

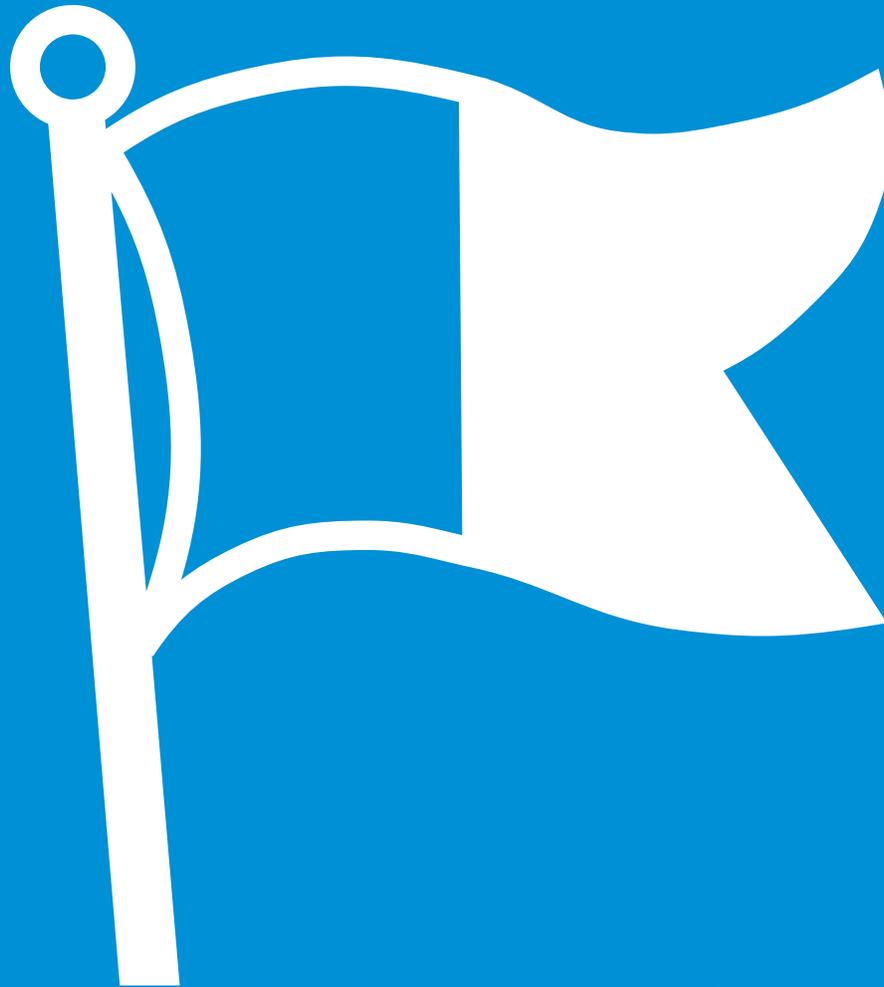


Technology in Health Professions Education

2015 ANNUAL REPORT



JOSIAH MACY JR. FOUNDATION



The Foundation's logo incorporates the mid-nineteenth century ship's flag of Josiah Macy & Sons, New York, shipping and commission merchants and ancestors of Josiah Macy Jr.

Cover: MGH Institute of Health Professions students collaborating on an interprofessional project.



JOSIAH MACY JR. FOUNDATION

2015 ANNUAL REPORT

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President's Statement

George E. Thibault, MD
President

It has been a busy 2015, reflecting both the Macy Foundation's growing visibility and the increasing importance of the work we support to align health professions education with the changing health care delivery system.

Growing awareness that we need to continuously rethink and refine models of education in tandem with an evolving delivery system has made the Foundation's priorities—from encouraging interprofessional education and teamwork to developing new content and models of clinical education—more and more relevant. Now finishing my eighth year here, we are beginning to see the cumulative impact of our work to build bridges between health professions education and high-quality patient-centered care.

Technology plays an increasing role in these advances. The theme of this year's Annual Report "Technology in Health Professions Education," reflects on the important work we and our grantees are undertaking to leverage technology



to create a feedback loop between the worlds of health professions education and care delivery. Throughout this report we highlight how our grantees and scholars have tapped into technology—from online learning to simulation tools—to enhance interprofessional education and break down barriers of time and distance and facilitate asynchronous learning. We also share highlights from the April 2015 Macy Conference, "Enhancing Health Professions Education through Technology: Building a Continuously Learning Health System," which brought together a diverse group of experts to examine existing and emerging technologies and their application to health professions education. Those attending developed the following consensus statement:

In our vision for the future of health professions education, intelligent use of educational and information technologies supports the linkage between education and delivery systems

to create a Continuously Learning Health System. In this system, teachers, learners, and clinical data inform continuous improvement processes, enable lifelong learning, and promote innovation to improve the health of the public.

As digital technology continues to change how all of us live, communicate, and get information, we must harness technology to expand educational and clinical reach, impact, and efficiency to achieve optimum health for all.

In 2015, we also welcomed our fifth class of Macy Faculty Scholars, bringing the total to 26 scholars, and held our fourth Macy Faculty Scholars Annual Meeting, which included 2011 and 2012 alumni scholars who shared insights about career transitions and overcoming barriers to interprofessional education. Filled with interesting updates about scholars' projects, the day and a half meeting confirmed the ascendancy of both the scholars' careers and our mission to ensure educational reform keeps step with societal needs. I, along with the entire Macy staff and our invaluable National Advisory Committee, are proud that we've been able to advance the careers of these talented people.

This also was an extremely productive year for the National Center for Interprofessional Practice and Education at the University of Minnesota.

As digital technology continues to change how all of us live, communicate, and get information, we must harness technology to expand educational and clinical reach, impact, and efficiency to achieve optimum health for all.

We take pride in our role in helping to create the Center as a unique public-private partnership with funding from Health Resources and Services Administration and three private foundations (Macy, Robert Wood Johnson, and Gordon and Betty Moore). In its third year, the Center has become an invaluable and trusted resource for up to date information on best practices in interprofessional education and collaborative

care. Its Nexus Innovations Network has ten active sites nationally and another fifteen in development. These sites are providing standardized data for the National Center Data Repository about the effectiveness and return on investment of interprofessional, team-based models of education and care in improving patient outcomes.

Looking ahead, the Foundation in 2016 will renew its focus on graduate medical education (GME). The 2014 release of the Macy-supported Institute of Medicine (IOM) report, "Graduate Medical Education That Meets the Nation's Health Needs," generated significant debate, and we will revisit GME reform to create a positive discussion about innovations that are actually occurring to align GME with the needs of the public. To that end, the Foundation will hold six regional conferences in 2016 highlighting innovations in GME occurring across the nation.

And our annual Macy conference in 2016 will focus on nursing education in preparing



George Thibault speaking at MGH Institute of Health Professions.

registered nurses for enhanced roles in primary care, a timely topic since an IOM study group, on which I have the honor of serving, has recently released a report examining the impact of the 2010 IOM “Future of Nursing” report.

So, 2016 is shaping up to be another busy and productive year for the Foundation as we work with our scholars and grantees to advance innovations in health professions education that prepare physicians, nurses, and other health professionals to achieve the goals of better patient care, better population health, and lower costs. As always, the Foundation’s work

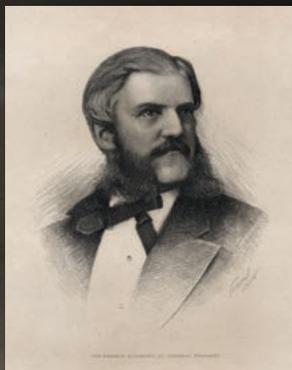
would not be possible without the wise guidance of our Board and the committed work of the Foundation staff. We accomplished much in 2015, and many opportunities remain to ensure health professions education stays connected to patient needs in a constantly changing health care system.

A handwritten signature in black ink that reads "George E. Thibault MD".

GEORGE E. THIBAUT, MD



Kate Macy Ladd



Josiah Macy Jr.



A Brief History

Kate Macy Ladd established the Josiah Macy Jr. Foundation in 1930 to honor the memory of her father, a well-known philanthropist who died young. Ladd intended the Foundation to devote itself to the promotion of health and the ministry of healing.

Over the decades, the founding mission has remained the same while the focus has shifted from medical research to health professions education. Today, the Josiah Macy Jr. Foundation is the only national foundation dedicated solely to improving the education of health professionals.

For more on the Foundation's history, please visit our website:

www.macyfoundation.org

Technology in Health Professions Education

With the dawn of big data, breakthroughs in virtual reality and artificial intelligence, an explosion in the number of smart phones and mobile technologies, and a constantly expanding universe of apps and websites, Americans are more connected than ever and answers to almost any question are only a finger swipe away.



Medical University of South Carolina College of Nursing faculty beta testing the Virtual Interprofessional Project before launching it with colleagues from medicine and pharmacy.

If appropriately harnessed, these new technologies could radically transform health professions education and our health care system, which remain fragmented, disconnected, and inefficient.

Often, technology is talked of as depersonalizing health care and education: that the doctor looks at the screen instead of the patient and that students learning online never interact with real people. But Macy Foundation President George E. Thibault, MD has a different view.

“When used right, technology can free up time and facilitate opportunities for health professions students and faculty to master skills like patient-centered care and teamwork—competencies that are at the heart of good medicine,” said Thibault.

The Macy Foundation is at the forefront of supporting work to use technology to improve linkages among the health professions, build bridges between the classroom and the clinic, empower faculty and the next cadre of educational innovators, and advance evaluation and assessment of learners and educational interventions.

“As we work to improve the education and training of health professionals, technology gives us another set of tools to achieve our goals,” said Thibault.

“When used right, technology can free up time and facilitate opportunities for health professions students and faculty to master skills like patient-centered care and teamwork...”

—George Thibault

LINKING THE HEALTH PROFESSIONS

With support from the Macy Foundation, a consortium of five southeastern universities, led by University of Kentucky and including Medical University of South Carolina, University of Florida, University of Mississippi Medical Center, and Vanderbilt University, are developing an interprofessional education program that will be used by more than 5,000 medical, nursing, pharmacy, and other health professions students

across the five campuses.

By combining online learning with face-to-face instruction, the Consortium hopes to address some of the logistical challenges of bringing together students across the different campuses.

Similarly, at NYU School of Medicine, Marc M. Triola, MD, co-principal investigator of a Macy-funded project known as NYU3T: Teaching, Technology, Teamwork, has developed an interprofessional curriculum for medical

and nursing students that overcomes logistical barriers through e-learning, virtual patients, and even virtual teammates.

The NYU3T curriculum pairs medical and nursing students to work on web-based modules on such topics as teams and teamwork, communication and conflict resolution, and interdisciplinary care planning. Interactive exercises are completed together online with students using an instant

messaging platform to communicate with each other. Nursing students, who enter training on a different schedule than medical students, are paired with virtual students built from data collected on real students who completed the exercises.

An assessment of NYU3T published in 2015 in the *Journal of Interprofessional Care* found that e-learning with virtual teammates was largely as effective as a blended-learning approach to interprofessional education. The advantage of virtual e-learning is greater scalability and the ability “to use time more efficiently and effectively,” Triola said. Another advantage is the ability to tailor the pace of instruction to individual student learning styles, he said, adding, “We can break away from one-size-fits-all learning.”

Likewise, at Medical University of South Carolina (MUSC), Gail W. Stuart, PhD, RN, FAAN, dean of the College of Nursing, is the principal investigator on a Macy-funded project to develop, pilot, and evaluate an avatar-based online platform that allows medical, nursing, and pharmacy students to conduct a root-cause analysis of a medical error leading to a patient’s death.

“We started from the point of view that quality and patient safety are the biggest issues in health care, and of course the Institute of Medicine report on medical errors and other evidence suggests the problem is poor functioning of teams, poor communication, and poor decision-making,” Stuart said.

While many institutions have developed online simulations and other e-learning tools, the MUSC project has been technologically challenging because of its asynchronous nature, Stuart said, adding, “We wanted to take it a step further

where we don’t all have to be on a computer at the same time.”

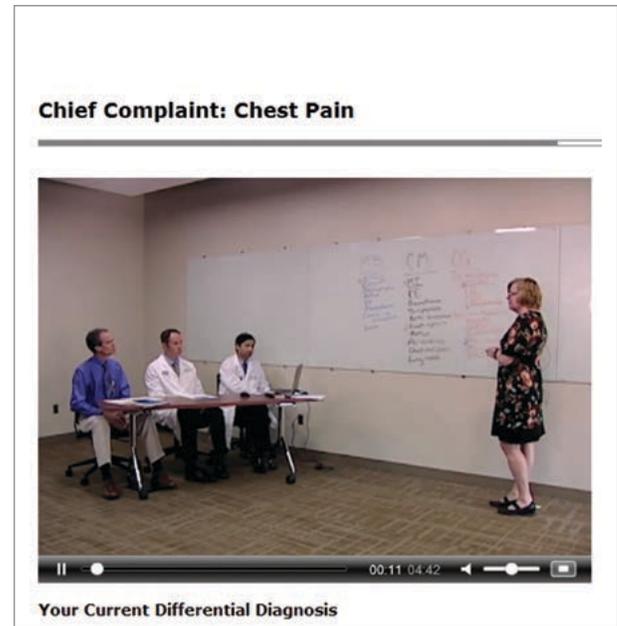
Health professions students (medicine, nursing, physical therapy) at Dartmouth College, Colby-Sawyer College, and the MGH Institute of Health Professions are receiving asynchronous content (text and video) on the theories and concepts that form the foundation of interprofessional collaboration and shared decision-making. A cohort of students will learn these skills via synchronous content using live video conferencing. Students are assessed and provided feedback after each stage of learning and must demonstrate competency in order to proceed to the next stage. Students at the end of the program should be able to engage patients as partners in decision-making and care management.

BRIDGING THE CLASSROOM AND THE CLINICAL TRAINING SITE

With Macy support, the Southern Illinois University School of Medicine has built what amounts to a virtual clinical setting where students can acquire critical clinical competencies by working through online patient cases covering 144 diagnoses.

“We started doing internal studies looking at the clinical reasoning skills of our students, and although we think our students are top of the line and they go off to successful internships and residencies, we were stunned at how poorly as a group they could reason clinically,” said Debra Klamen, MD, MHPE, associate dean for Education and Curriculum.

The school created 36 patient cases illustrating critical clinical competencies and videotaped the cases using a standardized patient and a



An example from Southern Illinois University's Critical Clinical Competencies program.

physician faculty member. After viewing the video, students are prompted to make a differential diagnosis and explain their clinical reasoning and decision-making. In the next step, the student views a video of four physicians from different specialties discussing their differential diagnoses of the patient and explicit clinical reasoning. The result is a rich in-depth simulated clinical experience without the actual clinic, where it would be rare for students and faculty to have the time to delve into such detailed clinical reasoning exercises.

"A faculty member might ask a student what did you think and why, but rarely would a faculty member ever go through a patient case, stopping along the way to talk about their reasoning as they went," Klamen said.

While the cases are not graded, the content is tied to exams. And since the online system captures a "portfolio" of student reasoning as they work through the cases, learners can use

exam results to identify where they need to focus more attention. The approach also provides a much more flexible, individualized learning plan for students since they can work through the cases at their own pace.

And at the Ulrich and Ruth Frank Foundation, a group of physicians, students, and technology experts are investigating and cataloging digital learning tools. Their work is part of a broader initiative to enhance the effectiveness of undergraduate medical education and to make openly available medical education resources more accessible to medical students.

EVALUATING STUDENT PERFORMANCE

Since 2009, the University of California Los Angeles (UCLA) has offered third-year medical students and advanced practice nursing students the interprofessional education course, Systems-Based Healthcare. Students learn about the roles that each type of practitioner plays and how



An interprofessional team of UCLA caregivers share their treatment plan at the patient's bedside.

to collaborate and work as partners with other health professionals.

To more rigorously assess the interprofessional competencies of students who have completed the course, UCLA is developing a set of assessment tools that rely heavily on new technologies: an iPad app allows instructional leaders, such as coaches and mentors, to assess actual collaborative practices through observations and walk-throughs in clinical interprofessional education settings. And a video assessment takes learners through three different interprofessional scenarios that they may encounter in practice and poses questions to assess the viewer's judgment, thinking, and communication skills.

The researchers are currently testing and refining the assessment tools, exploring the usefulness, feasibility, and reliability of each before disseminating them broadly.

TRAINING FACULTY

Technology is also playing a role in helping prepare faculty to teach new health professions curricula.

With support from Macy, the University of Washington, the University of Missouri-Columbia, and the University of Virginia are scaling up a successful 2012 Macy-funded "train-the-trainer" pilot to prepare faculty to teach interprofessional education. While the 40-hour certification course includes online learning, technology is also central to the hands-on training delivered over a three day in-person meeting.

"Technology is used throughout the training—we're sharing simulation cases, we're sharing video clips, and of course all of the pre-work and follow-up coaching is provided virtually. There isn't anything we're doing that doesn't involve technology," said Brenda Zierler, PhD, RN, FAAN, principal investigator of the grant.

The goal is for each regional center to train about 60 faculty members annually for the next

three years, who in turn will return to their home institutions and train colleagues how to teach interprofessional education and practice.

ENGAGING PATIENTS

In recent years, perhaps no technology has had more impact on health care than the electronic medical record (EMR). Along with changing communication, workflow, and systems integration in clinical practices, EMRs also are changing how clinicians interact with patients and families.

At the University of Rochester, Sarah Peyre, EdD, a 2014 Macy Faculty Scholar, is identifying and developing best practices for using EMRs with patients and families. Her field research began in the fall of 2014 with focus groups of patients and families to ask patients what their expectations are around technology and in particular, EMRs. Peyre used patient stories and experiences, both good and bad, as a framework to begin developing an educational intervention to help both providers and patients more effectively integrate EMRs in patient care.

Peyre has also conducted observations in ambulatory clinical practices to identify how EMRs affect workflow and communication patterns. An emerging concern is variation in how providers use EMRs, specifically patient portals, to engage patients, and Peyre is working to develop an EMR distress scale to help identify how to motivate providers to use EMRs as a tool for patient education, what she calls, “teaching with the screen,” or helping health professionals understand how to turn the computer screen toward the patient and share it in a way that teaches them to be both more collaborative and more communicative.

A CONTINUOUSLY LEARNING HEALTH SYSTEM

In April, the Macy Conference, *Enhancing Health Professions Education through Technology: Building a Continuously Learning Health System*, brought together diverse experts in education and technology to explore the role of technology in enhancing health professions education and improving the linkage of the educational and care delivery systems to propel health care transformation.

Several foundational themes emerged during the conference, the first being that technology does not replace faculty, but can and should expand their reach, impact, and efficiency. Technology can never—and should never—fully replace face-to-face teacher-learner interaction or personal contact with patients and families. The second theme is that technology is a teaching and learning tool and not an end unto itself. Robust data collection, analysis, and interpretation will facilitate the ability to individualize the educational experience. The third theme is technology is a tool to preserve, accentuate, and augment humanity in education and health care.

Technology can never—and should never—fully replace face-to-face teacher-learner interaction or personal contact with patients and families. During the conference, the conversation touched on the concept of technology as a tool to preserve, accentuate, and augment humanity in education and health care. As the demands on health professions learners and practitioners change and expand, technology—appropriately used—can increase efficiency, thereby preserving time for learners and practitioners to connect,

share, and empathize with each other and with patients, families, and communities.

Conference participants identified six recommendations for how best to leverage technology in health professions education:

- In health professions education, technology should be used to support the ongoing development of learners from undergraduate levels through clinical practice; enhance interprofessional learning opportunities; and empower every student, faculty member, and clinician to embrace the role of both teacher and lifelong learner.
- Faculty in health professions education should be supported to develop skills and expertise in the selection and effective use of educational technologies to complement the teaching-learning process and assessment of outcomes.
- Educational technologies should be used to accelerate the transformation of health professions education to a system that is competency-driven, affordable, and accessible to each learner.
- Technology should be leveraged to bridge the gap between educational and clinical missions, where teaching and learning are embedded within a healthcare delivery system that continuously improves.
- Leaders of health professions education programs should employ technology to analyze community and population data and use those data to continuously inform the design of curriculum content and learning experiences to reflect the contemporary health and healthcare needs of society.

“Technology can help us bring the two worlds of education and health delivery together...”

—George Thibault

- Educational technologies should be used to facilitate the sharing of content and integration of data across systems and programs, thus promoting the scalability and adoption of efficient and effective educational strategies.

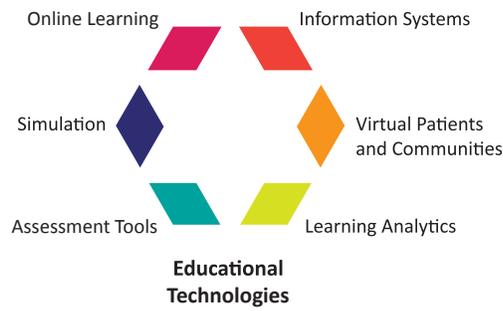
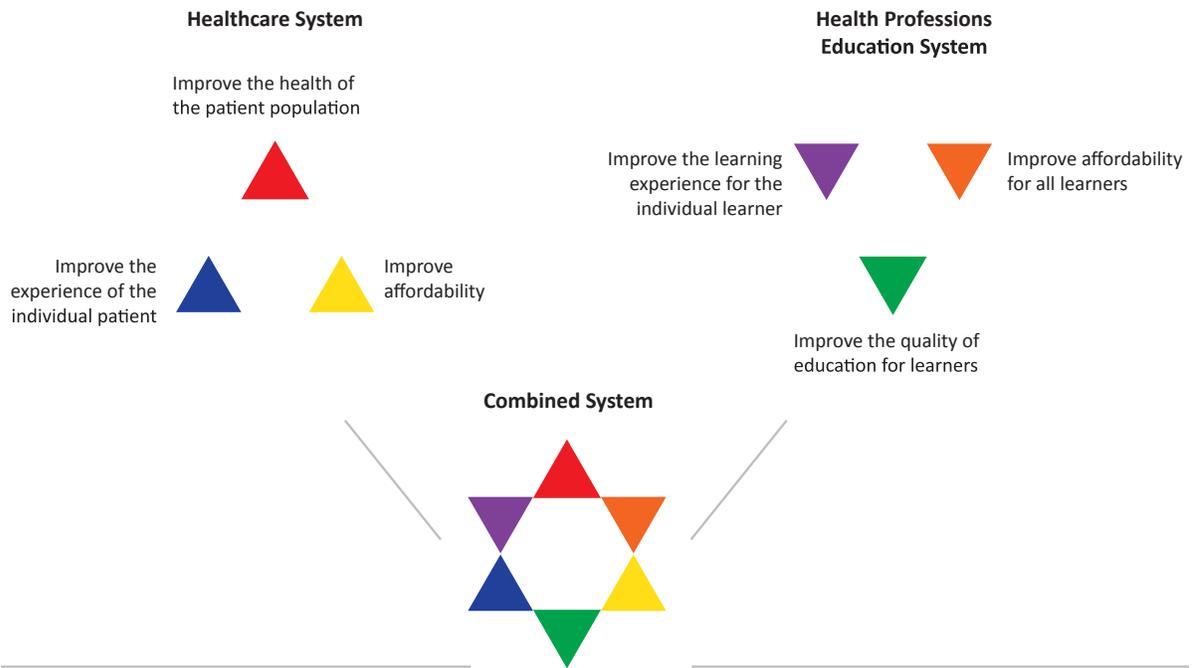
While technology has a clear role to play in enhancing the individual experiences of both teachers and learners within health professions education, it was the promise of a technologically enhanced and fully integrated health professions education and care delivery system, described as a “Continuously Learning Health System,” that truly energized the conferees.

“Technology can help us bring the two worlds of education and health delivery together and enable a constant feedback loop to improve both,” explained Thibault.

Real patient data can be used to inform education so that what the students are learning becomes more relevant to actual patients. And data on patient outcomes can help measure student and trainee performance.

“By having information systems that cut across the education world and the delivery world, we can ensure a constant feedback loop whereby the education process is being constantly improved and corrected by what’s happening in the delivery system,” said Thibault. “And the delivery system can get feedback on how well it’s preparing the next generation of people to work in it.”

VISION FOR A CONTINUOUSLY LEARNING HEALTH SYSTEM



Macy Faculty Scholars Program



Macy Faculty Scholars 2015 Annual Meeting.

The Macy Faculty Scholars program continues to thrive and we are delighted to welcome our fifth class in 2015.

They are another extraordinarily accomplished group composed of two nurse educators, two physician educators, and one PhD educator. Their projects deal with important topics such as aligning interprofessional education and clinical practice; engaging pre-professional students in curricula and service-learning activities to promote integration of community-based strategies while targeting social determinants of health; integrating narrative medicine-based interprofessional education into patient-centered medical homes; implementing a post-graduate

palliative care program with interprofessional practicum and joint didactic courses; and developing resources for interprofessional teams to negotiate roles, achieve a shared understanding of complex situations, and ensure the contribution of each team member to quality patient care. Each project illustrates the kind of change needed in how our health professionals are trained today in order to lead the health care systems of tomorrow.

Macy Faculty Scholars receive \$100,000 in salary support per year for two years, enabling them to spend at least half of their time participating in career development activities that prepare them for leadership roles in health professions education. In addition, they implement an educational reform project, that is central to ultimately improving the health of the public.

INTRODUCING THE 2015 MACY FACULTY SCHOLARS

Lauren Collins MD

*Sidney Kimmel Medical College
at Thomas Jefferson University*



Since 2007, Dr. Collins, an associate professor of family and community medicine, has played an integral role in Jefferson's interprofessional Health Mentors program, which matches teams of students across seven disciplines for two years with a patient mentor.

"The patient mentor is really a teacher who talks with them about what it's like to live with a chronic condition," Collins explains, adding that the student teams get to know the mentor "as a person first, instead of as a disease first, which is how we usually train our students."

While the Health Mentors program has been "tremendously successful" in helping students learn about team-based care, Dr. Collins is hoping to take the mentoring

program to the next step by moving students beyond simple knowledge acquisition to measurable mastery of team-based care by using her Macy Faculty Scholar award to develop a new curriculum. Dubbed VERTICAL—Value-driven, Ethical, Responsible, Team-Based, Interprofessional, Collaborative Aligned Leaders—the curriculum will be focused on bridging the gap between interprofessional education and clinical practice.

"We need to move students along the learning continuum from being more than just informed and knowledgeable, which is where I think most of our current students graduate, to actually being competent and demonstrating proficiency when it comes to team work," says Collins.

As part of the project, Dr. Collins is also developing a measurement tool to provide students with a "360-degree assessment" of their competency in interprofessional care with feedback from preceptors, patients, and caregivers.

Cheryl Woods Giscombé PhD, MSN, RN, PMHNP

*The University of North Carolina
at Chapel Hill School of Nursing*



As a Macy Faculty Scholar, Dr. Giscombé will formalize an interprofessional curriculum to help health professions students and others better understand the root causes of mental health disparities, including social determinants of health and cultural dynamics that can contribute to these disparities.

Dr. Giscombé, an assistant professor, initiated a mental health services program at a community health center—Healing with CAARE, Inc.—in Durham, NC, where she practices 1.5 days a week providing individual, group and family therapy and medication management. The center offers a wide array of programs for vulnerable populations, including a free medical and dental clinic, wellness center, housing assistance, food bank, GED

and job training, substance abuse treatment, and mental health therapy.

Using the center as a practice site, Giscombé's Interprofessional Leadership Institute for Mental Health Equity will involve not only UNC medical, nursing, and pharmacy students but also psychology and criminal justice students from North Carolina Central University, a historically black institution in Durham. Participating students will do a pre-evaluation to identify their understanding of social determinants of health, cultural sensitivity issues, and mental health disparities. They will then be paired with preceptors and work with other students to better understand how integrating care with other support services can help overcome barriers to mental health care.

The goal of providing hands-on experiences in a clinical setting, is to give students a "better sense of what mental health care can and should look like" and help them understand the importance of working with "patients in partnership, so they remain engaged in care," says Dr. Giscombé.

Deepthiman Gowda

MD, MPH

Columbia University College of Physicians and Surgeons



At the heart of narrative medicine is the belief that sharing stories or connecting creatively through a painting, poem, or other work of art builds trust and strengthens relationships, according to Dr. Gowda, an associate professor of medicine and director of Clinical Practice in Narrative Medicine at Columbia.

Furthermore, trust and strong relationships are the heart of team-based care. By combining narrative medicine with interprofessional education in a patient-centered medical home as part of his Macy Faculty Scholar project, Dr. Gowda hopes to teach the teamwork skills needed to improve care coordination.

Dr. Gowda's project will be centered at the Rangel Clinic, a community clinic in upper Manhattan. A year-long Narrative Medicine curriculum

will be implemented into patient-centered medical home meetings, and will involve reading literature, engaging with art, and doing reflective writing in an effort to learn more about one another and explore critical issues in the care of patients.

Team meetings will include nurses, medical assistants, resident physicians, attending physicians, and administrative staff.

Dr. Gowda believes that integrating narrative medicine-based interprofessional education into a real-world clinical setting will help bridge the worlds of education and care delivery, and the worlds of theory and practice. "If students go onto the wards, and they see actual teams of doctors, nurses, and social workers behaving in a dysfunctional way—in a way that's different than what they were taught—then our education will be undone."

Lisa Kitko

PhD, RN

Penn State College of Nursing



Palliative care—defined as relieving symptoms, pain and stress for any seriously ill patient, not just one near death—is a model for a team-based approach to improve quality of life for both the patient and family.

As a Macy Faculty Scholar, Dr. Kitko, an assistant professor at Penn State College of Nursing, is leveraging her clinical experience as an advanced practice nurse caring for patients with heart failure, and her academic research to develop a palliative care post-graduate certificate program for community-based clinicians—including those from medicine, nursing, pharmacy, chaplaincy, and other disciplines. With coursework delivered online, the program also will include an intensive face-to-face practicum that brings together the diverse group of practitioners.

“Interprofessional care is the pure essence of palliative care,” says Dr. Kitko. “When you are looking at these complex patients dealing

with chronic illnesses, and you’re dealing with families, you certainly can’t expect one person to have all the expertise. You need a holistic approach to manage not just the physical symptoms of these patients, but their psychosocial and spiritual needs as well.”

The overall goal of the program is to expand the pool of providers with knowledge in basic palliative care. Pointing to the seminal 2014 Institute of Medicine report, *Dying in America*, Dr. Kitko notes that palliative care needs to move beyond hospital walls to community settings where services can be provided earlier to seriously ill patients. “My goal is that any practitioner be the one to initiate these conversations,” she says.

Bridget O’Brien

PhD

University of California San Francisco School of Medicine



As a Macy Faculty Scholar, Dr. O’Brien, an associate professor in the University of California San Francisco Office of Research and Development in Medical Education,

hopes to advance the field of interprofessional education “beyond just bringing players together and really encouraging them to think about what other professionals think or can contribute.”

For almost a decade, Dr. O’Brien has been deeply involved in identifying how to translate the theoretical framework of interprofessional education into clinical practice. Over the years, she has observed countless students and faculty. With her Macy Faculty Scholars project, Dr. O’Brien will use these in-depth observations to develop tangible products, such as faculty development workshops, that help accelerate interprofessional learning into real-world practice.

Specifically, the resources will help interprofessional teams negotiate roles and achieve a shared understanding of complex situations, while ensuring each team member’s contribution to quality patient care. “My goal is to understand how our learners really engage in the kinds of conversations that foster a better understanding of different professional perspectives,” says O’Brien.

UCSF is developing a teaching certificate program in interprofessional education, which will provide a “natural venue to pilot this work and test it,” says O’Brien.

FOLLOWING UP WITH THE 2014 SCHOLARS

Laura Hanyok

MD

*Johns Hopkins University
School of Medicine and
School of Nursing*

Dr. Hanyok is working to align educational, practice, and health system goals by using interprofessional student teams to care for complex patients in primary care patient-centered medical homes. Through focus groups and interviews, Hanyok has learned that nursing and medical students want a longitudinal clinical team-based experience, residents want to learn interprofessional practice while caring for complex patients in a primary care setting, and practice leaders understand the importance of interprofessional practice and want to provide patient care this way, but external factors, including current payment systems, limit their ability to do so.

Douglas Larsen

MD, MEd

*Washington University
School of Medicine*

In Dr. Larsen's project, entitled Patient-Centered Learning Goals: A Tool for Culture

Change, students in clerkships set and act on weekly personal goals directly related to patient care—for example, checking in with patients and their families after rounds to make sure all of their questions have been answered. Approximately 129 medical students, 271 faculty, and 332 residents engaged in the Patient-Centered Learning Goals Program during the 2014-15 academic year, and Dr. Larsen is interviewing participants to assess their experiences with the program, with preliminary findings indicating that individual interactions of students with supervisors (faculty and residents) seem to be the greatest determinant of the efficacy of the learning goals.

Sarah Peyre

EdD

*University of Rochester
School of Medicine and
School of Nursing*

Dr. Peyre is working to identify and develop best practices for using electronic medical records (EMRs) with patients and families to enhance patient-centered care. To date, through focus groups, Dr. Peyre has found that patients are eager

to embrace EMRs as a way to enhance communication with providers, while providers—some more successfully than others—are adapting to changes in new workflows prompted by EMRs and new ways of interacting with patients.

Deanna Reising

PhD, RN, ACNS-BC, ANEF

*Indiana University
School of Nursing*

Dr. Reising is developing an interprofessional collaborative practice model using student teams as patient navigators to facilitate safe and effective hospital discharges for patients at high risk of readmission. Dr. Reising conducted a pilot in spring 2015 to allow students, faculty, and the hospital-based transitional care managers to provide feedback on scheduling, supplies, additional information about the patient, handoff tools, and other possible assessments that could be made in the home.



2014 Macy Faculty Scholars (left to right) Douglas Larsen, Laura Hanyok, Deanna Reising, Sarah Peyre, Charles Vega Jr., and Meg Zomorodi.

Charles Vega Jr.
MD

*University of California Irvine
School of Medicine*

Dr. Vega is leading the introduction of the Patient-Centered Advanced Clinical Education, or PACE, curriculum in the medical school. PACE emphasizes early clinical experiences for medical students in real practice settings, and the goal is to transform the medical school curriculum so that every teaching activity is ultimately focused on patients. During the 2015-2016 academic

year, students will be assigned to clinical practice sites for weekly half-day sessions of clinical teaching that feature active learning and the chance for independence. During the course of the clerkship, students will take part in reflection sessions using peer interaction to help them grow as clinicians.

Meg Zomorodi
PhD, RN, CNL

*The University of North Carolina
at Chapel Hill School of Nursing*

Dr. Zomorodi is developing, implementing, and evaluating

an interprofessional team-based model that blends students and health care professionals in primary care clinics to improve patient care. A pilot group of graduate health affairs students completed an interprofessional course during the 2015 fall semester to prepare them for a clinical immersion experience in early 2016 that will embed students in clinical sites to work alongside current healthcare professionals as team members.

2015 Board Grants

New York University

Project Title: Consortium of Medical Schools with Accelerated Pathway Programs

Project Description: A group of US medical schools, in line with recent recommendations for individualizing medical education and suggestions for shortening it to three years, have been developing accelerated programs for some students. New York University will lead a consortium of 11 US and Canadian medical schools that have begun accelerated pathways to identify and disseminate best practices in the formation of an accelerated pathway program in medical education and evaluate the impact of accelerated programs. The consortium will have monthly conference calls to develop agendas for joint work and annual meetings to share learning not only of common points of comparison but also unique differences in approach, struggles in development, and lessons learned that will allow insights into best practices. The goal of the consortium is to move beyond the pilot stage in the US universities and provide useful information to other schools that have already begun to demonstrate interest in heading down this path.

Principal Investigators: Steven Abramson, MD; Joan Cangiarella, MD; Marc M. Triola, MD

Award: \$257,758

Duration: 4 years

Board Date: January 2015

University of New England

Project Title: From Campus Curriculum to Rural Community Health Centers: A Statewide Model of Osteopathic IPE

Project Description: The University of New England (UNE) will refine, grow, and evaluate interprofessional education (IPE) within its College of Osteopathic Medicine, the broader university, and those working in and served by the network of rural community health centers across Maine. UNE has 13 health degree programs spread among three campuses in Maine. Current IPE programming includes four required courses for all undergraduate health sciences students. With this grant, the College of Osteopathic Medicine will expand IPE programming to a comprehensive four-year curriculum that ensures osteopathic medical students and other health sciences students graduate with interprofessional competencies and are prepared for primary care in rural underserved areas. The grant will also integrate public health competencies into UNE's IPE curriculum.

Principal Investigators: Douglas Wood, DO, PhD, FACOI; Dora Mills, MD, MPH, FAAP; Shelley Cohen Konrad, PhD, LCSW, FNA

Award: \$600,000

Duration: 4 years

Board Date: January 2015

University of Washington

Project Title: Train-the-Trainer Interprofessional Faculty Development Program

Project Description: The University of Washington is building on a previously Macy-funded pilot to develop a national program for interprofessional education (IPE) faculty development. Together with two other Macy grantees, University of Missouri-Columbia and University of Virginia, they will develop three regional centers for IPE faculty development.

The PI and the regional centers will:

- leverage existing partnerships and common interests among stakeholders to create a national advisory committee that includes national health professions educational leaders and leaders from successful faculty development programs;
- identify core elements of the curriculum that can be administered at each of the training hubs;
- identify training hub-specific curricular elements that can be added to the core program as part of the training;
- develop a model for marketing the training program to the target audience (faculty from academic health centers, practice-based training sites, rural sites, and single-specialty health professions schools);
- create a secure web-based directory of curricular resources, evaluation tools, and communication platforms utilizing the Macy and HRSA-funded website at UW Center for Health Sciences Interprofessional Education, Research and Practice;
- create a sustainable business model for the regional centers using counsel from the national advisory committee and a business consultant;
- and transfer curricular, evaluation tools, and other resources to national organizations and centers such as the Interprofessional Education Collaborative, National Center for Interprofessional Practice and Education, and American Interprofessional Health Collaborative.

This grant is a transfer of the grant started by the University of Missouri-Columbia in fall 2014.

Principal Investigator: Brenda Zierler, PhD, RN, FAAN, University of Washington

Award: \$716,664

Duration: 44 months

Board Date: January 2015

Oregon Health & Science University

Project Title: PACER (Professionals Accelerating Clinical and Educational Redesign)

Project Description: The Oregon Health and Science University (OHSU) plans to expand the Primary Care Faculty Development Initiative, a previously Macy-funded initiative with American Board of Internal Medicine to develop faculty teaching skills around competencies for a career in primary care. PACER will create a national interprofessional primary care faculty development program (including nursing, pharmacy, and behavioral health) with three regional centers. Faculty coming out of the program will have the skills to transform a traditional primary care training environment into a medical home with interprofessional collaborative practice and education at its center. OHSU will have a robust evaluation and dissemination plan and will be self-sustaining at the end of the three years. The regional centers post-PACER will provide support, training, and resources to expand the learning collaborative started through PACER to other primary care programs and health professions training programs working on clinical and interprofessional educational redesign together. The Boards of Internal Medicine, Family Medicine, and Pediatrics, and the Accreditation Council for Graduate Medical Education are providing funds. The Steering Committee includes representatives from the American Interprofessional Health Collaborative and the American College of Clinical Pharmacy.

Principal Investigators: Patrice Eiff, MD; Patricia Carney, PhD

Award: \$496,576

Duration: 3 years

Board Date: May 2015

University of Michigan

Project Title: A New Model for Clinical Education and Progressive Entrustment of Residents in the Operating Room

Project Description: The degree of autonomy surgical residents experience in the operating room (OR) has decreased, and a growing number of residents are finishing training without sufficient experience or confidence to practice autonomously. While faculty supervision in the OR is essential, there has been a failure to ensure the residents' progression to independence. This project in the Department of Surgery aims to develop the competence of faculty to evaluate residents' capabilities and guide them to achieve graduated autonomy so that they can operate independently by the completion of training. Ninety faculty surgeons will be randomized into either a group that receives formal faculty development training or a group that does not. Residents will have equal exposure to both groups. OpTrust, a tool scored by an independent rater in the OR, has been developed to evaluate faculty-resident interactions and to help assess faculty progress in entrustment of residents. Another tool, the Zwisch Scale, will be used to rate the level of operative autonomy of the resident at the conclusion of a case. The intervention group of faculty, and all residents, will be taught separately about the framework that informs trusting behaviors. Then the faculty intervention group and the residents will each have a training session focusing on OpTrust and the Zwisch Scale. The hierarchical nature of surgery departments and training makes it unlikely, though not impossible, that residents working with both trained and untrained faculty will influence the behavior of the latter group. There has been considerable interest in the problem and in this project elsewhere. The methodology could be applied to faculty behavior in both procedural and non-procedural specialties.

Principal Investigator: Rebecca Minter, MD

Award: \$352,589

Duration: 3 years

Board Date: May 2015

Macy Regional Conferences on Innovations in Graduate Medical Education

The Macy Board of Directors approved an authorization to support six regional conferences on graduate medical education (GME). These conferences build on the Foundation's past investments into making GME more accountable to the needs of the public. In 2010, the Macy Foundation hosted a conference focused on the regulation, financing, and size of GME. A year later, the Macy Foundation hosted a follow-up conference focused on the content and format of GME. Two reports, *Ensuring an Effective Physician Workforce for America* and *Ensuring an Effective Physician Workforce for the United States*, capturing the conclusions and recommendations from these meetings, were issued by the Foundation in 2011. Following those conferences, the Macy Foundation in 2012 along with a number of private and public funders financed an Institute of Medicine (IOM) study of the governance and financing of GME. The IOM's report, *Graduate Medical Education That Meets the Nation's Health Needs*, was released last year. Among the IOM's recommendations is to encourage innovation in the structure, location, and design of GME.

In the first half of 2016, Macy will join with leading academic institutions in six locations across the country to engage medical leaders, health professions educators, and residents in a forum to showcase innovations and share promising models related to the structure, content, and financing of GME programs.

Each conference will focus on pioneering GME models being developed in that region—from program design and new training sites to payment mechanisms and assessment tools. The goal is to surface opportunities for replicating and scaling up innovations in GME at the regional as well as national level. Each conference will have 100 to 150 attendees and Macy Foundation funds will be matched by local dollars to pay for invited speakers and meeting costs. At the conclusion of the series a monograph will be produced synthesizing the themes of the conferences.

REGIONAL CONFERENCES GRANTEES:

PARTNERS HEALTHCARE SYSTEM

Title: Graduate Medical Education Innovation Conference

Theme: The conference will highlight innovations in GME that may be broadly applicable, and which will help GME to better address the changing health needs of the population and to cultivate the physician competencies needed to provide effective, high-value care in the 21st century. This conference will aim to strengthen ties between GME leaders and educators across the region in order to facilitate mentoring relationships and collaboration in future research and reform efforts. Finally, the conference plans to gather input regarding the facilitators and barriers to GME innovation, along with ideas for large-scale research and demonstration projects that can help transform isolated “best practices” into standard educational practice.

Principal Investigator: Debra Weinstein, MD

Award: \$50,000

Conference Date: May 6, 2016

Board Date: October 2015

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Title: California’s Macy Regional Conference on Innovations in GME: Building a Better Workforce for Better Health

Theme: The conference will highlight innovations in GME in California such as teaching and assessment of the competencies needed for the 21st century physician; interprofessional care; development of new training sites and new collaborations; development and maintenance of a diverse workforce; creation of new and more efficient training models; the use of innovative technology in GME; and creation of high quality inpatient and ambulatory learning environments designed to provide patient-centered, high-value care.

Principal Investigator: Robert B. Baron, MD, MS

Award: \$50,000

Conference Date: March 30, 2016

Board Date: October 2015

UNIVERSITY OF MICHIGAN

Title: Accountable Graduate Medical Education: Demonstrating the Value of GME to Vested Stakeholders

Theme: The purpose of this regional conference is to gather stakeholders to discuss the value GME brings to the healthcare system. The conference will highlight exemplars and explore opportunities for collaboration around the themes of quality improvement and patient safety, community partnerships and patient engagement, and other innovations that enhance the Triple Aim.

Principal Investigator: Joseph C. Kolars, MD

Award: \$50,000

Conference Date: May 23, 2016

Board Date: October 2015

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

Title: Developing an Innovative Blueprint to Address Training and Retention of Rural Practitioners, Mental Health Issues, and Interprofessional Education

Theme: The conference will address innovations in graduate medical education for the southwest including training and retention of rural practitioners, issues in mental healthcare training, and interprofessional education.

Principal Investigators: Diane Bodurka, MD; Raymond S. Greenberg, MD, PhD; Oliver Bogler, PhD

Award: \$50,000

Conference Date: February 17, 2016

Board Date: October 2015

UNIVERSITY OF WASHINGTON (WWAMI)

Title: Developing GME to Meet the Training Needs of the Region

Theme: The WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) GME conference will focus on how the current GME system in the US was developed, the current physician workforce in the WWAMI states, how

GME programs are funded, and potential options for future funding. The conference will highlight important information in the development of new GME programs, innovations that have been implemented in residency programs in the WWAMI region, the VA Center for Excellence in Primary Care on interprofessional training, and will include a recent graduates panel focusing on the reasons in choosing their GME program. Additional themes will include how accreditation may help with changing the healthcare system and how GME can be envisioned for the future.

Principal Investigator: Suzanne Allen, MD, MPH

Award: \$38,000

Conference Date: March 31, 2016

Board Date: October 2015

VANDERBILT UNIVERSITY

Title: GME as an Instrument of Change to Improve the Health of Systems, Populations, and Society

Theme: The conference will focus on three essential levels of health care delivery—systems, large segments of society, and specific populations (disparities)—with attention to the ways in which GME can help address unmet needs. The conference will showcase innovative efforts within the southeast region, and during breakout sessions, participants will discuss if these innovations could be adapted to local needs and scaled; what steps and resources would be needed to bring these innovations to scale; and what barriers prevent these innovations from occurring.

Principal Investigator: Donald W. Brady, MD

Award: \$50,000

Conference Date: February 1, 2016

Board Date: October 2015

2015 President's Grants

Academic Consortium for Complementary and Alternative Health Care

This award supports enhancing research literacy in complementary and integrative health disciplines. Building on previous support given by the Macy Foundation, the ACCAHC will develop and promote educational materials for achieving a standardized competency in evidence informed practice for all ACCAHC institutions. The project will support both interprofessional collaborative health care and lay the foundation for ACCAHC to develop a formal training to help sustain the program.

\$35,000 / Award: January 2015

National Medical Fellowships

This award will support four scholarships to underrepresented minority medical students through the Josiah Macy Jr. Foundation Scholarship program, which is administered by National Medical Fellowships. The scholarship recipients are primarily economically disadvantaged second and third year medical students who come from, and often return to serve, communities most in need of quality medical care. The support helps the students to alleviate some of the financial barriers associated with completing their medical education.

\$22,000 / Award: January 2015

The George Washington University

This award will support Beyond Flexner 2015 Conference, which will examine the progress of social mission innovations and reforms in medical education. It will focus on schools with strong social mission agendas, create a forum for collaboration and shared innovations among socially accountable academic health centers, and legitimize the important role of health professions education in addressing the nation's health inequities.

\$20,000 / Award: January 2015

The University of Texas Health Science Center at San Antonio

This award will support a patient-centered interprofessional collaborative model of care in the inpatient medicine service. The model, developed and implemented in collaboration with patients and families, makes the patient the center of the team that will create and deliver the care that is best suited to the patient's needs. The support will assess the collaborative care model and develop materials to orient providers (physicians, nurses, care coordinators, pharmacists, therapists, others) and learners.

\$35,000 / Award: March 2015

Philanthropy New York

This award supports the Fund for 2025 campaign to develop new physical space and programming for the organization. The new space will have improved technological capacity for staff and members which will allow expanded programming capacity. Support for the Fund will enable the organization to create a public policy fellows program and research and develop fee-based services to improve the organization's fiscal sustainability.

\$15,000 / Award: May 2015

American College of Physicians

This award supports "On Being a Doctor" Story Slam, a new feature for the Annals of Internal Medicine journal. Expanding on the personal essay series in the journal, the story slam will invite eight physicians known for their skills as storytellers to share a brief personal experience as a doctor in front of a live audience that will vote for the best story. The slam will be live-streamed and recorded for on-demand viewing on the Annals of Internal Medicine website.

\$35,000 / Award: June 2015

Florida Atlantic Foundation, Inc.

This award supports the expansion of an interprofessional education and collaborative practice model to create an environment in a community hospital setting which supports interprofessional collaboration and quality patient-centered outcomes. The model includes rounding with interprofessional healthcare providers, developing faculty and practice champions, developing a repository of resources and videos, and creating and integrating communication tools based on TeamSTEPPS model.

\$35,000 / Award: June 2015

Georgetown University Medical Center

This award supports the development of a curriculum for health professions learners and providers to offer culturally appropriate and quality care to refugees and displaced persons who seek care in the US. The goal is to improve clinicians' familiarity with cultural, social, psychological, rights-based, and clinical issues affecting refugee populations.

\$35,000 / Award: June 2015

Primary Care Progress

This award supports the 2015 Gregg Stracks Leadership Summit, a leadership development conference for selected Primary Care Progress chapter leaders and their faculty advisors. The award also supports the Interprofessional Student Hotspotting Collaborative, which brings together teams of interprofessional students to work with three to four complex care patients on care coordination, connection to community resources, education about their medical conditions, engagement with their care, and assistance managing some of the stressors in their lives.

\$35,000 / Award: June 2015

Ulrich and Ruth Frank Foundation for International Health

This award supports the collection, sharing, and curating of digital learning objects for undergraduate medical education; and to make openly available medical education resources more widely used.

\$33,750 / Award: June 2015

University of Minnesota

This award supports Collaborating Across Borders V, the signature interprofessional education and collaborative practice conference for North America. The conference brings together practitioners, researchers, academics, health and education policy makers, learners, and patient organizations to discuss advancements in interprofessional education, leadership, practice, and policy. The themes for this year's conference include: new approaches to collaborative learning and practice; learner, patient or client, caregiver, and community voices; interprofessional collaboration across the continuum of care; integrating theory, frameworks, models, and evidence into IPE and collaborative practice; impact of organizational context; and unintended outcomes and unconventional partnerships.

\$15,000 / Award: June 2015

University of Minnesota

This award supports Symposium on Teaching Social Medicine, which will bring together leading thinkers and implementers of social medicine education in order to identify the essential components of social medicine training, share successful models, and identify barriers to the routine integration of social medicine training into the health professions curriculum. A paper with a consensus statement on the core competencies in social medicine education and strategies to work for curricular change will be published and disseminated after the symposium.

\$35,000 / Award: June 2015

URU, The Right to Be, Inc.

This award supports the educational tour of "Changing the Face of Medicine: Black Women in Medicine," a full-length documentary that explores the history, status, and future of black women in medicine and its allied fields. The tour focuses on early engagement for underrepresented students in medicine by screening the documentary in primary and secondary schools and community action agencies across the country.

\$25,000 / Award: June 2015

Georgetown University

This award supports the dissemination of outcomes from the Center for Innovation and Leadership in Education (CENTILE) 2015 conference to promote resilience, empathy, and well-being in the health professions. The conference brings together an interprofessional and international group of educators, researchers, practitioners, faculty development leaders, and academic policy makers to present and discuss the best practices and strategies to promote resilience, empathy and well being, self-awareness and reflection; and to manage stress, reduce burnout, and foster professional identity formation in students, residents and fellows, faculty and practitioners across the health professions. The goal of the conference is to create the momentum for a national effort to address



Participants at the conclusion of an interprofessional faculty development workshop conducted by the University of Washington.

the issues that lead to student and resident suicides and the increasing numbers of health professionals who opt to leave the field.

\$10,000 / Award: October 2015

The Arnold P. Gold Foundation

This award supports the promotion of interprofessional and community-building approaches which will build lifelong connections between physicians, nurses, patients, and other members of the healthcare team. The Foundation will develop frameworks and test out viable strategies through current programming such as joint White Coat Ceremonies for nursing and medical students.

\$35,000 / Award: October 2015

Institute on Medicine as a Profession

This award supports the ongoing work of a task force to examine the transition of solo practitioners, self-employed, and fee-for-service physicians to group practitioners and salaried physicians and how these practice changes affect medical professionalism. The task force is identifying leverage points for preserving and creating a culture of medical professionalism and offering policy recommendations for implementation. It will produce a white paper for publication.

\$35,000 / Award: December 2015



Please visit our website (www.macyfoundation.org) for more information on Macy Grantees.

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Statements of Financial Position

YEARS ENDED JUNE 30, 2015 AND 2014

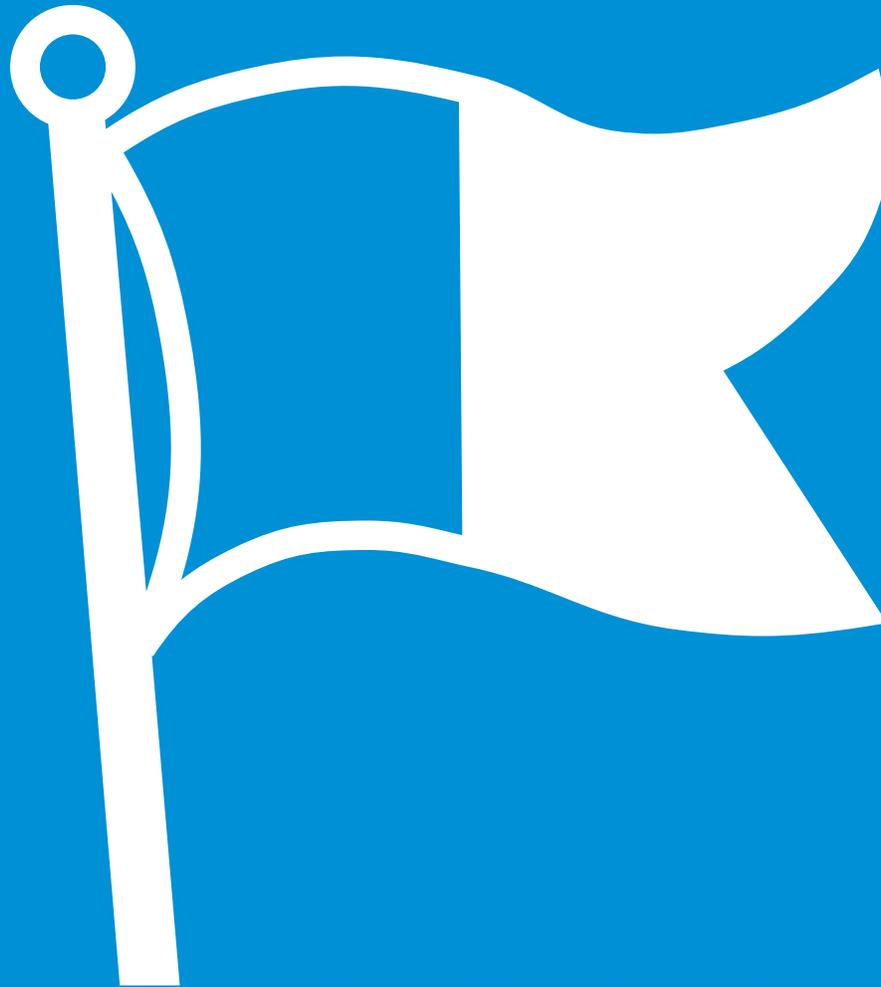


	<u>2015</u>	<u>2014</u>
Assets		
Cash and cash equivalents	\$ 2,652,707	\$ 5,154,440
Investments, at fair value	134,654,449	143,372,196
Due from broker	37,582	-
Accrued interest and dividends receivable	102,263	7,679
Prepaid expenses and other assets	121,407	96,163
Property and equipment, at cost, less accumulated depreciation	<u>5,020,363</u>	<u>5,242,037</u>
Total Assets	<u><u>\$142,588,771</u></u>	<u><u>\$153,872,515</u></u>
Liabilities and Net Assets		
Liabilities		
Grants payable	\$ 640,584	\$ 708,973
Other accrued liabilities	108,062	93,985
Deferred federal excise tax	231,394	298,359
Accrued retirement benefits	-	2,988
Due to broker	-	23,093
Total Liabilities	<u>980,040</u>	<u>1,127,398</u>
Net Assets		
Unrestricted	<u>141,608,731</u>	<u>152,745,117</u>
Total Liabilities and Net Assets	<u><u>\$142,588,771</u></u>	<u><u>\$153,872,515</u></u>

Statements of Activities

YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Revenue		
Dividends, interest and other income on investments	\$ 2,957,078	\$ 2,183,699
Net realized and unrealized gain (loss) on investments	(5,340,346)	17,148,359
Investment counsel and custodian fees	(825,009)	(815,337)
Provision for taxes		
Current excise tax	(33,950)	(73,183)
Deferred excise (tax) benefit	66,965	(109,602)
	<u>(3,175,262)</u>	<u>18,333,936</u>
Expenses		
Salaries	1,652,687	1,501,932
Employee benefits	324,128	300,445
Professional services	228,390	169,824
Equipment and minor improvements	69,269	56,918
Utilities, insurance and building maintenance	76,051	76,602
Travel	80,158	85,131
Director meetings expense	54,764	51,337
Other administrative expenses	189,875	158,207
Depreciation	254,422	255,218
Grants and Conferences, and Publications		
Health professional education grants	2,849,376	3,693,978
Grant refunds	(281,820)	(51,963)
President's discretionary grants	488,250	494,200
Matching gift grants	141,864	150,240
Macy faculty scholars grants and related expenses	1,444,521	1,525,165
Conference expenses	230,697	164,951
Publications	113,962	86,873
Organizational dues	44,530	45,820
	<u>7,961,124</u>	<u>8,764,878</u>
Increase (decrease) in net assets	(11,136,386)	9,569,058
Net assets, beginning of year	<u>152,745,117</u>	<u>143,176,059</u>
	<u>\$141,608,731</u>	<u>\$152,745,117</u>
Net Assets, End of Year		



Content by: Josiah Macy Jr. Foundation and
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paper containing post-consumer
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Josiah Macy Jr. Foundation
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