject matter (86%), which speaks to the need for this content in our program of study. Students felt that the course objectives were met (4.6/5) and that they learned a significant amount from the course (4.5/5). We also undertook a study to assess NP and medical students' knowledge regarding issues that affect patients living in poverty and their feelings of preparedness in addressing them. A cross-sectional descriptive design was used to describe the experiences of final year NP students in primary care specialties and fourth-year medical students. Seventy-two NP students and 26 medical students completed the survey. Only 16.7% (n=12) of NP students and 8% (n=2) of medical students rated their program as excellent in preparing them to address social determinants of health (SDH). However, nearly 64% (n=46) of NP students reported feeling very comfortable providing medical care to low-income patients, while only 34.6% (n=9) of medical students felt this way.

In addition, my team created a toolkit to add to the National League for Nursing Advancing Care Excellence Pediatrics (ACE.P). The ACE.P toolkit on Pediatric Adversity and Early Brain Development that I authored is highly engaging, timely content — including four modules containing assignments for reading, interactive exercises, and reflective essays — that guides nurse educators in the integration of SDH throughout undergraduate and graduate curricula. The development and dissemination of



ACE.P has been an intensive two-year process, resulting in a comprehensive blueprint for teaching nursing care of vulnerable children. All classroom-ready and user-friendly resources are available at NLN.org/acep.

PROFESSIONAL ACCOMPLISHMENTS

Since June 2018, I have been granted tenure and am now an Associate Professor in The GWU School of Nursing. I was awarded the Rising Star in Nursing award by Modern Healthcare. I have authored or co-authored four peer-reviewed publications, co-authored a white paper for the National Association of Neonatal Nurses, and am the section editor of a book entitled *Clinical Guidelines in Neonatology*. I was also selected to participate in the National Institute on Minority Health and Disparities research Institute. This Spring, I was a visiting scholar at Swinburne University in Melbourne, Australia and was able to collaborate with nursing colleagues to implement some of the pediatric health equity work that I have undertaken as a Macy Faculty Scholar as well as join in the Leadership and Innovation in Health as part of the Harvard-Macy and Monash University joint course. I continue to serve as Interim Director of the GWU Autism and Neurodevelopmental Disorders Institute, affiliate member of the Children's Healthcare Advocacy Institute, and am the Co-PI of a new study on the Social Mission in Nursing Education funded by RWJF. This fall, I was asked to join the Northwestern School of Medicine national collaborative for social determinants of health education. This is a HRSA funded program and I am currently a community partner on that effort.

NEXT STEPS

I anticipate continuing to expand innovations to collaborate with other health professionals to include pediatric health equity content into the curricula. Next steps include evaluating the toolkit and course design to scale up this effort and advocate for including pediatric equity and SDH in National Academy of Medicine Future of Nursing 2020/2030 report.



MAJA DJUKIC, PHD, RN

New York University

IMPLEMENTING MANAGEMENT OF PATIENT PANELS WITH TECHNOLOGY ACROSS THE CURRICULUM (IMPPACT) PROGRAM

GOALS

Successful transformation of the US healthcare system from volume-based to value-based care hinges on a workforce ready for a new way of care delivery. One new role for nurses in value-based care is panel management (PM). The goal of the Integrating Management of Patient Panel with Technology Across the Curriculum (IMPPACT) program was to improve pre-licensure nursing students' PM self-efficacy.

MAJOR ACCOMPLISHMENTS

In collaboration with faculty and practice partners, I used Articulate 360 software to develop six interactive web-based modules with virtual patient panels to educate nursing students about: 1) empanelment or assigning each patient to a team of providers, 2) risk stratification, 3) identifying population health care gaps, and 4) using standardized care guidelines to close population health care gaps. To date, 125 students completed the IMPPACT program. Of those, 119 students responded to a survey and reported increase in PM self-efficacy. The PM knowledge ("I have had sufficient education in panel management") increased from 2.56 to 3.94. The

PM attitudinal scores ("Panel management is critical for improving the health of patients," "Outcomes at the panel level have little to do with my skills as a provider") improved from 3.27 to 4.15 and 2.67 to 3.35. The PM skills scores (e.g., "I can plan care for the entire panel of patients, not just those who show up for care") also increased. Additionally, 25 faculty completed the IMPPACT program.

PERSONAL ACHIEVEMENTS

Since becoming the Macy Faculty Scholar, I was promoted to an Associate Professor and accepted as a Fellow into the American Academy of Nursing. I published five data-based articles, one book chapter, and had several national-level presentations.

NEXT STEPS

I plan to disseminate the IMPPACT program nationally and further validate its effectiveness for improving PM self-efficacy and implementation in actual clinical settings. To fortify the pipeline of nursing providers competent in panel management, I am partnering with NYU Langone Health to develop and implement a longitudinal curriculum in population health management and care coordination. This new curriculum will build on the IMPPACT program and include new elective courses, clinical immersion experiences, and specialty residency programs in the emerging specialty of population health management.



JED GONZALO, MD, MSC

Pennsylvania State University

DEVELOPING AN INTERPROFESSIONAL CO-LEARNING HEALTH SYSTEMS SCIENCE ACADEMY TO PROMOTE EXCELLENCE IN CLINICAL LEARNING ENVIRONMENTS

GOAL, OBJECTIVES, AND METHODS OF THE MACY FACULTY SCHOLAR PROJECT

To: (1) develop learners capable of improving Health Systems Science (HSS) educational programs, and (2) improve health outcomes. The Methods include the development of a local year-long interprofessional faculty development program and a national HSS "Academy" (with the AMA).

RESULTS TO DATE

The Interprofessional HSS Academy has now completed its third year. Participants have included: Year 1 - 14 participants (11 physicians, 2 NPs/PAs, 1 nurse); Year 2 - 26 participants (15 physicians, 8 trainees, 1 NP, 1 nurse, 1 quality staff); Year 3 - 35 participants (15 physicians, 7 nurses, 7 trainees, 2 therapists, 1 social worker, 1 quality staff, 1 simulation center staff, 1 chaplain). Recruitment for the fourth year is complete (25 participants). The curriculum continues to evolve to include more case-

based learning methods, a diversified educator cohort, and increased focus on completing participants' projects. Our Interprofessional HSS Academy provided the prototype for the first annual National HSS Academy Conference (September 2018, Chicago), which included 25 educators in UME/GME from 20 US medical schools.

PERSONAL ACHIEVEMENTS

Since beginning the Scholar award, I've been fortunate to be involved with several scholarly initiatives (e.g., textbooks, publications, presentations, etc.). This work has catalyzed new collaborations both within Penn State Health and across the US. The work has directly influenced the submission and receipt of six external grants and enhanced the concept for a unified organizational structure within academic health systems that optimally blends education, research, community outreach, and clinical operations. My application for promotion to full professor will be submitted in the Fall 2019.

JENNIFER KESSELHEIM, MD, MED, MBE

Harvard University

INTEGRATING INTERPROFESSIONAL EDUCATION INTO THE PEDIATRICS CORE CLERKSHIP AT HARVARD MEDICAL SCHOOL

INTRODUCTION

While our medical school has consistently offered teaching about interprofessional collaboration in the early phases of the curriculum, opportunities to embed IPE content into required parts of the clinical curriculum has been a challenge. This project seeks to overcome this hurdle by comprehensively integrating IPE into the required pediatric core clerkship.

SPECIFIC AIMS (ABBREVIATED)

1. The clerkship will include four new required curricular elements including:
 - a. Formal introduction to interprofessional collaboration and members of the pediatric interprofessional team
 - b. Daily, active participation in interprofessional practice
 - c. Reflection about the effectiveness of the interprofessional team
 - d. A simulation experience to practice skills needed for interprofessional competency
2. Medical students' assessments will be expanded to include two scales measuring interprofessional competencies allowing for new data analysis of student performance

PROGRESS TO DATE

PROJECT

All curricular components have continued over the previous year with ongoing "buy-in" from clerkship and medical school leadership. The project has been presented at Harvard Macy Institute, and we have publications in press at *MedEdPORTAL* and *Medical Education* (Really Good Stuff). A manuscript about the simulation is being prepared for submission to *Academic Medicine*. Qualitative analysis of students' written reflections is in its final stages and will lead to a fourth



publication. As this academic work unfolds, we are refining the intervention based on student feedback and exploring ways to build on this success in other clerkships.

CAREER DEVELOPMENT

The experience of being a Macy Faculty Scholar continues to allow for my professional growth. The protected time allowed me to move forward with academic promotion to Associate Professor. In addition, I have been able to take on new teaching roles pertaining to IPE and have been given the opportunity to direct the group of medical students designated as "education representatives." This latter role will become larger for me after the Macy grant concludes, allowing me an ongoing role at the medical school to discuss IPE and myriad other topics.

2017 MACY FACULTY SCHOLAR PROJECT UPDATES

JEANETTE M. TETRAULT, MD, FACP, FASAM

Yale University

BRIDGING THE GAP: DEVELOPMENT OF AN INTERPROFESSIONAL, LONGITUDINAL, CLINICAL CURRICULUM IN SUBSTANCE USE AND ADDICTION

PROJECT GOALS AND OBJECTIVES

The goal of my project is to design, implement, and evaluate an interprofessional (IP), longitudinal, clinical curriculum for Yale medical, APRN, and PA students, where trainees will apply the chronic disease model to caring for patients with substance use and addiction with the objective of producing IP learners who will 1) screen and assess for substance use and substance use disorder and 2) recognize the role of IP teams in developing individualized treatment plans for patients.

MAJOR ACCOMPLISHMENTS, RESULTS, AND NEXT STEPS

The platform for our curricular intervention is the Macy Foundation-supported IP Longitudinal Clinical Experience (ILCE) at Yale. The ILCE brings together first-year health professions students for a nine-month course. We completed the curriculum development process using the Kern model as a framework and fully launched our curriculum in September 2018. An IP workshop on taking a substance use history was delivered to all 260 ILCE students. The workshop consisted of a mini-didactic outlining the three-step process to taking a substance use history, a standardized patient demonstration exercise, and small group case discussions facilitated by addiction experts. Through a series of three team-based simulation exercises and within their clinical placements, students had opportunities to practice these skills under direct observation. 129 students responded to a qualitative survey assessing their experience with the workshop. Overall, the session was well-received and students appreciated the opportunity to practice in the small group sessions and in simulation. We developed and implemented five addiction focused clinical placement sites with 28 students placed into these sites over the last two years. We are currently analyzing simulation data with plans to compare learners placed in addiction focused sites with learners placed in traditional clinical placements.

The ICLE intervention serves as the foundation for curricular threads in each of the health professions schools. We have completed the development and implementation of an addiction thread that spans the four-year curriculum at Yale School of Medicine and are completing similar processes at Yale School of Nursing



and within the PA program. We are submitting a paper describing the thread development process at YSM and creating a massive online open course to complement these interventions. We are creating a toolkit for other institutions to develop similar curricular components.

PERSONAL ACHIEVEMENTS

Since September 2017, I have been appointed Associate Director for Education and Training of the Program in Addiction Medicine at Yale School of Medicine and was elected president of the American College of Academic Addiction Medicine. In recognition of my work, I was awarded the W. Anderson Spickard Award for Excellence in Mentorship at the Association for Medical Education and Research in Substance use and Addiction annual meeting in November 2018; served as the chair of the ACGME Addiction Medicine milestones; served on AAMC congressional briefing panel addressing models of care delivery for the opioid epidemic; and advised the National Academies of Science, Engineering, and Medicine on their recently published report, "Medications for Opioid Use Disorder Saves Lives." I have presented at numerous national meetings, have authored or co-authored 22 articles (including scoping reviews of published UME and IPE addiction curricula) in peer-reviewed journals, and served as section editor for the *Principles of Addiction Medicine* textbook.

Our team has been granted funding from the Substance Abuse and Mental Health Services Administration to develop and launch two projects, 1) the "Reducing and Eliminating disparities in Addiction through Culturally informed Healthcare (REACH)" project, which focuses on developing health professionals trained to work with under-represented minority patients with substance use disorders, and 2) the "Yale Medications for Addiction Training Program" with a focus on training health professions students, residents, and providers in practice in addiction treatment to expand access to care for opioid and other substance use disorders throughout the state.





STRUCTURAL RACISM

KENYA V. BEARD, EDD, AGACNP-BC, NP-C, CNE, ANEF, FAAN

Every year, individuals who live in poverty or who are classified as Black or American Indian die prematurely at higher rates than non-Hispanic whites. Why is that? It is widely accepted that skin color and socioeconomic status are strong predictors of life expectancy. However, not everyone totally agrees with that claim. Some researchers assert that structural racism (SR) is the root cause of racial health inequities and emphasize the importance of recognizing the power of SR, that is, “the totality of ways in which societies foster racial discrimination through mutually reinforcing inequitable systems (education, housing, healthcare, employment)” (Bailey, Krieger, Agenor, Graves, Linos, Bassett, 2017 p. 1453). Failing to consider the monolithic ways that SR limits one’s life expectancy and contributes to health care disparities has undermined efforts to achieve health equity and is likely why disparities persist.

In 2002, the Institute of Medicine published the landmark report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* and revealed numerous disparities in care that racial and ethnic minorities and people in poverty receive. Race is a social construct that has been

linked to policies and practices that contribute to disparities in income, housing, education, and healthcare. When families are trapped in poverty-stricken zip codes with resource-poor schools and higher exposure to air pollutants, their health is jeopardized as well as their scores on national exams, future earning potential, health outcomes, and life expectancy rates.

The next generation of providers must be equipped with the knowledge, attitudes, and skills to address SR and ensure that every individual achieves their highest level of health. Educators play a critical role in shaping the future of health care, and when discussing race, they should:

- Recognize how SR impacts communities or groups.
- Use a SR lens to illuminate the forces that undermine health equity and reduce stereotypes.
- Actively call out structural racism to better prepare the next generation on the ways to achieve health equity.

Lastly, educators must focus not only on the visible social determinants of health but on the hidden structures that contribute to racial inequalities. Perhaps then, future health

professionals will have a better understanding of how racism has shaped disparity narratives and be able to define, name, and eliminate racism in health care (Hardeman, Medina & Kozhimannil, 2016).

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BREAKOUT GROUP RECOMMENDATIONS

**ALAN DOW, MD, MSHA, AND
KENYA V. BEARD, EDD, AGACNP-
BC, NP-C, CNE, ANEF, FAAN**

UNDERLYING PRINCIPLES

- As individuals learn about structural racism, they become more aware of the presence of other examples of structural racism.
- The understanding of race and racism continues to evolve, leading to changes in terminology, conceptual frameworks, and other advances that impact work in this arena.
- We exist in a complex, interacting environment where the presenter's projected identity impacts the reception by the receivers of information.

RECOMMENDATIONS

To combat structural racism, we need to:

- Identify the desired end result, develop interventions, and measure the impact of these interventions toward targeted goals. Call out structural racism and the challenges which include:
 - Strengthening diversity in the health professions

- Focus on the ways in which we admit students to identify disparities in higher education along with the content and process of instruction and assessment.
 - Recognizing how stereotypes are perpetuated
- Licensure exams that underemphasize the importance of how structural racism influences health outcomes and have been shown to include content that reinforces discrimination
 - Quality improvement advances that tend to focus on aspects of the STEEEP model rather than structural racism
- Prepare and support faculty and others for this work with specific recognition that this work:
 - Is humbling.
 - Must be done in places that are safe and that support this work, which is often uncomfortable for participants including students, faculty, leaders, and staff.
- Embrace local expertise. This expertise may come from formal experts in other disciplines such as historians or public health professionals or from individuals with lived experiences who may be patients, students, faculty, staff, and others. These perspectives will and should differ and capture the rich complexity of this area.
- Move beyond knowledge to application of racial literacy. While we may succeed as learners becoming competent in basic knowledge at present, we need to move beyond that to developing the ability to communicate and converse around these issues and develop skills in advocacy.
- Teach courage. This is about aligning authentic values in pursuit of justice. If we don't have these courageous conversations, we cannot address structural racism.



POTENTIAL BIAS IN EVALUATION: ASSOCIATION WITH RACE AND GRADING

EVE R. COLSON, MD, MHPE

CONTEXT

There is a national conversation about the association between race and grading during the clinical rotations in medicine. Researchers have demonstrated associations with race and receiving AOA at medical schools. The topic received media attention in September 2018, which prompted students at our school to ask if race was associated with grading. We investigated the issue and found that race was associated with grades. We created a process for further investigation that included focus groups to understand what was happening from the student perspective and further analysis of the quantitative data. Shelf examination scores, used in the grading rubric, explained some of the association with race.

GROUP DISCUSSION

Prompt: What is happening here and how might we intervene?

KEY DISCUSSION POINTS

ASSESSMENT

Perhaps we are misusing assessments. Assessments should be for a specific purpose. We may be misusing them.

The way we approach grading should be reconsidered. Emphasis on formative over summative.

FACULTY

Training should be focused on encouraging rich descriptions.

Diversity in the faculty is important.

Faculty should have the time to do the assessments.

OUR INSTITUTIONS

Structural racism likely a part of the problem.

We should reconsider how our institutions use examinations.

Systematic exclusion that begins in preschool.

SUGGESTED ACTION PLAN

A Macy Conference about this topic.

Think about the role of education systems in reducing structural racism and health disparities.

Develop a framework to guide the process and tools to use.



ADDRESSING RACIAL AND RELIGIOUS INTOLERANCE

MEMOONA HASNAIN, MD, MHPE, PHD

BREAKOUT GROUP SUMMARY:

The core issues stem from three inter-related problems:

1. Lack of knowledge
2. Implicit bias
3. Intolerance

RECOMMENDATIONS — THREE MAIN THEMES:

1. Education & Training
 - a. Development
 - Draw from equity and social justice theory and evidence
 - Utilize conceptual frameworks:
 - Kern - curricular development six steps
 - Arthur Kleinman – Cultural construction of clinical reality
 - Identify leader(s) responsible for inclusive content and evaluation
 - b.

b. Learners

- Expand to all levels, students, faculty, staff, patients

c. Content

- Equity framework with clinical examples — intersectionality of race, religion, culture, gender, sexual orientation
- Expand the health disparities paradigm and role/scope of health professions
- Implicit bias testing and training
- Civic responsibility, larger role of society, politics
- Advocacy, Allyship, Citizenship and Humanism

d. Methodology

- Multimodal, formal and extracurricular learning activities
- Simulations, reflections, role modeling (clinical and non-clinical), narrative, stories
- Interprofessional learning experiences

e. Evaluation

- Develop evidence and scholarship
- Disseminate the science

SUMMARY OF SESSION ON DIVERSITY, EQUITY, AND INCLUSION



CONSIDERATIONS

- How will we care for (educate) those who might be uncomfortable or unwilling to participate in this type of education and training?
 - How best to teach difficult topics (e.g., abortion) and be respectful to different points of view?
2. Systems-based Policies and Procedures
 - a. Integrate a culture of trust, respect, and inclusion at all levels and across all systems
 - b. Ensure commitment across professions, both in learning and operations environments
 - c. Create systems for assessment, evaluation, feedback, and rewards
 - d. Define responsibilities and hierarchy [committed experts]
 - e. Build structural approach for accountability
 - f. Commit institutional support
 3. Diversity
 - a. Increase diversity at all levels, students, faculty, staff

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SUCCESSFUL NEGOTIATION AND CONFLICT RESOLUTION: CORE CONCEPTS, CHALLENGES, AND STRATEGIES

MEMOONA HASNAIN, MD, MHPE, PHD
TEMPLE RATCLIFFE, MD

This workshop was intended to engage participants in exploring professional and personal negotiation skills and effective approaches to resolution of conflicts that may arise in the process. The workshop was designed to enable participants to reflect on best practices for successful negotiation, analyze challenges in negotiation in academic settings, and apply learned negotiation best practices to their own work and personal situations to more successfully negotiate and resolve conflicts.

We began the session with each participant reflecting on prior experiences in negotiation, acknowledging emotions that may have surfaced during the reflection process and self-assessing their level of confidence for effectively handling negotiation. Some participants noted challenging emotions such as anxiety, frustration, and fear, stating that such emotions contribute to avoidance of negotiation. Others however, assigned positive emotions to past experiences of negotiation, such as excitement and confidence. Interestingly, positive emotions were expressed by participants who reported more experience and higher confidence with negotiation. Collectively, the group framed negotiation as a skill that requires practice over the course of one's career trajectory. Through sharing of narratives and stories, we reflected that as one gains experience and proficiency, confidence and associated positive emotions might also rise.

After the initial reflection exercise, we reviewed some foundational negotiation concepts, including these key points:

- Although often perceived as difficult, challenging, and at times unpleasant to do, negotiation is necessary for getting the necessary support for professional growth, fair compensation, and obtaining the resources needed to create effective teams.
- Conflict management styles differ, and it is helpful to be aware of your own style.
- Evidence suggests that women and minorities are less likely to negotiate. Many factors likely drive this finding, including the observation that similar behaviors are perceived differently when enacted by

men versus women. For example, a behavior may be perceived as assertive when enacted by a man and aggressive or hostile when enacted by a woman.

- Both men and women need to train in negotiation skills; however, given gender differences in negotiation practices and perceptions, we emphasized the importance for women to train more intentionally in negotiation skills.

The group then formed pairs and participated in a role-play exercise. Each participant identified a future negotiation and asked their partner to play the role of the person with whom they plan to negotiate. All participants had the chance to negotiate and then receive feedback on their negotiation from their partners. During the large group debrief period, several themes emerged:

- Even in simulation, some participants felt anxiety that they might experience in actual negotiation. Many appreciated exploring this in a safe and supportive space.
- Most participants expressed positive emotions after the negotiation practice. Some reported relief, optimism, and increased confidence in negotiation.
- Many discovered useful strategies and insight, as well as practical tips for effective negotiation that they had not considered before the exercise.

Participants were provided an Action Planning sheet as a tool for use at their home institutions. We concluded by reviewing Five Keys to Effective Negotiation:

1. Everything is negotiable!
 - If you never hear “No,” you are not negotiating enough.
2. Identify your Best Alternative to a Negotiated Agreement (BATNA) ahead of time.
 - Having a BATNA will ensure that you have a back-up plan.
3. Set your target well and do your homework in advance of the negotiation.
 - Consider what you really want. Don't be afraid to think big.



- Identify the information you need to collect before the negotiation. For example, you may need to research salaries for comparable positions, learn about precedents in your institution, or learn more about resources available at your institution.
 - Speak with mentors. Get their advice on your situation. They may also be able to advocate for your negotiation.
4. Use integrative negotiation (seek win-win).
 - Try to understand the interests of all negotiating parties (not just their positions).
 - During the meeting, listen carefully and elicit others' concerns. Try to identify shared interests and look for creative solutions that might result in mutual benefits. Adopt an attitude of "let's work together to figure this out."
 5. Use role-play with colleagues and friends to practice negotiation.
 - Just as with health sciences education, simulation and role-play can help build skills and reduce anxiety in negotiation.

Overall, the workshop facilitators and participants left with renewed appreciation of the challenges we commonly encounter in situations involving negotiation and conflict resolution. Through self-reflection, sharing our narrative stories, and review of evidence and best practices, we gained practical tips for self-reflection and more effectively managing conflict and negotiation in the future.

LEADERSHIP SKILLS AND PROFESSIONAL GROWTH

MEG ZOMORODI, PHD, RN, CNL
TYLER REIMSCHISEL, MD, MHPE

Given that many of the Macy Faculty Scholars are in leadership positions within interprofessional settings at their home institutions, this session was focused on providing exposure to several models and approaches to leadership in an interprofessional setting. We framed the session with the premise that the most effective leaders are those who are able to decenter and see situations from multiple perspectives, not just their own limited perspective. We formatted the session to provide opportunities for the participants to learn from, with, and about each other in order to be more effective leaders.

Since conceptual frameworks can be powerful constructs for analyzing or understanding the complexities of leadership in an interprofessional setting, we began the session with an overview of two global approaches to leadership. This included the 4 I's of transformation leadership (idealized influence, inspirational motivation, intellectual stimulation, and individual consideration) and the five practices of Kouzes and Posner's leadership challenge (Model the way, Inspire a shared vision, Challenge the process, Enable others to act, and Encourage the heart). After a brief overview of these models, we asked the participants to select one and discuss with a partner how the model could help them approach a current leadership role. Our follow-up large-group debrief was a dynamic conversation of ways to apply these frameworks in a variety of leadership settings.

In the next portion of the session, we asked participants to brainstorm challenges to being an effective leader and discussed strategies to combat these challenges as a group. Building an effective team, leading change, resolving conflict among team members, managing time, and fostering professional growth through feedback to individual team members were highlighted examples. In our conversation about building effective teams, we reviewed the characteristics of effective collaboration because it is helpful to understand how the ideal interprofessional team functions when building a team. We devoted a considerable amount of time to the process of leading change since change is constant in academic health centers and can be particularly challenging for leaders. We discussed John Kotter's classic model on leading change, considered Bolman and Deal's four organizational frames (human resources, structural, political, and symbolic), and reviewed de Bono's Six Thinking Hats model. Then in our conversation on conflict resolution, we briefly summarized



the "Rounding the Bases" technique developed by Bob Kegan. In the time management discussion, we offered resources that we have found helpful, including *When* by Dan Pink, *Seven Habits of Highly Effective People* by Stephen Covey, and encouraging our co-workers and ourselves to be intentional about self-care and work-life since they are essential to being effective leaders. Lastly, we described how comprehensive assessments of our leadership performance are critical for continuous professional growth in this area, and we provided handouts showing how a logic model combined with Kotter's leading change steps can be utilized to guide our professional growth as leaders.

We concluded by asking the participants to share other resources that they have used in their leadership development. They identified several additional tools and approaches, including the Relational Leadership Institute, the adaptive leadership framework by Haifetz and Linsky, and *Why Leaders Eat Last* by Simon Sinek. The participants then committed to one or two strategies from the session that they will utilize in their leadership roles, and the session co-leaders will check in with the participants in six months to explore their progress.



CAREER TRANSITIONS

EVE R. COLSON, MD, MHPE
MAJA DJUKIC, PHD, RN
WENDY MADIGOSKY, MD, MSPH

Macy Faculty Scholars experience significant career transitions since they must rearrange their jobs when beginning the funding from the Macy Foundation and again at the end of their two years of support. During this session, participants reflected on current and future career transitions, recognized concepts involved in career transitions, applied some of these concepts to common transition points for scholars, and identified next steps in navigating career transitions.

Three frameworks are useful when considering career transitions. Eve Colson presented the “Seven C’s” framework by Linda Brimm: Complexity, Clarity, Confidence, Creativity, Commitment, Consolidation, and Change.¹ Brimm encourages those who go through career transitions to think broadly about the complexities of the transitions not only for themselves but also about how their transition could impact others, including coworkers and family. In addition, she emphasizes the importance of seeking advice

from others when clarifying priorities and gauging one’s confidence when taking on new challenges. Inevitable challenges along the way can be met with creative solutions, and once the decision is made, a successful transition requires commitment to the new position and consolidation in adopting a new identity.

Maja Djukic presented concepts from the framework by Afaf Meleis.² Meleis suggests that in order to better facilitate a transition, a person should reflect on several factors. One is the type of transition; whether it is developmental, situational, health/illness, or organizational. The other factor is a pattern for the transition. For example, transitions could occur one at a time or simultaneously. It would be important to realize that an organizational transition prompted by a developmental transition, like children going off to college, actually requires a person to manage two transitions simultaneously. The third factor includes transition properties, such as awareness and engagement, which stresses the importance of being aware of and actively managing transition experience by examining congruence between personal values and priorities and societal conditions and seeking advice from respected sources and

TOPICAL BREAKOUT SESSION SUMMARIES



role models. Actively managing transitions should result in a healthy transition outcome, which is identify reformulation.

Wendy Madigosky presented a framework by William Bridges from his book *Managing Transitions: Making the Most of Change*.³ Bridges' work focuses on transition rather than change, because transition is what happens within people who experience change. The Transitions Model includes three stages: 1) Ending, Losing, and Letting Go; 2) The Neutral Zone; and 3) The New Beginning. People go through these stages at different paces, and it is important to respect the need for each of these stages and to manage them actively. Although developed for organizational changes, the Transitions Model applies to career changes as well.

Following presentations of the frameworks, small groups met to discuss how these concepts apply in three different career transition scenarios: the start or ending of Macy funding; misalignment of values or priorities with a current position; start of a position at a new institution. The Scholars participated in the group that aligned with current or recent career transition challenges. There was agreement that the neutral zone, as highlighted by Bridges as the time when critical psychological realignments take place, was a common and sometimes prolonged place to be during

times of transition. Many participants acknowledged the complexities of transitions and highlighted the importance of seeking advice and mobilizing support, pointing to guidance they received from Macy mentors and advisory council members. Several participants commented on the importance of planning ahead. The day you get your Macy funding, for example, you should be deciding what you are going to do when that funding ends!

The session ended with all participants taking a few minutes to think to themselves about what they would do in the next several months to address their career transitions based on discussions from the session.

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2. Meleis, AI. (2016). The undeaning transition: Toward becoming a former dean. *Nursing Outlook*, 64, 186- 196.
3. Bridges, W. (2009). *Managing transitions: Making the most of change*. Da Capo Press.





**DORANNE DONESKY,
PHD, ANP-BC, ACHPN**

Touro University California

Dr. Donesky is a Professor in the School of Nursing at Touro University California (TUC) School of Nursing and Professor Emeritus at University of California, San Francisco (UCSF). She continues to lead Practice-PC at UCSF, an interprofessional palliative care continuing education program for practicing clinicians. In addition, she was named chair of the Interprofessional Education Committee at TUC. Her nurse practitioner faculty practice is at Queen of the Valley Hospital in Napa, California. Dr. Donesky serves on the Patient and Family Education Committee of the American Thoracic Society and on the Leadership Taskforce for the Hospice and Palliative Nurses Association. She was selected to serve as a Jr. Associate for VitalTalk serious illness communication training. Dr. Donesky authored a chapter on Dyspnea, Cough, and Terminal Secretions for the fifth edition of the *Oxford Textbook of Palliative Nursing*, and coauthored five peer-reviewed papers on the topics of palliative care and pulmonary disease. She has three first-author papers under review on the topics of interprofessional communications education, quality indicators for interprofessional post-licensure palliative care education, and primary spiritual care provided by nurses.



**CRISTINA M. GONZALEZ,
MD, MED**

Albert Einstein College of Medicine

Dr. Gonzalez remains active in her research in designing, implementing, and evaluating curricular innovations in implicit bias recognition and management. Her qualitative research with patients and faculty was published in 2018 in *Patient Education and Counseling* and *Academic Medicine*, respectively, along with an invited commentary in *Journal of General Internal Medicine (JGIM)*. Her focus group study on student perspectives on implicit bias was published this year in the *JGIM* Medical Education Theme Issue. She has a number of manuscripts regarding her innovations under peer review. As a mentor, she is the senior author on a review on health disparities education in graduate medical education published in *Rheumatic Disease Clinics*. She has presented at regional, national, and international meetings, and received a Best Research Paper Award at the 2018 AMEE Annual Meeting. Nationally, Dr. Gonzalez is the Chair of the Health Equity Commission for the Society of General Internal Medicine, and a member-at-large for the National Board of Medical Examiners. She has written her first NIH grant, which was scored, and is eagerly awaiting a funding decision.



TEMPLE RATCLIFFE, MD, FACP

UT Health San Antonio

Dr. Ratcliffe is an Associate Professor/Clinical of Medicine at the University of Texas Long School of Medicine. Since December 2018, Dr. Ratcliffe has served as Director of the Internal Medicine Clerkship (having previously served as Co-Director). This year, Dr. Ratcliffe was also appointed as the School of Medicine council member on UT Health San Antonio's newly established Interprofessional Education Council. Dr. Ratcliffe's scholarship focuses on education in interprofessional collaborative practice settings, clinical reasoning, and Internal Medicine Clerkships. Over the past year, Dr. Ratcliffe has co-authored four publications and co-led workshops at national meetings on best teaching practices in interprofessional collaborative practice settings and assessment in clinical reasoning. In May 2019, Dr. Ratcliffe attended the 2nd Xiangya International Symposium on Medical Education in Changsha, China, where he was invited to speak about resident education in interprofessional collaborative practice settings. This year, Dr. Ratcliffe attended the Harvard Macy Institute's Systems Approach to Assessment Course. He plans to pursue a Master of Science in Health Professions Education at the MGH Institute of Health Professions starting this Fall.



TYLER REIMSCHISEL, MD, MHPE

Vanderbilt University

Dr. Reimschisel is an associate professor in Pediatrics, Vice Chair for Education and director of the Division of Developmental Medicine in the Department of Pediatrics, director of the Vanderbilt Consortium LEND, and associate director of the pediatric residency program. Building on the success of his Macy project, he has collaborated with professionals from multiple institutions and the State of Tennessee to create two interprofessional entities. The Nashville Interprofessional Collaborative includes faculty from eight academic institutions with the goal to provide a series of IPE interventions for all students in a Nashville health professional school. They also created the Tennessee Interprofessional Practice and Education Consortium (TIPEC), a statewide, non-profit organization whose mission is to improve the health and well-being of patients, families, communities, and populations in Tennessee through IPE and collaborative practice. TIPEC is currently comprised of 68 members representing 20 professions and 23 partner organizations. In September 2019, Dr. Reimschisel begins his new role as the Founding Associate Provost for Interprofessional Education, Research and Collaborative Practice at Case Western Reserve University and the Cleveland Clinic.



**JING WANG,
PHD, MPH, MSN, RN, FAAN**

UT Health San Antonio

Dr. Wang is a Professor and Vice Dean for Research at the University of Texas Health Science Center at San Antonio School of Nursing. She is leading a new interprofessional center on smart and connected healthcare technologies that focuses on research, innovation, and interprofessional curriculum on using connected health tools to improve health and healthcare. The center is building four telehealth training stations, an aging in place sensor lab, and is launching the South Texas Connected Health Living Lab initiative with a goal to recruit 10,000 individuals to share connected health device data and use a newly developed all-in-one artificial intelligence-driven connected health platform to manage health and connect with others. She recently published a journal article, "Models of collaboration and dissemination for nursing informatics innovations in the 21st century," in *Nursing Outlook*. She joined teaching faculty at the Harvard Macy Institute Program for Educators in Health Professions and Leading Innovations in Health Care & Education.



LAUREN COLLINS, MD

Thomas Jefferson University

Over the past year, Dr. Collins was promoted to Associate Provost of Interprofessional Collaborative Practice and Education at Thomas Jefferson University. With her team at Jefferson Center for Interprofessional Practice and Education (JCIPE), she has worked with external consultants to complete a new strategic planning process, engaging over 100 key stakeholders (including Jefferson's President/CEO, Provost, and the Deans of each of Jefferson's Colleges), to develop a new mission and vision for JCIPE's future. This year, she helped to host JCIPE's largest-ever national IPE conference, presented her work at over six conferences, conducted three national site visits, and had her work published in four peer-reviewed journals as well as a case study accepted for publication in an upcoming edition of *NEJM Catalyst* journal. Nationally, she serves on AIHC's Program Committee as well as AIHC's Mentorship Committee, and she is a founding member of the National Center for Complex Health and Social Needs' Student Hotspotting Hub Executive Committee.



CHERYL WOODS GISCOMBÉ, PHD, PMHNP-BC, FAAN

University of North Carolina at Chapel Hill

I am the LeVine Distinguished Associate Professor of Quality of Life, Wellness, and Health Promotion and an Inaugural Fellow/Design Partner for the Harvard Macy Institute's Art Museum-Based Health Professions Education. I continue to lead my Macy project, the Interprofessional Leadership Institute for Behavioral Health Equity. I am co-director of a HRSA-funded interprofessional program to educate nursing and social work graduate students to resolve behavioral health inequities in underserved primary/behavioral healthcare settings. Starting July 1, I will lead a HRSA-funded, behavioral healthcare integration project with a large federally qualified healthcare system in NC to address Quadruple Aim priorities. I am Co-Chair of the Scope and Standards of Psychiatric Mental Health Nursing Practice National Task Force. Two PhD advisees successfully defended their dissertations. I was appointed as research collaborator for a WHO/PAHO project investigating nursing research capacity in the Caribbean. I submitted an NIH R01 proposal (currently under review) and continue to publish and present my research nationally and internationally.



DEEPTHIMAN GOWDA, MD, MPH, MS

Kaiser Permanente School of Medicine

Dr. Gowda left Columbia University and New York City in April 2019 after 20 years and moved to Pasadena, California to join Kaiser Permanente School of Medicine as their Assistant Dean for Medical Education. They will welcome their inaugural class in fall of 2020.



LISA KITKO, RN, PHD, FAHA, FAAN

Pennsylvania State University

I am currently an Associate Professor in the College of Nursing at Penn State University. In June 2019, I was appointed the interim director of the PhD program in the CON. I also received funding from the NIH/ NHLBI. The goal of this five-year grant is to increase the number of underrepresented undergraduate scholars that pursue a research career. I am also PI on a grant funded by the Center for Rural Pennsylvania. The goal of this project is to evaluate the need for hospice and palliative care in rural parts of the state using Medicare data and interviews with hospice and palliative care providers. Finally, over the 2018–19 year, I have published six peer reviewed data based articles and presented 12 papers or podium presentations at national and international venues. In May, I presented on unexpected loss in advanced heart failure in the research abstract award session at the European Association of Cardiology in Athens, Greece. I am currently chairing a scientific statement on Caregiving in Heart Failure commissioned by the American Heart Association with anticipated publication date by the end of the year.



BRIDGET O'BRIEN, PHD

University of California, San Francisco

In 2019, I was promoted to full professor in the department of medicine at UCSF. Last fall, I became the chair of the Research in Medical Education Planning Committee and co-director of the UCSF Teaching Scholars Program. I also joined the research paper selection committee for the Association of Medical Education in Europe. This spring, I was invited to join the Selection Committee for the new Editor-in-Chief of *Academic Medicine*, which proved to be an incredibly rewarding and informative experience. Among all these things, the accomplishment that brought me the greatest satisfaction was designing, organizing, and delivering a new 2.5-day Scholarly Writing Workshop for faculty at UCSF. Twenty faculty attended and it was one of the most highly rated educational activities I have ever delivered. The workshop clearly filled a need to support educators in scholarly writing through both skill development and community building. The workshop will be offered again this year, with plans to make it an annual event hosted by the Center for Faculty Educators. In effort to develop my leadership skills for these positions and others, I started working with a coach. So far, the coaching sessions have given me tools and insights to clarify my career goals, communicate more effectively, and facilitate productive meetings.



LAURA A. HANYOK, MD

Johns Hopkins University

In the last year, Dr. Hanyok was promoted to Associate Professor at the Johns Hopkins School of Medicine. As Assistant Dean for Graduate Medical Education, she continues to lead institution-wide efforts to promote resident and fellow well-being. She also began serving as Director of Education for Sibley Memorial Hospital, a Johns Hopkins Medicine community hospital in Washington, DC. In this role, she is leading efforts to coordinate and expand educational opportunities for medical learners on the campus. She continues to partner with interprofessional leaders to expand collaborative practice opportunities within Johns Hopkins Medicine. In the last year she has co-authored three manuscripts, including one describing the development and implementation of a nurse attending role on an inpatient teaching team to promote interprofessional education and collaborative practice. She is a regular contributor to CLOSLER (closler.org), an online learning committee promoting clinical excellence. Dr. Hanyok also presented a workshop at the 2019 ACGME Annual Educational Meeting related to her well-being initiatives for residents and fellows.



DOUGLAS P. LARSEN, MD, MED

Washington University in St. Louis

Dr. Larsen is an Associate Professor of Neurology & Pediatrics at the Washington University in St. Louis School of Medicine. He serves as the Director for Medical Student Education for the Division of Pediatric Neurology. He has been active in leadership roles to design the new medical school curriculum that Washington University will launch in 2020. He continues his research on meaning making in competency-based resident assessments funded by the American Board of Psychiatry and Neurology. He has presented on his findings at the American Academy of Neurology and will be presenting at the AAMC. Over the last year, Dr. Larsen has published several papers on learning theory and a review on retrieval practice as a strategy for long-term retention of information. He has given presentations on self-regulated learning at medical schools across the country. He continues to serve on the Research in Medical Education (RIME) planning committee for the AAMC. Dr. Larsen is an associate editor for the journal *Advances in Health Science Education* and the *Journal of Graduate Medical Education*.



SARAH PEYRE, EDD

University of Rochester

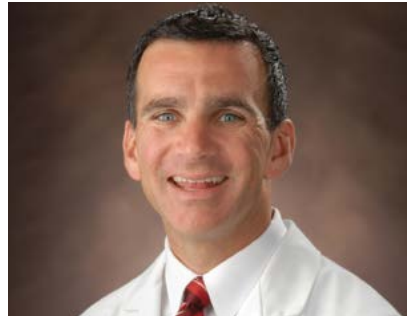
Dr. Peyre has continued to focus her efforts on enhancing the learning environment at the University of Rochester Medical Center. This includes continued leadership and growth of the Institute for Innovative Education, a team of 60 who provide services and administration for the medical library, medical center-wide simulation, continuing education, anatomical gift program, standardized patient program, educational technology, and educational programming support for students, trainees, faculty and workforce. Dr. Peyre is a member of the URM CACGME Pursuing Excellence Initiative Leadership Team, developing workplace learning and teaming curriculum for residents and the clinical workforce. She has also worked closely with senior leadership to centralize support for URM C's 13 ECHO programs that provide tele-education to Western New York. In surgical simulation, Dr. Peyre has driven efforts to build an institutional 3D printing program and launch an interprofessional high performing OR team training program. Expanding beyond URM C, Dr. Peyre was asked by the President and Provost of the University to lead the strategic planning committee focused on the educational mission of the University, looking to 2025. She is also Co-Chair of the University of Rochester Educational Information Technology Governance Committee.



**DEANNA L. REISING,
PHD, RN, ACNS-BC, FNAP, ANEF**

Indiana University

Dr. Reising is Professor of Nursing at Indiana University; Clinical Nurse Specialist and Magnet Program Co-Director at Indiana University Health Bloomington Hospital, Bloomington, IN; and System Magnet Coordinator for Indiana University Health. She has taught in bachelors, masters, and doctoral programs. Dr. Reising is an expert in interprofessional education and practice, and her career focus has been in developing experiential learning environments for nursing and health professions students. She has launched two interprofessional education and collaborative practice initiatives involving nursing and medical students. The interprofessional home visit (aka: Navigator) project was a focus of her Macy project and has been integrated into the curriculum. A spin-off project involves nursing and medical students conducting Emergency Department discharge phone calls. Since her time in the Macy Faculty Scholars Program, Dr. Reising has given numerous national and international presentations, published extensively, and secured funding in support of her interprofessional programs.



CHARLES VEGA JR., MD

University of California, Irvine

My job description has not changed much in the past year, but we have made some big strides with regard to diversity and inclusion at UCI. Open Medical School as a continuity model for engagement and mentorship with underrepresented students from junior high to post-baccalaureate has blown up, and we now need a bigger venue. Our initial analysis on this unique project shows excellent results, and I will be presenting this data at the AAMC Group on Diversity and Inclusion meeting. The other big project that I am thrilled about is UCI's Resident and Fellow Scholars Academy, which is designed to promote academic careers among underrepresented residents and fellows at UCI. We wish to incentivize scholars to stay at UCI and become our future leaders as a school and health system.



MEG ZOMORODI, PHD, RN, CNL

University of North Carolina at Chapel Hill

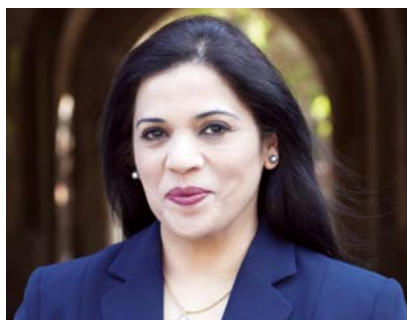
Dr. Zomorodi is the Assistant Provost and Director for the Office of Interprofessional Education and Practice (IPEP) at the University of North Carolina at Chapel Hill, and Clinical Professor in the School of Nursing. This year, she has focused on building the Office of IPEP, developing its strategic plan, and implementing interprofessional activities for the Schools of Business, Dentistry, Education, Medicine, Nursing, Pharmacy, Public Health, and Social Work, along with the Health Sciences Library and the Department of Allied Health. The Rural Interprofessional Health Initiative is in its third year, having educated over 150 interprofessional students and partnering with nine communities to address population health issues. In September, she provided the keynote address for the North Carolina Institute of Medicine (NCIOM) Team-Based Conference, and now serves as an invited member of the NCIOM. For 2018–2019, she published 13 articles and presented her work internationally in the form of five presentations. She would like to thank her UNC-CH team who reminds her daily of the value of strong teamwork and motivates her to continue this work to establish IPE4UNC.



LISA DAY, PHD, RN, CNE

Washington State University

I continue in my role as Vice Dean for Educational Innovation and Clinical Professor at Washington State University College of Nursing, where I am responsible for teaching in the undergraduate and graduate nursing programs, and for supporting faculty development in teaching. I have spent the past year getting to know my new community in Spokane, WA by attending local and state nursing and health sciences education and clinical practice meetings. I joined the WSU Spokane health sciences Interprofessional Education Steering Committee, where I contribute to designing and evaluating a progressive, modular interprofessional curriculum that includes online and face-to-face activities for nursing, medicine, and pharmacy students. A paper I co-authored with Kenya Beard, *Meaningful inclusion of diverse voices: The case for culturally responsive teaching in nursing education*, is in pre-print at the Journal of Professional Nursing (<https://doi.org/10.1016/j.profnurs.2019.01.002>), and an abstract based on this paper was accepted for presentation at the 2019 National League for Nursing's Education Summit. In October 2019, I will be inducted as a Fellow in the American Academy of Nursing.



MEMOONA HASNAIN, MD, MHPE, PHD

University of Illinois at Chicago

Dr. Hasnain is Interim Head of the Department of Family Medicine at UIC. She continues her multi-faceted work at the intersection of medicine and public health, with an emphasis on transforming health disparities and ensuring health equity and social justice through interprofessional education, service, and scholarship. Her teaching and educational scholarship this past year included invited and peer-reviewed national and international presentations and publications. She is Co-PI on a HRSA-funded Geriatrics Workforce Enhancement Program (ENGAGE-IL). She is the lead editor of a book on South Asian Health. She provides leadership for UIC College of Medicine's (COM) longitudinal "Patient-centered Medicine Scholars Program," which has special emphasis on vulnerable populations. Some of her notable leadership roles include Co-Chair, UIC COM Faculty Academic Advancement Committee; Co-Chair, Gold Humanism Honor Society, UIC COM at Chicago Chapter; Chair, Scholarship and Program Evaluation, UIC Interprofessional Education Steering Committee; and President, South Asian Public Health Association (SAPHA). One of her key priorities remains building the health workforce pipeline and faculty development, including a focus on wellbeing and work-life balance.



KELLY KARPA, PHD, RPH

Pennsylvania State University

I am Professor and Distinguished Educator, Department of Pharmacology, Pennsylvania State University College of Medicine; Assistant Dean, Interprofessional Education; Director, Office of Interprofessional Education and Teamwork; Director, Medical Pharmacology Instruction; and Co-director, Patient-Centered Medical Home Curriculum. As assistant dean of interprofessional education, I oversee required and extra-curricular interprofessional activities for PSU College of Medicine. A Health Resources and Services Administration grant supports our newest initiatives including a primary care interprofessional teaching clinic and development of an interactive IPE opioid "gaming" app. We have taken our *Getting Started: An Interprofessional Education/Interprofessional Practice Workshop for Healthcare Educators and Providers* out to several Commonwealth campuses to facilitate IPE curricular development across the state of Pennsylvania, launched a new IPE Geriatric Assessment activity, and published two IPE-related manuscripts in *Journal of Interprofessional Education and Practice*. I was recently elected to serve a four year term on the PSU Faculty Senate.



LAUREN MEADE, MD, FACP

Tufts University

Dr. Meade is an Associate Professor of Medicine at Tufts University Medical School. She is a clinical educator for Internal Medicine residents at Baystate Medical Center in Springfield, MA. She was formerly the Director of Clinical Learning and Development at Sound Physicians, a large physician practice across 250 hospitals in the US, where she implemented trainings for 2500 hospitalists on empathy, end of life care, leadership, and provider wellness. She is currently a core clinical educator at High Street Health Center, where she is leading healthcare transformation from fee for service to accountable care. Her research interests include: education for the transition of care from hospital to home, health services deliver research, population health, diversity and inclusion, and transgender health. She has had a continuous healing relationship with her patients for over 20 years. Dr. Meade's Macy Faculty Scholars project implemented an observation and feedback teaching method for physician trainees related to a safe and effective discharge from the hospital. The discharge behaviors were generated from patients, nurses, and physicians together and implemented in 15 Internal Medicine programs. Using this intervention, attendings had more confidence in the competence of their trainee for a safe discharge.



**MAYUMI WILLGERODT,
PHD, MPH, RN**

University of Washington

Dr. Willgerodt is Associate Professor and Vice-Chair of Education in the Department of Family and Child Nursing at the University of Washington Seattle School of Nursing. In this role, she oversees the teaching and education mission of the department, including mentoring junior faculty, coordinating curricular enhancements, and driving PhD-DNP teaching collaborations to bridge the education-practice gap. She is the SON representative to the UW Health Sciences Interprofessional Steering Group and leads its faculty development and assessment/evaluation efforts. As the former Director of Graduate Studies for UW Bothell, Dr. Willgerodt serves as Proxy Dean for UW Seattle Graduate School when needed.



KENYA V. BEARD, EDD, AGACNP-BC, NP-C, CNE, ANEF, FAAN

SUNY Nassau Community College

Dr. Beard is dean of the Nursing and Allied Health Science Programs at Nassau Community College. In this position, she works in Academic Affairs to ensure the delivery of high-quality academic programs. An avid supporter of workforce diversity and health equity, she was recently spotlighted as a nurse innovator and critical change maker by Johnson & Johnson. She has written numerous blogs and recently co-authored two publications: a white paper on Racial and Ethnic Diversity in Nurse Practitioner Education for the National Organization for Nurse Practitioner Faculties and a journal article entitled "Meaningful Inclusion of Diverse Voices: The Case for Culturally Responsive Teaching in Nursing Education." Her expertise on diversity and culturally responsive education resulted in her being invited by the National League for Nursing (NLN) and Josiah Macy Jr. Foundation to co-create documents that highlight factors that optimize health care learning environments. She was appointed by the NLN to serve as a member of the Academy of Nursing Education Review Panel and the American Academy of Nursing's Diversity and Inclusion Committee.



TED JAMES, MD, MS, FACS

Beth Israel Deaconess
Medical Center

Dr. James is Vice Chair of Academic Affairs in the Department of Surgery at Beth Israel Deaconess Medical Center and Director of the 'Transforming Health Care' IPE course at Harvard Medical School. He also serves as teaching faculty of Harvard Medical School's Office of Executive Education, where he provides training for administrative and clinical leaders in health care. Dr. James has a history of leading successful interprofessional collaborations and performance improvement programs in health care organizations. He has developed innovative educational and quality programs to enhance clinical performance and improve patient outcomes. As a Macy Faculty Scholar, Dr. James designed and implemented a patient safety and quality improvement IPE activity incorporating medicine, nursing, and pharmacy students. He also established simulation-based team development sessions for clinical trainees, staff, and faculty.



WRENETHA A. JULION, PHD, MPH, RN, FAAN

Rush University

Dr. Julion is a Professor and Chairperson of the Department of Women, Children & Family Nursing at Rush University College of Nursing. She is responsible for overseeing the academic, research, clinical, and scholarly pursuits of one of three departments. Over the past year, she has continued her intervention research with African American non-resident fathers and her research focused on fathers' health. This past year, she has co-authored several peer-reviewed publications with colleagues and mentees. This past April, she presented a TED-style talk sponsored by Johnson & Johnson during the Plenary Session at the National Student Nurses Association Annual Convention entitled: "What Would a Nurse Do? Meet the Nurse Innovators Changing Human Health."



WENDY S. MADIGOSKY, MD, MSPH
University of Colorado

I continue to serve as an Assistant Director for the Center for Interprofessional Practice and Education and Director of the Interprofessional Education and Development (IPED) course for the University of Colorado Anschutz Medical Campus. In December 2018, I completed 12 years as Foundations of Doctoring Curriculum Director for the School of Medicine and decreased my FTE to 70%. I was appointed as Medical Student Documentation Compliance Liaison for the Office of Medical Education to shepherd the implementation of medical student documentation being used for billing purposes. Recent presentations were at: University of Colorado Academy of Medical Educators Education Scholarship & Innovation Symposium, Team Based Learning Collaborative Annual Meeting, Western Group on Educational Affairs Regional Conference, 14th Annual Telluride Patient Safety Educational Experience, Macy Train-the-Trainer Interprofessional Faculty Development Training Program, All Together Better Health IX, Jefferson Center for Interprofessional Practice Conference. Publications include the 3rd edition of *Fundamentals of Healthcare Improvement: A Guide to Improving Your Patient's Care* (Joint Commission Resources), a chapter of *Shattering the Wall: Imagine Healthcare Without Preventable Harm*, and a description of IPED in the *Journal of Interprofessional Education & Practice*.



SANDRIIJN M. VAN SCHAIK, MD, PHD
University of California, San Francisco

Dr. van Schaik is Baum Family Presidential Chair for Experiential Learning and Professor in Pediatrics at the University of California, San Francisco. Her positions include Fellowship Director for Pediatric Critical Care Medicine, Education Director for the UCSF Kanbar Center for Simulation and Clinical Skills, Director of Faculty Development for the new UCSF School of Medicine Bridges Curriculum, and Course Director for the annual Developing Medical Educators of the 21st Century course, which attracts 130+ participants from across the country. Over the past year, she has increasingly started to focus her work on improving learning environments. She contributed a vision paper to the 2018 Macy Foundation's Conference on Learning Environments in the Health Professions, which was subsequently published in *Academic Medicine*. At UCSF she launched the LACE (Learning and Caring Environment) initiative, aimed at empowering and enabling faculty to co-create optimal clinical learning environments together with learners and patients. This effort is sponsored by the Kern Institute for Transformation of Medical Education/National Transformation Network, a national collaborative in which she continues to be an active contributor.



EVE R. COLSON, MD, MHPE

Washington University in St. Louis

In September 2018, I began a new position as Associate Dean for Program Evaluation and Continuous Quality Improvement at Washington University School of Medicine. In this role, I oversee a new Unit focused on the evaluation and quality improvement of education curricula and the systems that support our education programs. In addition to ensuring compliance with accreditation bodies, we are heavily involved in curriculum renewal and in special projects. This year, I have three publications about using quality improvement approaches to improve education. I continue as a mixed methods clinical researcher focused on infant mortality prevention. So far in AY 2018–2019, I received three new R01 grants from NIH. I will serve as the Principal Investigator on two of these grants and co-Investigator on the third grant. I also served as an invited ad hoc reviewer on an NIH study section and have spoken in multiple venues about this work. I am co-author on four publications related to this research either in press or published so far this year.



ALAN DOW, MD, MSHA

Virginia Commonwealth University

Over the past year, the two big happenings in my career were the publication of my first book and an added role overseeing continuing education. Publishing the book, *The Handbook of Interprofessional Practice: A Guide for Interprofessional Education and Collaborative Care*, taught me a lot about the subject as well as the process of writing. I now feel compelled to write additional books which is both daunting and exciting. Until then, copies of book one can be purchased via Amazon. In my new role overseeing continuing education, I lead an additional organizational unit beyond our center for interprofessional education. For regulatory reasons, the continuing education unit exists separate from the university and hospital so it is a bit like running a small company. We are expanding our interprofessional work, trying to become more integrated with care delivery, and paying better attention to public health needs as a driver for programming. The gap between where we are and where we could be seems largest in continuing education so I am eager to seize upon the opportunities in this work.



DENA H. HASSOUNEH, PHD, RN, ANP, PMHNP, FAAN

Oregon Health & Science University

Dr. Hassouneh is a Professor at Oregon Health & Science University (OHSU) School of Nursing. Her work focuses on equity in health professions education and the sociocultural contexts that influence mental health in marginalized populations. She is the principal investigator on an Academic Research Enhancement Award funded by the National Institutes of Nursing Research. This project offers students hands-on experience conducting community-based participatory research in the Oregon disability community. Dr. Hassouneh is chairing seven dissertation committees at OHSU School of Nursing and teaches in the PhD program's Health Equity track. Service activities included serving as a member of the American Academy of Nursing's Expert Panel on Cultural Competence & Health Equity and reviewer for the Robert Wood Johnson Foundation Culture of Health Leaders program.



JENNIFER S. MYERS, MD

University of Pennsylvania

Dr. Myers is Professor of Clinical Medicine, Director of Quality and Safety Education, and the Director of the Center for Healthcare Improvement and Patient Safety at the Perelman School of Medicine, University of Pennsylvania. In these roles she oversees the academic development and career pathways for residents, fellows, and faculty with career interests in this field. She also has a bridging leadership role designed to integrate and align the quality and safety efforts of the Penn Medicine health system with medical education. Over the past year, she has been leading Penn's participation in the ACGME's Pursuing Excellence Initiative in Patient Safety, served as the Chair of the AAMC's Integrating Quality Steering Committee, Co-chair of the National Board of Medical Examiners (NBME) Patient Safety Test Development Materials Committee, and became an Associate Editor for *BMJ Quality & Safety*. Academically, she has several projects in the pipeline, including the developing an assessment tool for QI project proposals, a companion assessment toolkit for faculty, and is studying the impact of several of her local initiatives in quality and safety at Penn.



**ROBERTA WAITE,
EDD, PMHCNS, ANEF, FAAN**

Drexel University

Dr. Waite is a Professor, Doctoral Nursing Department and has a secondary appointment as a Professor in the Health Systems and Science Research Department at Drexel University, College of Nursing and Health Professions, and Assistant Dean of Academic and Community Integration. In July 2018, she was appointed executive director of the Stephen and Sandra Sheller Eleventh Street Family Health Services of Drexel University, a Sanctuary certified trauma-informed nurse-led, community-based health center providing integrated care with FQHC status and recognized as an NCQA level III patient-centered medical home. She wrote a book, *Adverse Childhood Experiences: What Students and Health Professionals Need to Know*, which is targeted for release August 2019 through Routledge Publications. She was re-appointed as a Corporate Board Director of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation, and she was re-elected to the board of the American Professional Society of ADHD and Related Disorders (APSARD).



HOLLY J. HUMPHREY, MD, MACP

President, Josiah Macy Jr. Foundation

Holly J. Humphrey, MD, MACP, became the eighth president of the Josiah Macy Jr. Foundation in July 2018. Immediately prior to her appointment as President, she served for 15 years as the Ralph W. Gerard Professor in Medicine and Dean for Medical Education at The University of Chicago. In this role, she oversaw undergraduate, graduate, and continuing medical education at the Pritzker School of Medicine.

Dr. Humphrey and a colleague delivered the country's very first White Coat Ceremony address in a 1989 ceremony on the campus of The University of Chicago. Several years later, the Gold Foundation adopted and formalized this ceremony and today supports similar ceremonies in medical schools across the country. During Dr. Humphrey's time as Dean for Medical Education, The University of Chicago was selected for both the American Medical Association's Accelerating Change in Medical Education Consortium and the Accreditation Council for Graduate Medical Education's Pursuing Excellence in Clinical Learning Environments initiative. While at Chicago, Dr. Humphrey also led the mission to support and recruit diverse students and residents to the medical school and residency programs, including by developing pipeline programs for students underrepresented in medicine. She is the co-founder of the Bowman Society, which explores issues of health care

disparities and provides mentoring for students, residents, and faculty underrepresented in medicine.

Dr. Humphrey earned her MD degree with honors from The University of Chicago and as a member of Alpha Omega Alpha honor society. Following an internal medicine residency, pulmonary and critical care fellowship, and Chief Residency all in the department of medicine at The University of Chicago, she began what became a 14-year tenure as Director of the Internal Medicine Residency Program, creating the foundation for her medical education career.

Dr. Humphrey is a national leader in medical education and serves as Chair of the Board of Directors for the new Kaiser Permanente School of Medicine. She is Chair Emeritus of both the American Board of Internal Medicine and of the American Board of Internal Medicine Foundation, the organization that launched the Choosing Wisely® initiative. She is a past President of the Association of Program Directors in Internal Medicine (APDIM). Awards and honors are many and include the Dema C. Daley Founders Award from APDIM and selection as a Master by the American College of Physicians. Crain's Chicago Business featured her as one of their "Women to Watch," and the NorthShore University Health System created the Holly J. Humphrey Medical Education Fund with a one-million-dollar gift to The University of Chicago. Her teaching honors include her selection as a favorite faculty teacher by graduating Pritzker students more than 25 times.





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