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The Macy Faculty Scholars Program convened its 10th Annual Meeting on June 3rd and 4th, 2021. Due to the ongoing COVID-19 pandemic, the annual gathering was held virtually by Zoom videoconference for the second time in the program’s history. It was wonderful to have this time to connect as a community, update each other on our work and our lives, and spend time with one another.

We began the meeting by welcoming the newest member of the program’s National Advisory Committee, Dr. Eve Higginbotham, and by giving our deepest thanks to Dr. Samuel Thier, who retired from the National Advisory Committee last autumn after a decade of committed service. After this opening session, the attendees joined breakout groups with their National Advisory Committee mentors to catch up and engage in a reflective discussion about their experiences over the past year.

Following the breakout sessions was the centerpiece of the Annual Meeting: presentations from the first- and second-year Macy Faculty Scholars. Each Scholar from the 2020 and 2019 cohorts provided an overview and update on the educational innovation project that they are undertaking as part of the Macy Faculty Scholars Program. These presentations and the ensuing discussions that they generated were rich, stimulating, and inspiring. Despite the challenges and complications that the pandemic has brought, our Scholars are carrying out important work and making a difference. I am so proud of them.

We concluded the meeting with a conversation about the future direction of the Macy Faculty Scholars Program as we seek to enhance the program’s impact and alignment with the Macy Foundation’s priority areas. I am very grateful to the Scholars and mentors who shared their thoughts and experiences throughout this process.

The Annual Meeting of the Macy Faculty Scholars is always one of the highlights of the year for me, and this year was no exception. Although I eagerly anticipate the day when we can again safely convene in person, I am so glad that we had this opportunity to gather virtually and celebrate the Scholars’ accomplishments together.

HOLLY J. HUMPHREY, MD, MACP
President, Josiah Macy Jr. Foundation
THURSDAY, JUNE 3, 2021

WELCOMING REMARKS
Holly J. Humphrey, MD, MACP
Macy Foundation President

REFLECTIONS ON COVID-19 AND HEALTH PROFESSIONS EDUCATION, CAREER DEVELOPMENT

2020 MACY FACULTY SCHOLARS’ PRESENTATIONS AND DISCUSSION
John Burkhardt, MD, PhD
Benjamin Kinnear, MD, MEd
Dimitri Papanagnou, MD, MPH, EdD(c)
Danica Fulbright Sumpter, PhD, RN
Tatiana Sadak, PhD, PMHNP, ARNP, RN, FAAN

FRIDAY, JUNE 4, 2021

2019 MACY FACULTY SCHOLARS’ PROJECT UPDATES AND DISCUSSION
Michael Westerhaus, MD, MA
Rachel Marie E. Salas, MD, MEd, FAAN, FANA
Barret Michalec, PhD
Amanda J. Kirkpatrick, PhD, RN
Richard E. Greene, MD, MHPE, FACP

MACY FOUNDATION UPDATES AND DISCUSSION

CLOSING REMARKS
Holly J. Humphrey, MD, MACP
Macy Foundation President
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-BC, ANEF, FAAN

2012 SCHOLARS
Kenya V. Beard, EdD, AGACNP-BC, NP-C, CNE, ANEF, FAAN
Ted James, MD, MS, FACS
Wrenetha Julion, PhD, MPH, RN, CNL, FAAN
Wendy S. Madigosky, MD, MSPH
Sandrijn van Schaik, MD, PhD

2013 SCHOLARS
Lisa Day, PhD, RN, CNE, ANEF, FAAN
Memoona Hasnain, MD, MHPE, PhD
Kelly Karpa, PhD, RPh
Lauren Meade, MD, FACP
Mayumi Willgerodt, PhD, MPH, RN, FAAN, FNASN

2014 SCHOLARS
Laura A. Hanyok, MD
Douglas P. Larsen, MD, MEd
Sarah E. Peyre, EdD
Deanna L. Reising, PhD, RN, ACNS-BC, FAAN, FNAP, ANEF
Charles Vega Jr., MD
Meg Zomorodi, PhD, RN, ANEF, FAAN

2015 SCHOLARS
Lauren Collins, MD
Cheryl L. Woods Giscombé, PhD, RN, PMHNP-BC, FAAN
Deepthiman Gowda, MD, MPH, MS
Lisa Kitko, RN, PhD, FAHA, FAAN
Bridget O’Brien, PhD

2016 SCHOLARS
DorAnne Donesky, PhD, ANP-BC, ACHPN
Cristina M. Gonzalez, MD, MEd
Temple Ratcliffe, MD, FACP
Tyler Reimischisel, MD, MHPE
Jing Wang, PhD, MPH, MSN, RN, FAAN

2017 SCHOLARS
Ashley Darcy-Mahoney, PhD, NNP, FAAN
Maja Djukic, PhD, RN, FAAN
Jed Gonzalo, MD, MSc
Jennifer Kesselheim, MD, MEd, MBE
Jeannette M. Tetrault, MD, FACP, FASAM

2018 SCHOLARS
Vineet Arora, MD, MAPP
C. Jessica Dine, MD, MSHP
Cynthia Foronda, PhD, RN, CNE, CHSE, ANEF, FAAN
Coretta Jenerette, PhD, RN, AOCN, CNE, FAAN
Daniel J. Schumacher, MD, PhD, MEd

2019 SCHOLARS
Richard E. Greene, MD, MHPE, FACP
Amanda Kirkpatrick, PhD, RN
Barret Michalec, PhD
Rachel Marie E. Salas, MD, MEd, FAAN, FANA
Michael Westerhaus, MD, MA

2020 SCHOLARS
John Burkhardt, MD, PhD
Benjamin Kinnear, MD, MEd
Dimitri Papanagou, MD, MPH, EdD(c)
Tatiana Sadak, PhD, PMHNP, ARNP, RN, FAAN
Danica Fulbright Sumpter, PhD, RN

2020 MENTORS
Larry D. Gruppen, PhD
Eric J. Warm, MD, FACP
Deborah J. Ziring, MD
Brenda K. Zierler, PhD, RN, FAAN
Gayle M. Timmerman, PhD, RN, CNS, FNAP, FAAN

NATIONAL ADVISORY COMMITTEE
Holly J. Humphrey, MD, MACP – President
Eve J. Higginbotham, SM, MD, ML
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

MACY FOUNDATION STAFF
Holly J. Humphrey, MD, MACP
Stephen C. Schoenbaum, MD, MPH
Peter Goodwin, MBA
Yasmine R. Legendre, MPA
Dana Levinson, MPH
Heather Snijdewind
JOHN BURKHARDT, MD, PHD
University of Michigan

Dr. Burkhardt is an Assistant Professor in Emergency Medicine and Learning Health Sciences. His research focuses on critically reevaluating medical education policy to increase fairness, equity, and ultimately address health care disparities. His scholarship has included areas such as recruitment, admissions, selection of residents, curriculum, and assessment. He has chosen these areas due to a belief that there is a current mismatch between our stated goals of inclusion in the profession and our preparation of physicians to meet looming needs in areas of specialization (especially primary care and emergency care); the documented needs of traditionally underserved medical populations; and the way we select, recruit, and train medical students and residents. To address these issues in a novel manner, he also has expanded his research to include examining the effect of educational diversity on health care delivery in order to reconceptualize medical education as an underutilized lever in healthcare disparities amelioration.

BENJAMIN KINNEAR, MD, MED
University of Cincinnati

Dr. Kinnear is an Associate Professor of Internal Medicine and Pediatrics in the Divisions of Hospital Medicine at the University of Cincinnati Medical Center and Cincinnati Children’s Hospital Medical Center. He is Associate Program Director for both the Med-Peds and Internal Medicine residency programs, helping to lead competency-based assessment programs, the Medical Education Pathway, and quality improvement curricula. Dr. Kinnear has a particular interest in validity argumentation and has led efforts to construct validity arguments for the residency program’s assessment system. Dr. Kinnear obtained his Master of Medical Education from University of Cincinnati in 2018 and completed a one-year research fellowship called the Education Research Scholars Program in 2020. Clinically, Dr. Kinnear provides inpatient care to both adults and children and has a strong interest in point-of-care ultrasound. He spends much of his free time hiking and spending time with his family, jogging, reading, and watching St. Louis Cardinals baseball.
DIMITRI PAPANAGNOU, MD, MPH, EDD(C)
Thomas Jefferson University

Dr. Papanagnou is an Associate Professor of Emergency Medicine and Vice Chair for Education in the Department of Emergency Medicine at Sidney Kimmel Medical College (SKMC) at Thomas Jefferson University in Philadelphia. He serves as Associate Dean for Faculty Development at SKMC. He oversees the medical school’s Health Systems Science curriculum and the Scholarly Inquiry Track in Medical Education. Within the University, Dr. Papanagnou serves as the Associate Provost for Faculty Development with a focus on Health Professions Education and Scholarship. As a Macy Faculty Scholar, he is developing and evaluating a vertically aligned, interprofessional curriculum for uncertainty in clinical practice. Dr. Papanagnou received his master’s degree in Public Health from Columbia University and his medical degree from the New York University (NYU) School of Medicine. He completed his residency in Emergency Medicine at NYU / Bellevue Hospital. He is currently completing a doctorate in education in adult learning and leadership at Teachers College, Columbia University.

TATIANA SADAK, PHD, PMHNP, ARNP, RN, FAAN
University of Washington

The goal of my proposal is to transform dementia education for registered nurses (RN), from pre-licensure through the full trajectory of their professional development, and to create an innovative, collaborative, and meaningfully different educational model with an emphasis on ambulatory care and interprofessional education (IPE). As an experienced geropsychiatric nurse practitioner specializing in dementia, an educator who is leading the University of Washington (WA) Undergraduate and Graduate Nursing Programs, and a dementia researcher, I have acquired the acumen, clinical expertise, and access to an infrastructure for implementing proposed work. As an active member of the State of WA Dementia Action Collaborative, WA Alzheimer’s Association Board, and a recipient of a national Distinguished Educator in Gerontological Nursing award, I developed extensive partnerships in the state of WA and nationwide that will serve as a springboard for disseminating proposed educational innovation and informing new policies.

DANICA FULBRIGHT SUMPTER, PHD, RN
University of Texas at Austin

Danica Sumpter is a Clinical Assistant Professor at the University of Texas at Austin School of Nursing (UTSON). Dr. Sumpter has been recognized for her innovations in teaching and was named a university Provost’s Teaching Fellow in 2019. Her work as chair of the Family, Public Health, and Nursing Administration Division and co-chair of the Diversity, Equity and Inclusion Committee at the UTSON, and with the Black Mamas Community Collective, have all fueled her aspirations of becoming an expert in anti-racist teaching praxis. As a Macy Faculty Scholar, Dr. Sumpter will develop a Toolkit for Anti-Racist Teaching (T-ART). The T-ART seeks to equip and empower health professions faculty with resources and training to promote the best practices for teaching how institutionalized racism persists as a significant “pre-existing condition” underlying numerous health inequities.
ADRESSING UNCONSCIOUS BIAS IN MEDICAL CARE USING INDIVIDUAL PRACTITIONER DATA

BACKGROUND
Unconscious (Implicit) bias has been identified as a potential mechanism for care outcome differences in women and minorities by physicians with different backgrounds. A common means for unconscious bias to impact medical care is through its potential to impact pattern recognition and illness scripts. The power of educational interventions to address health care disparities, especially those related to bias, are understudied. Physicians and physicians-in-training often have trouble reconciling general data about bias with their own practice as they believe they entered the medical profession with altruistic intentions about providing care. Increasing cultural competence has been proposed as a means to combat biased treatment and patient care outcomes. Previous interventions have involved both single seminar sessions and course-long curricula for practicing physicians. However, these attempts to improve cultural competence generally involved people motivated to learn about the topic, with learner assessment and program evaluation divorced from the clinical context.

PROJECT GOALS
I proposed a new curricular assessment and program evaluation approach for medical education across Michigan Medicine. This approach specifically teaches about unconscious bias in health care and leverages multiple sources of data to prompt resident self-reflection. I selected unconscious bias training because it has the potential to reduce health disparities and is well aligned with a learning approach that is focused on self-reflective, introspection-driven personal growth. The planned intervention includes a two-staged randomized control trial of participating residents. This approach was designed toward an experimental design that can be used to draw causal inferences. The proposed research and curricular innovation was designed with scalability in two major dimensions. The first scalability dimension is the expansion of an adaptable educational intervention using data to other medical specialties and academic environments. The second is in the use of a sustainable and replicable data query process for use in other medical education contexts. I hope to show the power of operationalizing personal level data to drive reflection and practice change, as an adjunct learner assessment tool, and a translational program evaluation process for medical education.

PROGRESS TO DATE

Research Team Development: As part of this project’s development, I have recruited two colleagues of mine (Mary Haas, MD, MHPE, and William Peterson, MD, MHPE) to join the research team. Both Dr. Haas and Dr. Peterson recently completed our department’s medical education fellowship and joined the faculty at the University of Michigan in 2020. In addition to the recruitment of the primary study team, I also have been actively cultivating a potential advisory board for the project to serve as interdepartmental allies as we pivot from the emergency medicine pilot to expand to other GME programs at Michigan. Additionally, our study has been approved by the local IRB.

Educational Session Development: We have completed a literature search of previously validated educational sessions on implicit bias and the social determinants of health. In consultation with our local Office of Health Equity and Inclusion (OHEI), we adapted a session created by the American Academy of Family Physicians (The Everyone Project) for our Implicit Bias session and the SPENT simulation as the core mechanics in our Social Determinants of Health session. I chose to employ previously developed and tested educational interventions in order to focus our experiment on the innovative aspects of our approach and more directly test the effect of those interventions without the confounder of a potentially more ineffectual educational session than the currently available options. We successfully completed an initial feasibility study utilizing graduating residents from our program (so as not to bias our study population) and received qualitative feedback about the sessions’ applicability for use with emergency medicine residents in a Zoom setting.

Data Acquisition and Dashboard Partnership: As part of the review process for receiving data from the Michigan Electronic Medical Record, our research team became aware of a Health Services group looking to build a departmental-level health inequities and bias dashboard for use in the emergency department. As a result of this discovery, we partnered with that group to produce individual-level data about our residents for use in the pilot phase of data collection. In addition to receiving data for use in our study, I was able to provide additional metrics for inclusion in the data pulled from the EMR and feedback in the design of the dashboard. An
article detailing the dashboard’s use for future medical education interventions has been accepted and is in press at *Academic Emergency Medicine: Education & Training*. The data for use in our pilot is currently in-hand and undergoing analysis.

**Explicit Measures Creation (survey design):** Similar to the educational session development philosophy, we have undertaken a literature search of self-reported and “explicit” metrics of bias to include in our pre- and post- intervention survey tool. In reviewing the literature, it seems likely that in addition to providing information on our learners’ explicit attitudes, these metrics can better predict future behavior in concert with the Implicit Association Test (IAT) than either factor alone. The literature search is still ongoing, focusing on several scales derived primarily from the experimental psychology literature, but I am confident that the survey tool will be completed and tested iteratively prior to its planned implementation later this year.

**IAT Administration Contract:** Finally, we have contracted with Project Implicit to administer the Implicit Associations Test and our pre- and post- survey of our residents.

**Pilot Scheduled in Emergency Medicine:** We have received approval for inclusion in next academic year’s residency didactic schedule and the educational sessions for our study will occur in August 2021 and March 2022.

**NEXT STEPS**

- Full pilot in Emergency Medicine 2021–22
- Preliminary data analysis of intervention efficacy: Summer 2022
- Addition of additional GME programs and enrollment of next EM Class: Academic Year 2022–23

**OTHER PROFESSIONAL ACTIVITIES**

In addition to work on this project, the first phase of my Macy Faculty Scholar experience has been productive in several other ways. Since my acceptance to the program, I have published and had several additional articles accepted in the peer-reviewed literature; submitted several extra and intra-mural grant proposals with the awarding of additional research funding; delivered Grand Rounds at the University of Wisconsin Department of Emergency Medicine; been invited to give several sessions at the Society for Academic Emergency Medicine on medical education research methods, grant writing, and lab development; launched my own medical education research lab called the “PRIME Collective” (https://www.burkhardtprimelab.org/); and helped several mentees in development of their own research initiatives.

**ACKNOWLEDGEMENTS**

I wish to thank my other team members (Drs. Haas and Peterson), my mentors Dr. Larry Gruppen and Dr. Kelley Skeff, members of the advisory board, my home institution’s leadership, and my wife and children (Kate, Emily, and Jack) for supporting me in this project and on this larger journey.
BACKGROUND

Since the Flexner report in 1910, graduate medical education (GME) in the United States has largely operated under a time-based training paradigm that relies on a predetermined “dwell time” in a curriculum and presumes relative uniformity in rates of learner progression. However, residents have relatively unique learning and development curves that vary by individual, skill, and context. In competency-based medical education (CBME), the needs of patients and healthcare systems inform curriculum design, and programmatic assessment is used to determine when learners are ready to meet those needs. Thus, time-based, one-size-fits-all models have significant limitations, while competency-based time-variable models hold promise for better meeting the needs of patients and residents. Despite the theoretical benefits, implementation of competency-based time-variable training (CBT VT) in United States GME programs remains challenging. GME programs require robust and multifaceted assessment systems with supporting validity evidence. Licensing, accreditation, and board eligibility standards are all rooted in time-based training models. At University of Cincinnati, our robust, competency-based program of assessment has enabled us to pilot CBT VT in internal medicine and innovate to meet these adaptive challenges.

PROJECT AIMS

The central aims of this project are to pilot CBT VT in a subset of internal medicine residents to:

- Determine the feasibility and financial impact of piloting CBT VT in an internal medicine residency program
- Understand how CBT VT affects decision-making in an internal medicine clinical competency committee (CCC)
- Understand how CBT VT impacts residents’ and faculty assessors’ perceptions of assessment and feedback

We have used the Logic model of program evaluation with mixed methods approaches to meet these aims. Of note, our goal is to pilot what has been described as “transitioning in place,” in which residents progress through training based on competence, not time, but do not actually graduate and leave the program early. This is due to the American Board of Internal Medicine requirements that residents must finish 36 months of training to be board eligible.

PROGRESS AND OUTCOMES TO DATE

We recruited two residents in each post-graduate year (PGY) to join the pilot in September 2020 (total n=6). These residents continued in the usual internal medicine curriculum, but unlike other residents, our CCC reviewed each pilot resident every two months to determine if they were ready for promotion. We have used a framework of “entrustment-supervision” when making promotion decisions with three levels: 1) direct supervision, 2) indirect supervision, 3) unsupervised practice.

Learner progression – Three of the six pilot residents have been promoted early by the CCC. One resident was promoted to indirect supervision two months earlier than usual. Two residents were deemed ready for unsupervised practice five months early. Our GME office estimates that the system cost of a resident is $7200 per month. If residents would be allowed to graduate when the CCC deemed them ready for unsupervised practice, the cost savings from just these two residents would have been an estimated $72,000.

CCC effects – We are conducting longitudinal semi-structured interviews with CCC members and taking field notes from committee meetings. We are learning that when using CBT VT, CCC members scrutinize assessment data more intensely and are more deliberate with promotion decisions when compared with time-based residents. Promotion decisions feel higher stakes. This extra scrutiny of the data and decision-making process has led to multiple programmatic changes including the use of EPAs in the CCC, a multistep process for prospective entrustment decisions, better integration of multisource data, and the design of resident-initiated assessment tools.

Resident effects – We are also conducting longitudinal semi-structured interviews with pilot residents. Residents have reported largely positive experiences and have become more self-directed when seeking feedback and assessment data. Residents have reported that
time-variable training has also served as a motivator for deliberate practice.

**Institutional effects** – We have garnered support from leaders in the Department of Internal Medicine, the GME office, clinical administrators, frontline supervising faculty members, billing and coding officials, credentialing leaders, and financial leaders. Through this coalition, we have developed and approved a novel credentialing pathway for TIMELESS pilot residents who are deemed ready for “distant programmatic oversight” by the CCC. This will allow pilot residents who are deemed ready by the CCC to care for patients without an attending directly overseeing them, but still being supervised by the program.

**Spreading the CBTVT word** – Since joining the Macy Faculty Scholars Program, I have delivered three departmental grand round presentations and one national plenary on CBTVT. I have also co-authored three peer-reviewed publications (two in press) on CBTVT, with more in the works.

**NEXT STEPS**

We plan to recruit two new pilot residents from the incoming intern class in July and continue to iterate and evaluate the program over time. While one of our biggest successes has been the development of a novel credentialing pathway, reimbursement remains a challenge. Many insurance payors require a physician to be board eligible to enroll for reimbursement. However, internal medicine residents must complete 36 months of GME training to be board eligible. Thus, we will continue to seek out novel solutions to implement CBTVT in a time-based system.

**ACKNOWLEDGEMENTS**

I sincerely thank the Macy Foundation for taking a chance on me and providing my program the opportunity to innovate in this space. I am indebted to the pilot residents who have embraced CBTVT and are making TIMELESS better every day. I am grateful for the incredible mentorship and support I have received from other members of the TIMELESS team including Dr. Eric Warm, Dr. Dan Schumacher, Dr. Bi Awosika, Dr. Molly Hillenbrand, Dr. Sydney Schacht, Dr. Lou Edje, Dr. Sally Santen, Ms. Sarah Ferris, Dr. Matt Kelleher, and (soon-to-be) Dr. Bailey DeCoursey. Thank you to the CCC members for your energy and flexibility. Thank you to other institutional leaders who have nurtured this project including Dr. Gregory Rouan, Dr. Bill Naber, Mr. John Paasch, Mr. Tim Maloney, Dr. Bill Knight, Ms. Ann Shelley, Dr. Jonathan Moulton, Ms. Nancy White, and Ms. Lisa Taylor. Thank you to my MFS mentor, Dr. David Irby, who is a deep pool of wisdom, kindness, and encouragement, and has quickly become a friend. Thank you to past MFS cohorts—your cheers and stories help beat back our impostor syndrome. A final thank-you to my MFS cohort for being amazing people who have been a great personal support during a difficult year.
We first aimed to capture students’ experiences with uncertainty in clinical practice. This is an inherent uncertainty that cannot be reduced to a cause. Conceptually, the curriculum is informed by the Marsick and Watkins Model of Informal and Incidental Learning in the Workplace. This model posits that in complex situations—like the CLE—we cannot reduce an effect to a cause. Students ill-equipped to address uncertainty in the clinical environment can experience cognitive dissonance, diminished self-efficacy, and erosion of empathy. An emphasis on linear thinking can thwart creative problem-solving and the ability to calibrate for uncertainty—essential skills to thrive in clinical practice.

To date, undergraduate medical education (UME) has effectively trained students for certainty; and, as a result, students become more comfortable with linear thinking early in training. Formal programs in UME, however, do not address the uncertainty that is inherent in clinical practice. The mismatch between student expectations and the realities of clinical practice can collide during the transition into the CLE. Well-designed educational programs that specifically equip students with skills to appraise and navigate uncertainty have the potential to empower students to thrive during this transition.

**GOALS OF THE PROJECT**

My project develops a formal curriculum for uncertainty in clinical practice. It is a vertically aligned, four-year curriculum, housed within the Health Systems Science (HSS) thread of the medical school curriculum (JeffMD), with plans to develop curricular linkages between the Colleges of Medicine and Nursing. The project builds on the premises of complexity science, which posits that in complex situations—like the CLE—we cannot reduce an effect to a cause. Conceptually, the curriculum is informed by the Marsick and Watkins Model of Informal and Incidental Learning in the Workplace.

Specific goals for the project include developing and evaluating a curriculum for uncertainty in clinical practice, and identifying opportunities for interprofessional collaboration between medical and nursing students. Successful implementation of such a curriculum would afford learners the opportunity to develop their ability to reflect on their decision-making and actions when confronting uncertainty, as well as equip them with tools and strategies to navigate and cope with situations of clinical uncertainty. In the process, output data could further help identify constructs of uncertainty in clinical practice and provide data on a curriculum’s effectiveness in cultivating a tolerance of uncertainty.

**PROGRESS AND OUTCOMES TO DATE**

**Needs Analysis.** We first aimed to capture students’ general self-efficacy and intolerance to uncertainty; describe perceived comfort with uncertainty encountered during clerkships; and identify curricular elements that best prepared students for these situations. We surveyed third-year medical students at the end of core clerkships, at which time students completed the General Self-Efficacy (GSE) and Intolerance of Uncertainty Scale (IUS). We asked students to rate preparedness, confidence, and comfort with uncertainty in clinical practice. We also asked students to identify training that prepared them for uncertainty in clerkships and examined correlations with specific clinical practice uncertainty domains (CPUDs): a) preparing for uncertainty, b) communicating with patients during times of uncertainty, c) building relationships with patients during times of uncertainty, and d) overall well-being.

Two hundred eighty-seven (287 of 290) students completed our survey. GSE was inversely correlated with IUS (p<0.001). GSE was positively correlated with all CPUDs (p<0.005). IUS had an inverse correlation with all CPUDs (p<0.005). Curricular pedagogies with statistically significant relationships with preparing students for uncertainty, communicating and building relationships with patients during times of uncertainty, and overall well-being included: team debriefs, interprofessional role plays, case- and team-based learning, story slams, and sharing narratives with peers and faculty (p<0.05). Qualitatively, students appreciated storytelling, role-modeling of communication strategies, debriefing, and simulations. Our findings will be presented at the 2021 AAMC Learn, Serve, Lead Conference and will also appear in the 2021 Academic Medicine RIME Supplement.

**Phase 1 (Years 1 and 2).** Productive struggle is introduced to students upon matriculation through case-based learning (CBL), a cornerstone of the JeffMD curriculum. Cases are accompanied by learning objectives that link to domains of uncertainty. We have integrated “navigating uncertainty” as a discrete element for performance in the rubric faculty use to evaluate student CBL performance as they work through cases with their peers.
Health Systems Science block themes and learning objectives have also been mapped to concepts of uncertainty in the CLE (e.g., transitions of care, resource utilization). Concepts are reinforced across the first two years of the curriculum, when students participate in their Clinical Experience (CE) sessions—the practical component of the HSS thread.

**Phase 2 (Year 3).** Clerkships immerse students in required simulations representative of distinct CLEs (e.g., ED, ICU, OR, inpatient/outpatient settings). Simulations have been carefully designed to introduce productive struggle while directly linking to the uncertainty domains introduced in Phase 1.

During interclerkship days (i.e., transition days as students move from one clerkship and into another), students participate in faculty-facilitated, small-group observation and reflection (SOAR) sessions, where they discuss disorienting dilemmas and experiences they have encountered on clerkships. Sessions have been dedicated to topics and readings surrounding uncertainty. Students are asked to submit a written narrative to a prompt in advance of these sessions. Earlier this year, we designed one of these sessions to solely focus on navigating uncertainty during clerkships.

**Phase 3 (Year 4).** During the Gateway for Internship sessions, students participate in high-fidelity simulations that link to uncertainty domains. During these sessions, students are introduced to and deliberately practice critical incident debriefing skills. Simulations, lectures, and small group workshops across Phase 3 focus on communication training surrounding uncertainty with peers/patients. In April 2021, all 280 fourth-year students completed training on communicating diagnostic uncertainty to patients utilizing the Uncertainty Communication Checklist.

**NEXT STEPS**

- Faculty development for CBL faculty facilitators. This will include a home-grown taxonomy to generate facilitation questions and discussion prompts cases.

- Build-in action learning (AL) into HSS clinical experience sessions when live sessions resume (post-COVID). Students are assigned to different clinical environments and work with real patient care teams to address social determinants of health and their implications on care. AL, a dynamic approach to develop teams by working on real problems, allows students to work in small groups to solve clinical problems through reflection with the guidance of clinical health workers (who serve as action learning coaches for student teams).

- Continue development of Phase 3 SKMC curricular components: communication OSCEs, critical incident debriefing training.

- Work on linkages between the Colleges of Medicine and Nursing. Work with Jefferson's Center for Interprofessional Practice and Education (JCIPe) and JCN leadership to integrate curriculum into the Honors BSN Program. Explore piloting CBL and Clinical Experience sessions (with AL teams comprising medical and nursing students).

- Work with the Jefferson Longitudinal Study to track uncertainty indices in students with other collected metrics, in conjunction with AAMC GQ data. This will also include student self-compassion data and will examine correlations with intolerance for uncertainty.

- Describe informal and incidental learning (IIL) in the CLE to better prepare students to navigate uncertainty. To cultivate learner skills in formal curriculum and prime them for IIL, our team will conduct interviews with clinical teams to elicit critical incidents to better understand IIL processes and skills that routinely take place in complex CLEs during times of heightened uncertainty. We hope these conversations will inform curricular interventions. This builds on work presented at the 2021 Academy of Human Resource Development conference and will set the stage for a consensus conference on learning through complexity and uncertainty we plan to organize in 2022.

**ACKNOWLEDGEMENTS**

I would like to express my utmost gratitude to the Macy Foundation for welcoming me into the Macy Family. I want to thank my institutional mentor, Dr. Deborah Ziring, for her support of my project and her continued mentorship. I also want to acknowledge the support of my external mentor, Dr. Victoria Marsick at Teachers College, Columbia University, who inspired me to pursue this project and examine the informal and incidental learning that takes place in the clinical workplace. I would also like to thank Dr. Kristin Rising—it was our work together on the Uncertainty Communication Checklist (supported by the Agency for Healthcare Research and Quality) that prompted me to apply these conversations to learners in undergraduate health professions education.

I am grateful to have the support of two deans—Dr. Mark Tykocinski of the Sidney Kimmel Medical College and Dr. Marie Marino of the Jefferson College of Nursing. I am also grateful for the support of my Chair, Dr. Theodore Christopher in the Department of Emergency Medicine, and Dr. Karen Novielli, Vice Dean for Faculty Affairs and Professional Development. I owe much gratitude to all members of the SKMC Curriculum Committee, who have worked closely with me to identify opportunities in JeffMD for my project’s success. I would also like to acknowledge the support of Dr. Samuel Thier (my Macy national advisor) for his continued support of my project.
2020 MACY FACULTY SCHOLARS’ PROJECT SUMMARIES

TATIANA SADAK, PHD, PMHNP, ARNP, RN, FAAN
University of Washington

REVOLUTIONIZING DEMENTIA EDUCATION AND TRAINING FOR NURSES AND HEALTHCARE PROFESSIONALS

OUR VISION

In 2020, the University of Washington School of Nursing (UW SoN), with the support from the Josiah Macy Jr. Foundation, launched the Dementia Palliative Education Network (DPEN). The goal of DPEN is to transform the education of nursing professionals so they are prepared to serve as leaders of care teams that fully utilize the knowledge and skills necessary for aiding dementia-friendly healthcare transformation. DPEN is a comprehensive approach to optimizing dementia care by focusing on four inter-related foci: 1) Education; 2) Workforce Development; 3) Research on Evidence-Based Practice, and 4) Visibility of Dementia Nurses.

Through DPEN, we aim to make dementia care an exciting professional destination for nurse leaders. Empowering nurses and allied healthcare professionals with the knowledge and authority to act as clinicians, educators, researchers, and advocates can better support people living with dementia (PLWD), family members, and friend caregivers.

As a top-ranked university and leader in nursing education and innovation, UW SoN is deeply committed to advancing the field through utilizing a core framework of anti-racism, anti-oppression, diversity, equity, and inclusion in all facets and phases of DPEN development. In collaboration with the UW Center for Antiracism in Nursing, DPEN will focus on creating education that includes antiracist teaching practices, promotes community-driven outcomes, supports a workforce of underrepresented groups who serve historically excluded populations, and applies antiracist principles to clinical practice.

ACCOMPLISHMENTS AND PROGRESS TO DATE

EDUCATION

DPEN Neurocognitive Scholars. A dementia training program for senior undergraduate nursing students. We assembled a team of top local and global dementia clinicians, educators, and leaders to consult on content development and teach portions of the curriculum that educates undergraduate nursing students on providing optimal dementia care and partnering with family and/or friend care partners. Our team has already completed a review of 80+ dementia education materials to identify primary topics and competencies for dementia nurses and mapped curriculum content over the course of two academic quarters (20 weeks). A weekly curriculum protocol template is being developed and will follow these guidelines: 1) Pre-study materials (e.g., recorded PowerPoint presentations, assigned reading, videos, simulations); 2) Clinical Training and Immersion—on-site training with RN preceptors (provide nursing care to people living with dementia to include assessments, education to staff, patients and their families, care coordination); and 3) In-person seminar class (e.g., case studies, guided discussion, debriefing clinical experiences). We are in the process of developing clinical partnerships and local practicum sites, which include geriatric care settings, primary care clinics, hospitals, and in-home service providers. DPEN team has conducted focus groups among current undergraduate nursing students, and there is enthusiasm about participating in this dementia-focused program. We are currently on track to meet program benchmarks and pilot our first cohort of 10–15 Neurocognitive Scholars (Bachelor of Science in Nursing senior students) in this dementia immersion training program in Fall 2022.

DPEN Neurocognitive Continuing Nursing Education & Fellowship. To prepare licensed RNs who are already practicing in various health care settings, we are creating an intensive, dementia-focused online certificate program. This will be an online self-paced training program that will introduce RNs to the fundamentals of comprehensive dementia care that includes addressing the needs in the following domains: (1) Cognitive, (2) Behavioral, (3) General medical, (4) Care partner, (5) Social determinants, (6) Dementia-friendly environments, and (7) Legal-ethical issues. Content will be taught by mini-lectures, videos, evolving case studies, and virtual simulations. We will pilot this training with 100 RNs in Fall 2022 and Winter 2023. RNs that have completed the dementia-focused training program will receive a certificate of completion and will be invited to serve as an RN preceptor to our Neurocognitive Scholars. After completing 100 hours of preceptorship, they will be named UW School of Nursing Neurocognitive Fellow. We will pilot the dementia-focused self-paced program with approximately 100 practicing nurses starting in Fall 2022.

DPEN Interprofessional Education (IPE). An IPE module will be developed, and commitment to providing dementia training has been secured by several healthcare professional schools at UW. This training will be a one-day
event for over 500 students from eight health science schools (e.g., nursing, medicine, social work, nutrition, healthcare administration). The IPE event will be piloted and evaluated in Spring 2023. The UW Center for Health Sciences Interprofessional Education, Research and Practice will co-facilitate this IPE event to sustain the training in subsequent years.

BUSINESS DEVELOPMENT

DPEN team is currently collaborating with graduate students in the Masters in Health Administration program to develop a solid business and sustainability plan. Market analysis has been completed, and stakeholder interviews are scheduled for May 2021.

WORKFORCE DEVELOPMENT

In partnership with long-term care facilities in the Pacific Northwest region, we aim to create an elective clinical training experience for our undergraduate Bachelor of Science in Nursing students. By working directly with PLWD and their families in long-term care settings, our students will gain additional clinical skills in care for older adults and people living with dementia. We expect that the result will be increased confidence, competency, interest in working in these settings, and retention in dementia care nursing. This healthcare segment was significantly affected by the pandemic as staff experienced unprecedented burnout and turnover, and consequently, the quality of care may suffer. Our externship will serve as a pipeline for preparing new graduate RNs to work in LTC. We are in the process of securing philanthropic and other funding, intending to pilot this program in Fall 2021.
TOOLKIT FOR ANTI-RACIST TEACHING (T-ART) IN THE HEALTH PROFESSIONS

BACKGROUND

Social determinants of health appear to be gaining traction in curricula and in civic discourse. However, these determinants are not treated equally in health professions education. It is more common to witness discussions around socioeconomic status, education, and housing or for faculty to encourage learners to take these factors into consideration during the planning and provision of care. Despite being declared a public health crisis, the topic of racism in health professions curricula remains elusive. Historical and contemporary events demonstrate the necessity of exploring systemic racism and its resultant impact on health and educational outcomes for the communities we serve. Barriers to discussing racism in curricula stem from a lack of awareness of the need to discuss or interrogate racism within our specific content areas. Some faculty may be aware of the need, but lack of knowledge and understanding of systemic racism and its connection to their course content remains an additional barrier. After 2020 with its twindemics of COVID-19 and systemic racism, many faculty have begun increasing their awareness, knowledge, and understanding of systemic racism, but a lack of comfort with the content and with facilitating potentially charged discussions presents a third barrier for many. In addition to these barriers that reside within the individual, there are institutional barriers that serve to reinforce and even magnify the individual barriers. These include a lack of incentive or positive institutional reinforcement to broach these discussions (e.g., protection from negative student feedback on course instructor surveys) and a lack of support (i.e., temporal, financial, social) for faculty development related to increasing awareness, knowledge, and comfort. Barriers, whether on the individual or institutional level, result in the same outcome—reinforcement and maintenance of the status quo created by a legacy of white supremacist practices and policies and the resulting racial inequities we see in health care and across all systems in the U.S.

PROJECT GOALS

My project involves the creation of an evidence-based Toolkit for Anti-Racist Teaching (T-ART) with the goal to increase the knowledge, skills, and self-efficacy of health professions faculty to teach about race and racism, and thereby increase the presence of anti-racist curricula in academic health professions institutions.

PROGRESS TO DATE

I am taking a two-pronged approach to the development of the T-ART. One arm involves an integrative review of multi-disciplinary literature examining best practices for teaching about racism, and the other arm involves surveying faculty regarding their perceived needs related to teaching about racism.

The integrative literature review started in the summer of 2019, and after the events of 2020 and the resultant surge of articles related to this topic, we updated our search this January. Based on the amount of information unearthed in the 63 articles that met inclusion criteria, we are planning to split the findings into two manuscripts. The first manuscript focuses on specific strategies that can be employed in a classroom or clinical setting, and the second manuscript is more focused on process—the things that help and hinder this teaching/learning. Results revealed that strategies fell into the following themes: experiential/encounter, reflection, discussion, and activism (in the classroom and beyond). Incidentally these themes align nicely with Kolb’s Learning Cycle: concrete experience, reflective observation, abstract conceptualization, and active experimentation. I workedshopped a draft of this manuscript at the Black Feminist Health Science Studies Collaboratory and received helpful feedback through the lens of Black feminist thought.

Though we discovered many great strategies in the literature, I wanted the T-ART to be informed by another type of evidence, the lived experience of the individuals who will be “doing the work,” to determine what they thought they needed. I distributed a survey to teaching faculty in the schools of medicine, nursing, pharmacy, and social work at my institution in April. To date, 41 faculty members have completed the needs assessment (33-nursing, 4-pharmacy, 4-social work). The most frequently cited barrier to obtaining training and implementing practices once trained is time. Institutional value, support, and recognition were mentioned as key facilitators. Faculty would like training in how to respond to microaggressions, how to select readings from BIPOC
authors, how to identify racism in assignments, and how to determine how systemic racism “fits” into their course content. The majority of faculty prefer that the training be provided as a hands-on workshop, but they also listed video demonstrations as an acceptable means of content delivery.

NEXT STEPS

These preliminary findings echo barriers found in the literature. Next steps include reaching back out to colleagues in medicine, pharmacy, and social work to garner more interdisciplinary insights. This next year will focus on the development of content for the T-ART, with a specific focus on addressing the individual barriers of knowledge and comfort. I will begin the backwards design process to create course outcomes and objectives and plan the objectives and structure of the T-ART modules. I am exploring the development of simulation(s) to provide faculty the opportunity to practice recognizing and responding to microaggressions. I also plan to connect with individuals in our Center for Health Communication to discuss creating video vignettes displaying “developing practice” for faculty to watch and provide feedback. I see this as a long-term endeavor eventually including resources to address the institutional barriers, but in the short term I will focus on the most pressing issues brought forth by faculty.

ACKNOWLEDGEMENTS

First and foremost, I am deeply grateful for the Josiah Macy Jr. Foundation for the vision of the Macy Faculty Scholars Program and the support of my time to work on education-related pursuits. I want to acknowledge and give special thanks to my institutional mentor who has been mentoring me since 1995 in so many ways, Gayle Timmerman. I also want to give a special shout out to my former dean and current NAC mentor, Afaf Meleis, for the resources and support she provides as she pushes my thinking. I also want to express my gratitude to the rest of my mentor team, Keffrelyn Brown and Skyller Walkes, who have been stretched in unimaginable ways this past year due to the nature of their scholarship and expertise and the cultural taxation endemic to academia...much love to you both.
A NOVEL CURRICULUM AND ASSESSMENT PROGRAM ON HEALTH EQUITY, BIAS, AND CULTURAL HUMILITY

PROJECT GOALS

The goal of this project was to review the undergraduate and graduate medical education curriculum (UME and GME) on Health Equity at NYU Grossman School of Medicine in order to enhance the health equity elements of the curriculum and to develop a foundational curricular block for incoming medical students. Further, we aimed to propose an assessment program, and finally a faculty development program to enhance how health inequities are discussed across the curriculum.

MAJOR ACCOMPLISHMENTS

We completed the review of the local NYU curriculum across UME and GME. For the UME curriculum, we assembled a task force which I chaired to integrate Health Disparities and Social Determinants of Health into the pre-clinical curriculum in a three-week foundational block. The block was well received and included assessments of knowledge via a multiple choice exam and learner reflections pre- and post- the block.

Feedback on the block has been gathered from multiple sources, students, formal course liaisons, and faculty, and is being analyzed. For faculty, we developed a novel, asynchronous faculty development module to disseminate the contemporary ideas about race and gender as social constructs with examples about common ways to incorporate this into teaching. This faculty development module is currently being revised into a second version, but has been well received.

Amongst the large interconnected web of projects currently in process, the core elements of my Macy project are all moving forward. My goals in the next year include publishing a scoping review of transgender health curricula and their assessments; augmenting and enhancing the UME, GME, and faculty development programs developed over the past two years; and evaluating the assessments of learners at all three levels.

PERSONAL ACHIEVEMENTS

My time as a Macy Faculty Scholar over the past two years has allowed me to connect, write, and teach more than ever. I have published eight publications, including two in *Academic Medicine* and one in *MedEdPORTAL*. I have given or been invited to give keynote addresses and grand rounds presentations at 10 meetings and institutions across the country. Finally, I have worked with two colleagues locally to start a patient-facing podcast called Queer Health Podcast (queerhealthpodcast.com), which has just completed its first season and been a gratifying labor of love!

NEXT STEPS

I am so grateful for my time as a Macy Faculty Scholar as it has allowed me to learn, teach, develop and study curriculum on a deep level. In addition to continuing my work to publish many of the outcomes from my Macy projects, I have been approved for funding for an educational research grant from the Kern Institute for the Transformation of Medical Education beginning in July of 2021 to work in collaboration with colleagues at UCSF on a project to examine the impact of a Faculty Leadership Development Program for URIM Faculty. I will also serve as a coach for in the NYU-Masstricht MHPE program this upcoming year, and I have been invited to return as a faculty member for the next iteration of the Harvard Macy Educators Course.

ACKNOWLEDGMENTS

I would like to acknowledge my mentors, David Stern, MD, PhD, and David Irby, PhD, for their invaluable contributions to my work so far. Local and national mentors outside of NYU have include Adina Kalet, MD, MPH, Alicia Fernandez, MD, Rhonda Acholonu, MD, and Cristina Gonzalez, MD. Additionally at NYU, Colleen Gillespie, PhD, Sondra Zabar, MD, Tiffany Cook, Kate Chebly, MD, Blen Girmay, MD, Gaby Mayer, MD, Sam Dubin, MD, and Eric Kutscher, MD, have been essential collaborators.
AMANDA J. KIRKPATRICK, PHD, RN
Creighton University

VIRTUAL INTERPROFESSIONAL SIMULATION: A “VISION” FOR THE FUTURE OF HEALTH PROFESSIONS EDUCATION

PROJECT GOALS & ACHIEVEMENTS

Virtual Interprofessional Simulation (VISion) is a distance simulation technique employed with standardized patients using a web-conferencing platform to provide interprofessional students with the human connection they need while simultaneously developing competence in interprofessional (IP) team roles and dynamics. The purpose of this project was to promote VISion using palliative care (PC) scenarios as an effective model of IP clinical education that overcomes clinical site and distance barriers by:

- Revising and expanding enrollment of IP students in a PC elective course.
- Developing guidelines and a repository of validated, reliable PC VISion scenarios.
- Studying and disseminating VISion outcomes.

Course revisions have been implemented and enrollment is up, adding students to the course from chaplaincy, dentistry, and the physician assistant program. Faculty resources for VISion have been developed, and four new IP PC scenarios have been created. Manuscripts disseminating pilot VISion data are under review, with two literature review manuscripts in draft for submission this summer. I am also working on a number of other funded research and writing projects with fellow Macy Scholars and alumni to advance use of distance simulation and better understand effective PC education techniques.

PERSONAL ACHIEVEMENTS

My expertise in IP education, simulation, and PC have been recognized regionally, nationally, and internationally since becoming a Macy Faculty Scholar, particularly after disseminating oral presentations on VISion through NEXUS, IMSH, and other invited IP events. I received awards from ELNEC, the March of Dimes, and the Nebraska Nurses Association for my work in advancing PC competence. I am serving in various roles at a national level within IP and simulation professional organizations (AIHC, NEXUS, and INACSL). I was invited to join the 2023 Research Summit Distance Simulation Team, assuming the role of co-chair for a Distance Simulation Summit that will occur this fall to conduct a Delphi Study with international experts in distance simulation. During my funded period, I have a projected total of at least 12 conference or invited presentations and 11 primary or co-authored publications in journals and texts including Oxford Textbook for Interprofessional Palliative Care, Journal of Interprofessional Care, Clinical Simulation in Nursing, Journal of Interprofessional Education and Practice, AORN Journal, Nursing Education in Practice, International Journal of Palliative Nursing, and Journal of Palliative Care.

NEXT STEPS

While continuing to serve at a national level, I aspire to launch and become a director of a center for interprofessional palliative care at my home institution. An initial draft of the center proposal has been received with excitement and support from my school’s leadership, and we have hopes of securing funding within Creighton University and by external sponsors. Extramural funding is also being sought for research in rural palliative care, where I hope to expand use of VISion in preparing primary care providers in rural areas to deliver effective PC to resource-scarce areas.
THE INTERPROFESSIONAL TRAINING IN EMPATHY, AFFECT, & MINDFULNESS (I-TEAM™)

The Interprofessional Training in Empathy, Affect, & Mindfulness (I-TEAM™) was designed to promote and cultivate collectivity, solidarity, connectiveness, and a general sense of we-ness and personhood among health profession students. This is achieved through short lectures on the science of teamwork and interconnectedness, interprofessional group exercises, and “workouts” to stretch and build students’ empathy muscles. The original I-TEAM™ program was piloted in the fall semester of 2019 with over 150 students enrolled from Nursing, Physical Therapy, Epidemiology, Clinical Exercise Physiology, Dietetics, Speech Language Pathology, and Clinical Psychology.

Work related to the I-TEAM project was published in the Journal of Interprofessional Education & Practice, is currently under review with Social Theory & Health, and was presented in a series of talks held at the University of Toronto, the University of Toronto Medical School, Johns Hopkins School of Medicine, the National Center for Interprofessional Practice & Education, the CENTILE conference, the Physical Therapy Education Leadership conference, Thomas Jefferson University, the Arnold P. Gold Foundation, and in a TEDx talk (that currently has over 8500 views). Moreover, we look to extend this work through our grant applications with the Russell Sage Foundation and NSF, and an on-going scoping review project exploring the various measurement and triggering mechanisms of emotional contagion.

Currently, we are revamping the program into I-TEAM By Design™, a series of e-Learning modules (with optional consulting services) to expand the reach and impact of the tenets of the I-TEAM program to all healthcare professionals and all health profession students. Similarly, we are looking to restructure the I-TEAM program to engage the Education, Public Safety, and Organizational Leadership sectors as well.

Perhaps most interesting, in analyzing the data from the pilot I-TEAM program, I realized that although the program was improving empathy levels among participating students, the goal of the program was actually to “level the playing field” and disrupt the status hierarchy among health occupations. This realization led to my exploration of humility and how it relates to healthcare delivery and health professions education. The portfolio of work (what we have termed The Humility Paradigm) thus far has been featured in the Journal of Humanities & Social Science Studies, ASU Center for Mindfulness, The Academy for Professionalism in Healthcare, Thomas Jefferson University, ASU News Expert Q&A, as well as various other blogs and media outlets. We are currently working on a chapter for a forthcoming book on philosophy and health professions education.

Being a Macy Faculty Scholar has also directly led to my appointment with the IPEC Expert Panel for “Leveraging the IPEC Competency Framework to Transform Health Professions Education” and being awarded an Art Museum-based Health Professions Education Fellowship and encouraged me to take on new leadership roles within AIHC and the National Center, and of course to pursue my new position with ASU.

My next steps are to continue to build out I-TEAM By Design™ (scheduled release: Fall 2021 with CE credits available), as well as expand the research and program design related to The Humility Paradigm, and in turn, become the expert in humility as it relates to health professions education and healthcare delivery. Within ASU, specifically, I would like to expand the reach of CAIPER. Due to the splitting of colleges before I arrived, CAIPER is nested within the Nursing-oriented college, with the other health professions in a separate college. I see CAIPER (and the work we do) as the connective tissue to bond these colleges once again, and for CAIPER to be a University-wide interprofessional hub. At the (inter)national level, I would like to take the lead in advancing thorough and robust social science-oriented research and commentary within the field of interprofessional education and practice—to advance effective and appropriate theoretical, conceptual, and methodological growth within the field—and become an internationally recognized leader in theory development as it relates to interprofessionalism.
THE INTERPROFESSIONAL EDUCATOR CERTIFICATE PROGRAM

GOALS
The goal is to create and implement The Interprofessional Educator Certificate Program at JH to recognize, develop, and nurture faculty as interprofessional educators. The program aims to foster the development of skills needed to be a successful interprofessional educator and cultivate an educational environment that facilitates excitement and innovation around interprofessional and professional identity across disciplines. This program will be housed in the School of Education to promote synergy among the healthcare disciplines working together under the interprofessional in healthcare vision.

MAJOR ACCOMPLISHMENTS/RESULTS
I have spent this year initiating my GME Health System Science and Health Humanities Distinction Track Program. Applying the Master Adaptive Learning model, I am using this program to inform the creation of the faculty certificate and develop myself as a national leader in Health Systems Science and Health Humanities from an interprofessional perspective. Our team was awarded $25K from the Association of American Medical Colleges’ Fundamental Role of Arts and Humanities in Medical Education to develop virtual simulations in cultural humility for our GME HH Distinction Track. My Macy Faculty Scholar peers, Dr. Amanda Kirkpatrick and Dr. Richard Greene, are co-investigators on this project. I have done over 20 strengths coaching workshops this year building an armamentarium of coaching curriculum and content. This year, we were awarded a $250K Discovery Grant (From Jedi Knight to Jedi Master: Discovering the New Master of Health Professions Educator Leader) that will help set the foundation for the certificate.

PERSONAL ACHIEVEMENTS
I was invited to be an HSS Co-mentor for the AMA Health System Science Scholars Academy for this year’s cohort. Since becoming a Macy Faculty Scholar, I have published several peer-reviewed manuscripts, presented my research nationally and internationally, and received additional external funding. I was recently selected for the 2021 AOA Fellow Leadership Program that will support the creation of a coaching leadership program for faculty educations through the School of Education this year. I was successfully promoted to Professor in December 2020, and this May was inducted into the Johns Hopkins Distinguished Teaching Society.

NEXT STEPS
We plan to complete the funded grants in the next two years and create the certificate based on the curricular mapping of the master of education program in the School of Education. My main goal is to develop a precision coaching aspect of the program to support educators within the program to develop them as Health Professions Education Leaders.
MICHAEL WESTERHAUS, MD, MA
University of Minnesota

TEACHING TO TRANSFORM: DESIGNING, DELIVERING, AND EVALUATING A COMMUNITY-INFORMED CURRICULUM ON THE SOCIAL AND STRUCTURAL DETERMINATION OF HEALTH

My Macy Faculty Scholar project aims to 1) understand the impact that social medicine courses have on the development of learner critical consciousness and subsequent action and 2) learn how to build and sustain collaborative, unconventional relationships with communities that advance health justice.


I co-developed a participatory theatre performance (“Locked In”) with the community theater group zAmya which was performed in November 2020 for 50 health workers and am currently writing an essay with troupe members on the power of performance to inspire change in health care. I have guided the development of EqualHealth’s Roadmap for Teaching Social Medicine which has attracted the attention of the AMA’s Center for Health Equity. I have led the collaborative re-design of a social medicine course based at the UMN Center for Social Responsibility and Global Health that will now occur in parallel for learners in Minnesota, in Haiti, and in Uganda and have developed an evaluation framework to measure course impact on learners.
2018 MACY FACULTY SCHOLARS’ CAREER UPDATES

VINEET ARORA, MD, MAPP
University of Chicago

Dr. Arora is the Herbert T. Abelson Professor of Medicine at the University of Chicago Medicine. On July 1, 2021, she will become Dean for Medical Education at the Pritzker School of Medicine, overseeing all aspects of medical education across the continuum for medical students at the Pritzker School of Medicine, residents and fellows in graduate medical education and the Center for Continuing Medical Education, as well as leadership for simulation activities. She was also named a Master by the American College of Physicians. This past year, she gave the closing keynote at the National Academies of Sciences, Engineering, and Medicine’s Workshop on Lessons Learned in Health Professions Education from the COVID-19 Pandemic and also one of the opening keynotes at the Society of Hospital Medicine conference, where she mentioned the importance of sustaining and salvaging interprofessional education and clinical care opportunities during the pandemic. Through her leadership, the University of Chicago had the most number of innovations (8) submitted by learners to the AMA Health Systems Science Challenge on adding value during the COVID-19 pandemic.

C. JESSICA DINE, MD, MSHP
University of Pennsylvania

I wrote in my personal statement for my Macy application that my goal would be to become the Associate Dean for Assessment. As of July 1, 2021, I am now the Associate Dean of Assessment. In this role, I will oversee the assessment and evaluation of learners and programs for UME, GME, and faculty within the School of Medicine. I continue in my role as Associate Dean of Faculty Development with a focus on career development for junior faculty and ongoing skill development for mid and later career faculty.

CYNTHIA FORONDA, PHD, RN, CNE, CHSE, ANEF, FAAN
University of Miami

Dr. Cynthia Foronda is a Professor of Clinical at the University of Miami School of Nursing and Health Studies. Dr. Foronda was recently promoted to Full Professor and inducted as a Fellow of the American Academy of Nursing. Dr. Foronda was invited to serve as a consultant for the Culturally and Linguistically Appropriate Services in Nursing project from the U.S. Department of Health and Human Services Office of Minority Health. She has been invited to speak at various national and international events regarding fostering inclusivity and cultural humility in simulation. Her Theory of Cultural Humility has been published on the prestigious Nursology website and her new debriefing technique “Debriefing for Cultural Humility” has been featured in Laerdal Medical’s e-book. Dr. Foronda helped write an influential position statement on the use of virtual simulation during the pandemic and is on a workgroup to improve the Standards for Quality Improvement Reporting Excellence for Simulation (SQUIRE-SIM). Her systematic review about virtual simulation was deemed a 2021 article of influence. Last year, she published 16 articles and had seven presentations.
CORETTA JENERETTE, PHD, RN, AOCN, CNE, ANEF, 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. Additionally, 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 nursing students to the social determinants of health. The goal is to use simulation to cultivate social justice advocates. “Simulation in PhD Programs” (SiPP©) is designed to meet the unmet needs of PhD nursing students. In July 2020, Dr. Jenerette was selected by Sickle Cell 101 as the National Sickle Cell Advocate of the Year. In September 2020, Dr. Jenerette was inducted into the National League for Nursing (NLN) Academy of Nursing Education. In October 2021, Dr. Jenerette was the scientific chair for the inaugural Foundation for Sickle Cell Disease Nursing Symposium. Also in fall 2021, SiPP© will be incorporated in a podium presentation at two combined conferences: American Nurses Credentialing Center (ANCC) National Magnet Conference© and ANCC Pathway to Excellence Conference©. In spring 2022, Dr. Jenerette and colleagues will present a SiPP “escape room” activity being implemented in the PhD program at the AACN Doctoral Education Conference.

DANIEL J. SCHUMACHER, MD, PHD, 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 and Education Research Scholars Program. He defended his PhD from the Maastricht University School of Health Professions Education in 2020. His current research focuses on competency-based assessment, including milestones, EPAs, and resident-sensitive quality measures (RSQMs), which he developed as part of his PhD work. He is interested in assessment approaches that are patient-focused, such as EPAs and RSQMs. He is a leader in the International Competency-Based Medical Education Collaborators group led by the Royal College of Physicians and Surgeons of Canada, which drives some of his most enjoyable collaborations and influential conversations about the current and future state of competency-based medical education.
ASHLEY DARCY-MAHONEY, PHD, NNP, FAAN
George Washington University

For the past year, I have had the opportunity to spend the year as the National Academy of Medicine (NAM) Distinguished Nurse Scholar-in-Residence, helping to develop federal health policy. Operating under a congressional charter, NAM provides evidence-based solutions and offers national and global policies to address social determinants of health and advance public health. Through interprofessional collaboration and engagement, the Distinguished Nurse Scholar-in-Residence position provides nursing perspectives to better support public health. The American Academy of Nursing, American Nurses Association, and the American Nurses Foundation support the position. In addition, I was a member of the team that assisted in writing the new Future of Nursing report.

MAJA DJUKIC, PHD, RN, FAAN
University of Texas Health Science Center at Houston

I joined the Cizik School of Nursing on September 1, 2020, as the John P. McGovern Distinguished Associate Professor. As an Associate Professor at the Cizik School of Nursing Research Department, I teach PhD and Master’s students in EBP and research methods, supervise PhD students with interests in educational and quality and safety research, and mentor junior faculty. I also develop research proposals, seek extramural and intramural funding, and collaborate with other health professions schools on IPE initiatives as a member of the IPE Council at UTHSC-Houston. I was awarded the 2021 Quality and Safety Education for Nurses (QSEN) Research Award.

JED GONZALO, MD, MSC
Penn State University

Dr. Gonzalo graduated from the University of Scranton in 2002 (B.S. biology/philosophy), receiving the Frank O’Hara Award (awarded to the student with highest GPA). He received his MD degree from Penn State College of Medicine in 2006, being inducted into AΩA Honor Society and chosen by his classmates as “Classmate you would most want as your physician.” He completed his internal medicine/chief residency at Beth Israel Deaconess, where he was Instructor at the Harvard Medical School, and awarded the Lowell McGee Award, which is given to the resident who most demonstrates the “fundamental importance of teaching and to the spirit and substance of being a physician.” Following residency, he completed a fellowship at the University of Pittsburgh in General Internal Medicine/Medical Education. As Associate Dean for Health Systems Education at Penn State, Dr. Gonzalo’s work focuses on Health Systems Science education, which links education with health system needs.

JENNIFER KESSELHEIM, MD, MED, MBE
Harvard University

Dr. Kesselheim blends her clinical practice in pediatric oncology with leadership and scholarship in medical education. Since 2013, she has directed the Master of Medical Sciences (MMSc) in Medical Education at Harvard Medical School, a two-year degree program pairing formal coursework in medical education with a year-long thesis component. She also serves in various medical education leadership roles across the continuum of learners from students to faculty. For example, she now serves as co-director of the fellowship in pediatric hematology-oncology at Boston Children’s Hospital and Dana-Farber Cancer Institute. These
leadership experiences have inspired numerous scholarly pursuits focused on ethics training, humanism education, entrustable professional activities, social media in medical education, and the balance of service and education. With support from the Macy Faculty Scholars Program, Dr. Kesselheim has developed an intervention to integrate interprofessional education into the required pediatrics clerkship at Harvard Medical School.

JEANETTE M. TETRAULT, MD, FACP, FASAM
Yale University

In October 2020, I was promoted to Professor of Medicine at Yale School of Medicine and as of July 2021, I have been recruited to assume the role of Vice Chief of Education for General Internal Medicine. I will continue as Associate Director for Training and Education for the Program in Addiction Medicine, Program Director for the Yale Addiction Medicine Fellowship, and academic advisor for the Yale Medical Students. I am the Principal Investigator on two grants from the Health Resources Services Administration, one to develop an interprofessional addiction training program for PA students, medical residents, and faculty, and another to expand our Addiction Medicine and Addiction Psychiatry fellowship programs. In addition, I continue to collaborate on projects funded by the Substance Abuse and Mental Health Services Administration to increase the number of underrepresented minority health professionals practicing culturally competent addiction medicine and to expand the number of providers trained to prescribe medications to treat opioid use disorder. In April 2021, I was awarded the Training Director of the Year Award at the American Society of Addiction Medicine’s annual meeting. Since June of 2020, I have published four papers in the peer-reviewed literature and three book chapters. I was selected to serve as Editor for the upcoming 7th Edition of the Principles of Addiction Medicine textbook and have been invited to give numerous talks at national meetings and to serve on national panels including the 2021 ACGME Stakeholders Congress on Pain and Addiction.
**DORANNE DONESKY, PHD, ANP-BC, ACHPN**

University of California, San Francisco

Dr. Donesky is Professor Emeritus at University of California, San Francisco (UCSF) and continues to lead Practice-PC at UCSF, an interprofessional palliative care continuing education program for practicing clinicians, with plans for the sixth cohort to begin in January 2022. Her nurse practitioner faculty practice is with the inpatient palliative care service at Queen of the Valley Hospital in Napa, California. Dr. Donesky serves as an associate editor for ATS Scholar, an online health professions education journal, and she is vice-chair of the Patient and Family Education Committee of the American Thoracic Society (ATS). This year, she joined the Examination/Exercise Development Committee for the advanced practice nursing certification exam sponsored by the Hospice and Palliative Credentialing Center. In the past year, she has co-presented with interprofessional colleagues and patient representatives on palliative and team approaches to the care of patients with pulmonary disease to patient groups, pulmonary fellows, palliative care fellows, and hospice providers both regionally and nationally. She was invited to present on the role of nurses in the interprofessional team for the Dyspnea Society meeting scheduled to be held in Oxford, UK, in the summer of 2021, but that meeting was postponed and will be rescheduled after the pandemic. Published articles this year include description and evaluation of the curriculum for Practice-PC, presentation of a four-part workshop on Professional Identity and Interprofessional Tension, and a collaboration with the Macy Faculty Scholar palliative interest group on a review of interprofessional education in palliative care. Dr. Donesky is lead author of the Oxford Textbook of Interprofessional Palliative Care, first edition, which is due for publication in Spring 2022.

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

Albert Einstein College of Medicine

Dr. Gonzalez was promoted to Professor of Medicine. She continued her NIH-funded research in implicit bias recognition and management (IBRM), leading her team to adapt the research from in-person to an online platform. The team has progressed in developing high-fidelity simulations and obtaining rigorous evidence for construct validity for both the simulations and novel, patient-oriented outcome metrics. These metrics will advance health professions educators’ efforts in designing instruction in IBRM by providing metrics against which to measure the efficacy of future educational interventions related to IBRM. Among her seven published manuscripts over the last year were a qualitative program evaluation in the Macy issue of Academic Medicine, another qualitative study in Medical Education (with an invited podcast), and a Twelve Tips paper in Medical Teacher. She won a NIH Loan Repayment Program award as well. Finally, her work with the Society of General Internal Medicine continues, having been voted onto Council.
TEMPEL RdalLFFE, MD, FACp
University of Texas Health Science Center at San Antonio

Dr. Ratcliffe is an Associate Professor/ Clinical of Medicine at the Joe R. and Teresa Lozano Long School of Medicine, University of Texas Health San Antonio, where he serves as Director of the Internal Medicine Clerkship. Dr. Ratcliffe is also the School of Medicine’s council member on UT Health San Antonio’s 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 five publications and co-led workshops at national meetings covering these areas. In April 2021, Dr. Ratcliffe was recognized with the 2021 Clerkship Directors of Internal Medicine (CDIM) Charles H. Griffith, III, MD, Educational Research and Scholarship Award. He also served as faculty for the Harvard Macy Institute's Program for Educators in the Health Professions. This coming year, Dr. Ratcliffe plans to complete a Master of Science in Health Professions Education at the MGH Institute of Health Professions. He was also chosen to serve as Vice Chair for the CDIM Survey and Scholarship committee.

TylEr Reiomschisel, MD, MHPE
Case Western Reserve University and Cleveland Clinic

In September 2019, I became the Founding Associate Provost for Interprofessional Education, Research and Collaborative Practice at Case Western Reserve University and the Cleveland Clinic in Cleveland, Ohio. The vision of our new office is to equip all members of the university community and its affiliates to be effective team members in collaborative practice. Our office will coordinate interprofessional and interdisciplinary academic and other collaborative practice opportunities for students, faculty, and staff in our seven schools and colleges as we partner with our affiliates and community organizations.

JING WANG, PHD, MPH, MSN, RN, FAAN
University of Texas Health Science Center at San Antonio

Dr. Wang is the Hugh Roy Cullen Professor and Vice Dean for Research at the University of Texas Health Science Center at San Antonio School of Nursing. She is also the Founding Director of an interprofessional Center on Smart and Connected Health Technologies that features an aging in place lab, South Texas Connected Health Living Lab, and telehealth training and simulation. Her research uses mobile and connected technology to optimize behavioral lifestyle interventions and improve patient-centered outcomes in chronically ill and aging populations, especially among the underserved and minority populations. Dr. Wang is a Fellow of the American Academy of Nursing. She is also the editor-in-chief of JMIIR (Journal of Medical Internet Research) Aging. Dr. Wang is a Health and Aging Policy Fellow working with CMS, ONC, and AHRQ.
LAUREN COLLINS, MD  
*Thomas Jefferson University*

Dr. Collins is 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. 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 L. WOODS GISCOMBÉ, PhD, RN, 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 the 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 two distinct, HRSA-funded behavioral health integration projects. One focuses on educating nursing and social work graduate students to resolve behavioral health inequities in underserved primary/behavioral healthcare settings. The second is a 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 and President-Elect of the International Society of Psychiatric Nurses. I served as a research collaborator for a WHO/PAHO project investigating nursing research capacity in the Caribbean. I was awarded an R01 grant funded by the National Institute of Minority Health and Health Disparities, and appointed to a National Academies of Sciences, Engineering, and Medicine Review Committee and the AAMC commissioned committee on the Fundamental Role of the Arts and Humanities in Medical Education. I continue to mentor students as well as publish and present my research nationally and internationally.

DEEPTHIMAN GOWDA, MD, MPH, MS  
*Kaiser Permanente Bernard J. Tyson School of Medicine*

This past year, I have served as the Assistant Dean for Medical Education at the new Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM) in Pasadena, California, and have worked with our team to successfully launch the School and welcome our inaugural class on July 27, 2020. Creating the school has been filled with challenges, triumphs, and an abundance of opportunities for personal and professional growth. At KPSOM, I have been contributing to efforts to develop the curriculum, hire key faculty and staff, write policy, and develop and mentor faculty. In particular, I have been playing a lead role in developing the doctoring, interprofessional collaboration, and narrative medicine curricula and conducting faculty development in those areas. I have continued to serve in my role on the Board of Directors for Columbia University Narrative Medicine Program, as national co-chair of the USMLE Step 2 CS Test Development Committee, as Secretary and Research Committee Co-Chair for the Directors of Clinical Skills Courses (DOCS), and as a member of the AAMC Task Force, Foundational Role of the Arts and Humanities in Medical Education.
LISA KITKO, RN, PHD, FAHA, FAAN
Penn State University

Dr. Kitko is an Associate Professor and Associate Dean for Graduate Education in the College of Nursing (CON) at Penn State University. Dr. Kitko oversees the graduate program at Penn State which includes the MSN, DNP, and PhD programs with over 250 students enrolled each year. Dr. Kitko is overseeing the transition of the MSN NP program to a DNP NP program in the CON. Dr. Kitko is co-chair of the assessment committee that led the CON through a successful CCNE accreditation visit in January 2021. Dr. Kitko also maintains an active and funded program of research focused on the palliative care needs of persons living with life-limiting illnesses and their family members. Dr. Kitko chaired an international writing group commissioned by the American Heart Association to develop scientific statement on “Family Caregiving in Heart Failure” and was a member of the writing group on a scientific statement on “Addressing Social Determinants of Health in the Care of Patients with Heart Failure.” Dr. Kitko is a board member for the Eastern Nursing Research Society and has held numerous leadership positions in the Cardiovascular and Stroke Nursing Council of the American Heart Association.

BRIDGET O’BRIEN, PHD
University of California, San Francisco

Dr. O’Brien is a professor of medicine and an education scientist in the Center for Faculty Educators at the University of California, San Francisco (UCSF) where she co-directs the Teaching Scholars Program and the UCSF-University of Utrecht doctoral program. At the San Francisco VA, she directs the Fellowship Program in Health Professions Education Evaluation and Research. Her research focuses primarily on understanding and improving workplace learning among health professionals using a variety of qualitative and mixed methodologies. She has authored and co-authored several articles on qualitative methods, including guidelines for reporting on qualitative research. She is an associate editor for Academic Medicine and a co-chair of the American Education Research Association (AERA) Division I 2021 program planning committee.

Lisa Kitko, RN, PhD, FAHA, FAAN

Bridget O’Brien, PhD
LAURA A. HANYOK, MD
Johns Hopkins University

Dr. Hanyok continues to work in Johns Hopkins School of Medicine’s Graduate Medical Education Office as Assistant Dean. During the last year, her office launched a new Senior Resident Leadership Seminar Series and established a GME Trainee Advisory Office. The Advisory Office provides a way for residents and clinical fellows to receive informal guidance around concerns related to their training. She also oversees medical education at Sibley Memorial Hospital, a member of Johns Hopkins Medicine located in Washington, DC. In this role, she is leading efforts to coordinate and expand educational opportunities for medical learners on the campus. She is a regular contributor to CLOSLER (closler.org), an online learning committee promoting clinical excellence.

DOUGLAS P. LARSEN, MD, MED
Washington University in St. Louis

Dr. Larsen is 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 and Associate Director of the Neurology Clerkship. He is also a director for the new clinical immersions which have emerged as an innovation in the first phase of the new medical school curriculum. He is actively involved in the re-design of the clerkship curriculum as part of curriculum renewal. He serves on the Curriculum Oversight Committee for Medical Student Education. Dr. Larsen is an associate editor for the journals Advances in Health Science Education and the Journal of Graduate Medical Education.

SARAH E. PEYRE, EDD
University of Rochester

Dr. Peyre is the Dean of the Warner School of Education and Human Development at the University of Rochester. Working extensively in the field of simulation, Dr. Peyre’s career has evolved to focus on high-performing healthcare teams and the educational innovations that support collaborative care models. Her educational research has been funded in the areas of expertise, teaming, and educational effectiveness by the National Institutes of Health, Josiah Macy Jr. Foundation, Burroughs Welcome Foundation, and others. Her work in interprofessional education includes curriculum development on disparities in healthcare, leadership, and technology. Her Macy Faculty Scholars project was focused on identifying and teaching best practices in the patient and family-centered use of the electronic medical record (EMR). Building on the traditions of the University of Rochester, she is interested in nourishing humanism alongside technology as educational programs are created that promote effective communication within high-performing teams. Starting in July 2021, Dr. Peyre will be serving as the interim Provost and Chief Academic Officer for the University of Rochester while a permanent Provost is identified.

DEANNA L. REISING, PHD, RN, ACNS-BC, FAAN, FNAP, ANEF
Indiana University

I am Professor of Nursing, Indiana University School of Nursing (IUSON); IPE Coordinator for IUSON; Clinical Nurse Specialist/System Magnet Coordinator, Indiana University Health; and Magnet Program Co-Director, Indiana University Health Bloomington. Over the past year or so, I have been focused on understanding more of the nuances and opportunities afforded by expanded telehealth. Our
Navigator Program involves nursing and medical students making home visits to patients at high risk for readmission. In the pandemic, we have converted those visits to telehealth visits. We are now teaching students how to gain more information using their eyes, ears, and brains to elicit more health assessment information and to gain more appreciation for issues related to social determinants of health. I am also mentoring undergraduate nursing honors students where we are researching continued use of outdated nursing practices, and the level of nursing skills allowed in clinical settings by clinical agencies.

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, ANEF, FAAN
University of North Carolina at Chapel Hill

Dr. Zomorodi is Assistant Provost for Interprofessional Education and Practice at the University of North Carolina at Chapel Hill. When the COVID pandemic began, Dr. Zomorodi shifted efforts to building online IPE activities, telehealth opportunities, and the Carolina Covid Students Services Corps (CSSC). CSSC engaged current and future health professional students in contact tracing, data review, COVID testing, and vaccine administration. CSSC has become a national model with over 1500 members and 25,000 hours served for North Carolina. In 2020–2021, Dr. Zomorodi published three articles and completed 16 presentations on IPE. Dr. Zomorodi is Associate Editor for the Journal of Interprofessional Education and Practice and is currently serving on the IPEC Expert Panel “Leveraging the IPEC Competency Framework to Transform Health Professions Education” as well as the AIHC Advisory Board. In 2021, Dr. Zomorodi received funding from the Kenan Trust to continue the Rural Interprofessional Health Initiative as well as a new grant focused on building Relational Leadership Principles to advance collaboration through leadership development and quality improvement methodologies.

Deanna L. Reising, PhD, RN, ACNS-BC, FAAN, FNAP, ANEF

Charles Vega Jr., MD

Meg Zomorodi, PhD, RN, ANEF, FAAN
LISA DAY, PHD, RN, CNE, ANEF, FAAN
University of New Mexico

Dr. Day is a Professor, Clinician Educator at the University of New Mexico College of Nursing in Albuquerque. She has worked as a staff RN in post-anesthesia recovery, cardiac medicine, and neuroscience, and as a clinical nurse educator and neuroscience clinical nurse specialist. She has held faculty positions at the UCSF School of Nursing; Duke University School of Nursing in Durham; and at Washington State University College of Nursing, where she was also Associate Dean for Academic Affairs. As clinical faculty, she has served as a voluntary member of the hospital ethics committee and clinical ethics consult service at UCSF Medical Center, Duke Hospital, and Providence Health’s Sacred Heart Hospital in Spokane. Since 2019 she has been a member of the board of the American Society of Bioethics and Humanities Affinity Group for Nursing. She has consulted on many nursing education-related projects including the first phase of the Robert Wood Johnson-funded project Quality and Safety Education in Nursing (QSEN) and the Carnegie Foundation for the Advancement of Teaching’s National Study of Nursing Education. She is one of the co-authors of the landmark publication Educating Nurses: A Call for Radical Transformation reporting the results of the Carnegie study, and has provided faculty development workshops for schools of nursing in the US and Canada. She is certified as a Nurse Educator by the NLN and was inducted as a Fellow in the American Academy of Nursing and in the NLN Academy of Nursing Education in 2019.

MEMOONA HASNAIN, MD, MHPE, PHD
University of Illinois at Chicago

After serving for nearly three years as Interim Head of the Department of Family and Community Medicine at UIC, in February 2021 Dr. Hasnain successfully handed off the department to a new permanent department head. In July 2021, she was appointed as the inaugural Associate Dean for Faculty Development in the UIC College of Medicine. Dr. Hasnain continues her multi-faceted work at the intersection of medicine and public health, with an emphasis on transforming health disparities and ensuring social justice through interprofessional education, service, and scholarship. Dr. Hasnain is Co-PI on a HRSA-funded Geriatrics Workforce Enhancement Program ENGAGE-IL. She continues to provide leadership for UIC College of Medicine’s longitudinal “Patient-centered Medicine Scholars Program,” which has special emphasis on vulnerable populations in six thematic areas: Geriatrics; Homelessness; HIV-AIDS; Immigrant & Refugee Health; Incarcerated Populations; and Intimate Partner Violence. Dr. Hasnain’s Macy Foundation-funded Interprofessional Approaches to Health Disparities (IAHD) course received UIC’s Inaugural 2021 I-TEAM Award for excellence in interprofessional education. Also in 2021, Dr. Hasnain became a certified Instructor for CBCT®—Cognitively-based Compassion Training offered by the Center for Contemplative Practices at Emory University and was selected to participate in the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) Fellowship, offered by the Drexel University. One of Dr. Hasnain’s key priorities remains building the health workforce pipeline and faculty development for junior faculty, including a focus on wellbeing and work-life balance.

KELLY KARPA, PHD, RPH
Penn 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; 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 several of our initiatives including a primary care interprofessional teaching clinic and an interactive IPE opioid “gaming” app. Collaborations continue with several BIG 10 Academic Alliance IPE Working
Groups as we embark on new projects and collaborative manuscripts regarding our shared experiences. Over the past year, I have had the privilege of serving as a PSU Faculty Senator and leading a subcommittee for the Intra-University Relations Committee. On account of COVID-19 and the need to quickly convert instructional materials to online formats, I shared lessons learned early in the pandemic with the *Journal of Interprofessional Education and Practice* in a manuscript entitled “Tips for Converting Interprofessional Education Sessions from In-Person to Remote Synchronous Formats for Experiential Learning.” At NEXUS 2020, I was privileged to present outcomes from one of our clerkship IPE activities; our oral presentation was entitled “Neurology Intensive Care Unit Interprofessional Student-Run Care Conference: Enhancing Collaborative Clinical Practice Outside the Classroom.” Based upon relationships built as a result of IPE collaborations, I was recently appointed to serve on an Advisory Board at Millersville University, one of Pennsylvania’s state institutions. Most recently, I was appointed to IPEC’s Expert Panel to develop tools that will be used to assess institutional progress towards IPE implementation.

**LAUREN MEADE, MD, FACP**

*University of Massachusetts*

Dr. Meade is an Associate Professor of Medicine at University of Massachusetts Medical School - Baystate. She is a clinical educator for interprofessional learners at Baystate High Street Health Center (BHS HC), a hub of interprofessional learning. Dr. Meade leads healthcare transformation at BHS HC for the integration of population management and accountable care service delivery. She is engaged in curriculum building and qualitative research in interprofessional education at the point of care for chronic disease management in an urban population. She has had a continuous healing relationship with her patients for over 25 years with general medicine clinical specialty areas including transgender health, women’s health, HIV, substance abuse, chronic pain, and correctional health. Dr. Meade is on the Board of TransHealth Northampton, the first in the nation, independent, transgender-led, comprehensive transgender health center. Dr. Meade 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. Dr. Meade has served in many leadership and innovations building capacities with Alliance of Academic Internal Medicine (AAIM) and Association for Program Directors in Internal Medicine (APDIM) including APDIM council, chair of APDIM Community Program Leaders Council, chair of APDIM Educational Research Outcomes Collaborative, APDIM Spotlight Committee, APDIM Educational Innovations Program, AAIM collaborative for Healing and Renewal for Medicine, Chair of AAIM Collaborative Learning Community, AAIM Innovations Committee, and AAIM Diversity and Inclusion Committee.

**MAYUMI WILLGERODT, PHD, MPH, RN, FAAN, FNASN**

*University of Washington*

Dr. Willgerodt is Associate Professor and Vice-Chair for Education in the Department of Child, Family, and Population Health Nursing at the University of Washington. Her scholarship focuses on interprofessional education and collaborative practice, and school health. In 2018, Dr. Willgerodt and colleagues published the first nationally representative study on the school nursing workforce which provided national estimates of numbers of school nurses and an evidence-based foundation for supporting school nursing in policy statements and media. That work illuminated the need for leveraging the professional expertise of school nurses to strengthen interprofessional care coordination across systems of care to support the health of children. Dr. Willgerodt is currently co-leading a HRSA-funded academic-practice partnership focused on community-based primary care teams in medically underserved/rural areas. In 2019, Dr. Willgerodt was inducted as a Fellow into the American Academy of Nursing, and in 2020 as a Fellow into the National Academy of School Nurses.
KENYA V. BEARD, EDD, AGACNP-BC, NP-C, CNE, ANEF, FAAN

Chamberlain University

Dr. Beard recently joined Chamberlain University to serve as the Associate Provost for Social Mission and Academic Excellence. In this role, she provides strategic direction to advance the performance of its faculty and graduates in enhancing health equity and addressing health disparities. To strengthen diversity in nursing, she served as a reviewer for the National Academy of Medicine’s *Future of Nursing 2020–2030* report and participated in a panel discussion for the Campaign for Action’s *Nursing as a Career to Achieve Financial Security* webinar. She also collaborated with several Macy Scholars to co-author the publication, *Racism and the Diversity Policy Paradox: Implications for Nurse Leaders*. She continues to serve as an editorial board member for the *American Journal of Nursing* and chairs the American Academy of Nursing’s Diversity and Inclusivity Committee. She was recently appointed by the National League for Nursing to join their Taking Aim Initiative and raise awareness of societal inequities affecting the health and welfare of communities of color. She will provide their inaugural webinar entitled *Leading Conversations that Center on Racism*.

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 JULION, PhD, MPH, RN, CNL, FAAN

Rush University

Dr. Julion is the Inaugural Dean for Equity & Inclusion in the Rush University College of Nursing. In this capacity she is responsible for spearheading the strategic planning for diversity, equity, and inclusion efforts for students, faculty, and staff. She and co-Principal Investigator Paul Florsheim are recipients of a five-year grant from the Department of Health and Human Services Administration for Children and Families to test a *Model of Father-Inclusive Prenatal Care*. This research will be conducted with Erie Family Health Center (a Federally Qualified Health Center) and Skills for Chicagoland’s Future (a workforce development agency). This past year she has co-authored six peer-reviewed publications with colleagues and mentees, written three op-eds, and conducted two radio/media interviews focused on health equity and COVID vaccine acceptance in communities of color. She also received the Dean’s Award for Excellence and the 2020–21 Rush Excellence Award in the category of Mentoring. This year she also presented the Opening Keynote address at the Midwest Nursing Research Society 45th Annual Research Conference. Her presentation was entitled *Team Science: Advancing Health Equity Through the Lens of Cultural Sensibility*. 
WENDY S. MADIGOSKY MD, MSPH
University of Colorado

For the University of Colorado Anschutz Medical Campus, I continue to serve as an Assistant Director for the Center for Interprofessional Practice and Education (CIPE) and Director of the Interprofessional Education and Development (IPED) course which has completed its final semester due to curriculum reform. I have also continued as Medical Student Documentation Compliance Liaison for the Office of Medical Education and Chair of the Medical Student Professionalism Committee, which resulted in a new role as Professionalism Assessment Champion. In December 2020, I became the Interprofessional Collaboration Thread Lead for the Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM). Recent presentations were at the following venues: Colorado Learning and Teaching with Technology, CU Academy of Medical Educators Education and Innovation Symposium, Virginia Commonwealth University Emsweller Interprofessional Symposium. Publications include an article about lessons learned from jazz piano trios for interprofessional practice (https://doi.org/10.1016/j.pec.2020.06.008).

SANDRIJN 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 (UCSF). 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 Learning and Caring Environment at UCSF, and, since 2019, also Vice Chair for Education in the Department of Pediatrics. Over the past few years, she has increasingly started to focus her work on improving learning environments. She contributed a vision paper to the 2018 Macy Foundation Conference on Learning Environments in the Health Professions which was subsequently published in Academic Medicine. In 2020, she was selected to the inaugural cohort of the National Academy of Distinguished Educators in Pediatrics, a new honorary service academy established by the Academic Pediatric Association to recognize national experts in pediatric education.
EVE R. COLSON, MD, MHPE
Washington University in St. Louis

Dr. Colson is a Professor of Pediatrics at Washington University School of Medicine in St. Louis. She also serves as the Associate Dean for Program Evaluation and Continuous Quality Improvement in education. In that role, Dr. Colson oversees a unit focused on developing and implementing a program of evaluation for the new Gateway curriculum as well as the systems for quality improvement in programmatic processes and outcomes. She recently served as an LCME accreditation site visitor and will be the Faculty Accreditations Lead for the upcoming site visit. Recently, Dr. Colson received a grant from the AAMC Group on Educational Affairs (GEA) aimed at understanding the causes of clinical grading disparities among medical students during their clerkship years from the perspective of student and faculty. She also attended the February 2020 Macy Foundation Conference on Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments, where she spoke about work she led to better understand disparities in grading, followed by publication of that work in Macy Foundation-led supplement in Academic Medicine. Dr. Colson has four active NIH grants examining health disparities in infants and young children that include developing and implementing interventions aimed at reducing these disparities.

ALAN DOW, MD, MSHA
Virginia Commonwealth University

I am currently the Seymour and Ruth Perlin Tenured Professor of Medicine and Health Administration, the Assistant Vice President of Health Sciences for Interprofessional Education & Collaborative Care, the President and CEO of VCU Health Continuing Education, and, as of January 1st, the Interim Division Chief of Hospital Medicine. Needless to say, it’s been a busy year with the pandemic and the multiple hats, and I am probably most proud of creating our VCU Vaccine Corps through which about 1500 students and faculty vaccinated over 80,000 individuals this spring. I am also chairing the American College of Physicians’ 2023 scientific meeting and have been working with Ireland’s National Forum for the Enhancement of Teaching and Learning in Higher Education to improve higher education in that country. This past year, I also hosted a 96-episode webinar series, primarily about COVID topics. In between Zooms and emails, I continue to write, publish, and, occasionally, have novel thoughts. The best parts of my job remain caring for patients, shifting the perspectives of students, and watching mentees reach new levels of success.

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 and the Director of the Center for Healthcare Improvement and Patient Safety (CHIPs) at the Perelman School of Medicine, University of Pennsylvania. This center serves as the nexus of education in quality and safety at Penn and has developed numerous educational programs and career pathways for residents, fellows, and faculty with career interests in this field. Over the past two years, she designed and implemented a new Master’s program in Healthcare Quality & Safety (MHQS) as well as a dual MSN-MHQS degree. She also continues to serve in a bridging leadership role designed to integrate and align the quality and safety efforts of the Penn Medicine health system with the interprofessional clinical learning environment, the topic of her original Macy Faculty Scholars project. For the past three years, she has also been the lead physician at Penn selected to participate in the ACGME’s National Pursuing Excellence Initiative in Patient Safety. Dr. Myers is an Associate Editor for BMJ Quality & Safety and has published several research papers and commentaries in Academic Medicine, the Journal of Graduate Medical Education, and BMJ Quality & Safety over the past two years.

ROBERTA WAITE, EDD, PMHCNS-BC, ANEF, FAAN
Drexel University

Dr. Waite is a Professor teaching in the Doctoral Nursing Department and is Director of the Macy Undergraduate Leadership Fellows Program at Drexel University, College of Nursing and Health Professions (CNHP). She also serves as both the Executive Director of the Stephen and Sandra Sheller Eleventh Street Family Health Services (11th St) operated in partnership with FPCN and Associate Dean for Community-Centered Health & Wellness and Academic Integration. As Associate Dean, Dr. Waite provides strategic oversight of CNHP’s five clinical practices—11th St, Counseling and Family Therapy, Physical Therapy, Nutrition Practice, and the Dornsife Wellness HUB (Heal, Unite and Bridge). This past year Dr. Waite published seven manuscripts and was an invited speaker at 12 events. Dr. Waite was appointed as a Board of Director of Independence Blue Cross Foundation and the Family Process Institute. She was invited to contribute to Governor Wolfe’s Think Tank which developed guidelines and benchmarks for a Trauma Informed Commonwealth of PA. Currently, she serves on the leadership team of HEAL PA (Healing-Empowerment-Advocacy-Learning-Prevention-Action Trauma-Informed Pennsylvania) co-chairing the Racial and Communal Trauma Prevention Action Team. Recently, Dr. Waite was awarded the Leadership Excellence Award from the National Diversity Council Organization.