



JOSIAH MACY JR. FOUNDATION

2013 ANNUAL REPORT



ALIGNMENT OF EDUCATION
AND PRACTICE REDESIGN



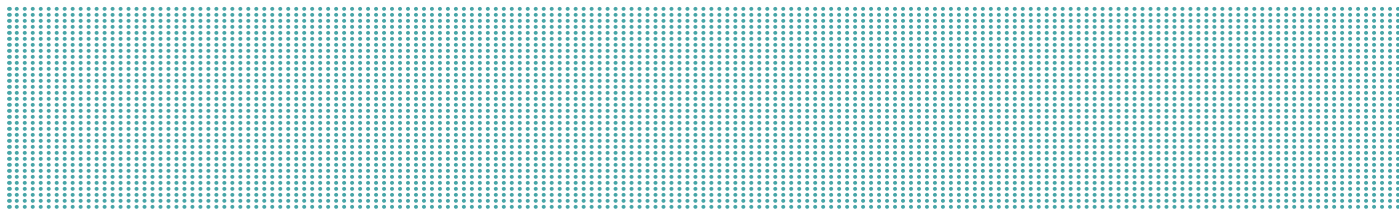
The Foundation's logo incorporates the mid-nineteenth century ship's flag of Josiah Macy & Sons, New York, shipping and commission merchants and ancestors of Josiah Macy Jr.

Cover: Students of medicine, nursing, social work and dentistry at Case Western Reserve University participate in an interprofessional workshop on obesity.



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44 East 64th Street, New York, NY 10065
www.macyfoundation.org



UNIVERSITY OF CALIFORNIA LOS ANGELES 2012 BOARD GRANT

University of California Los Angeles (UCLA) offers an interprofessional course to third year medical and dental students, and advanced practice nursing students. With this grant, UCLA will develop a set of assessment tools that will evaluate interprofessional competencies in the classroom and clinical practice settings and disseminate the tools to other interprofessional education programs.



CASE WESTERN RESERVE UNIVERSITY 2010 BOARD GRANT

This grant established the Interprofessional Learning Exchange and Development (I-LEAD) program at Case Western. This is a joint project between the schools of nursing, medicine, and is providing medical, nursing, dental, and social work students opportunities to learn and work as patient-centered teams. In addition to classroom instruction, students work as teams in the student-run free clinic.



UNIVERSITY OF MINNESOTA 2012 BOARD GRANT

The National Center for Interprofessional Practice and Education has been established to bring together health professions practice and education in a new nexus, to align needs and interests which will result in better care, added value, and healthier communities. It will provide leadership, scholarship, evidence, coordination, and national visibility to advance interprofessional education and collaborative practice as a viable and efficient healthcare delivery model.

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PRESIDENT'S STATEMENT



George E. Thibault, MD
President

This has been an exciting year for the Macy Foundation as we continue to build bridges between educational reform and health care delivery reform and also create and strengthen a variety of partnerships across academic institutions and foundations and between the public and private sectors. The Macy Conference in January 2013 (Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign) focused on the

need for education reform and delivery reform to work together for the common goals of producing better patient care, improved community health, and lower health care costs. There were a number of specific recommendations for how to achieve the common goals so that educational reforms (like interprofessional education) will be informed by the changing needs of the delivery system and so that the reformed delivery system will embrace the educational mission. The health care workforce for tomorrow needs to be educated and trained in settings that are models for efficient, reliable, and collaborative practice that leads to the best patient outcomes.

For the 2013 Annual Report we have chosen "Alignment of Education and Practice Redesign" as our theme. In this report we will highlight the recommendations of our 2013 Macy Conference on alignment and we will preview our 2014 conference which will focus on how to engage patients, families, and communities in this alignment. We also will highlight a subset of our grantees that

are working at this important interface of education and practice with a goal of producing health professionals who will be better prepared to serve the community. Among these I want to particularly note the National Center for Interprofessional Care and Education at the University of Minnesota. I announced the creation of the Center in last year's annual report. The Center was the result of extensive discussions among federal agencies, private foundations, academic institutions and delivery systems. The Health Resources and Services Administration of the Department of Health and Human Services funded the Center in late 2012 as a co-operative agreement through a national competitive process, and in 2013 four private foundations, including the Macy Foundation agreed to provide supplemental funding. It represents a signal of the importance of interprofessional education and collaborative practice and will serve as a valuable resource to share best practices and to promote scholarship to advance the field.

This is but one of many indications that there is a growing realization of the centrality of health care workforce education and training in transforming our health care system. Both Health Affairs and Academic Medicine have devoted special issues this year to the health care workforce. We helped to support these efforts, and we have contributed articles to these publications and participated in the accompanying public fora. We are very gratified that the appropriate preparation of the health care workforce for tomorrow is receiving so much attention and that the “alignment” theme is being embraced by others.

While we have focused heavily on interprofessional education as one of the most powerful tools for this alignment, we continue to fund work in other priority areas that also support alignment of education and health care delivery. These areas include new models of clinical education (such as longitudinal integrated clinical and competency-based curriculum design), new content for health professions education (such as quality improvement,

patient safety, humanism and professionalism), and increased diversity of the health professions workforce across many dimensions.

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I should mention a few other notable events this year for the Macy Foundation. We celebrated the installation of the second Macy Professor of Health Professions Education at the University of Michigan (Dr. Joseph Kolars), and we celebrated the 50th anniversary of the creation of chairs in Obstetrics, Gynecology, and Reproductive Biology at Harvard Medical School (the Kate Macy Ladd Chair held by Dr. Robert Barbieri) and at Columbia University College of Physicians and Surgeons (the Willard C. Rappleye Chair held by Dr. Mary D’Alton). Though the Foundation infrequently endows professorships, these

professorships play a very important role in the academic world and can have an enduring impact to promote the careers of the faculty and the missions

of academic institutions. We concluded our four year grant with the Association of American Medical Colleges (AAMC) through which we have convened the leadership of the 15 new medical schools in the U.S. We also published part two of Michael Whitcomb’s monograph titled “New and Developing Medical Schools: Motivating Factors, Major Challenges, Planning Strategies.” I have enjoyed visiting and speaking at several of these new schools. This expansion of medical schools represents a “spontaneous” (i.e. not federally supported) experiment that we hope will promote innovations



George Thibault, MD speaking at the Health Affairs and Academic Medicine health policy briefing on creating the optimal health care workforce for the 21st century.

in admissions, pedagogy, curriculum content, evaluation, faculty development, and community engagement. They are off to a good start—four have graduated their first classes, and they all have at least one class admitted. We will continue to follow their progress and encourage their innovations. There may be some other new entries on the horizon.

We admitted our third class of Macy Faculty Scholars and held our second Annual Meeting. We continue to be enormously impressed with the quality of the applicant pool, and we are extremely gratified by the diversity, productivity and impact of our Scholars as a group. The

first class of graduates has achieved national stature and all are continuing their work with ongoing support by their institutions. We are excited that this program is meeting a true need for the career development of educational innovators, and we are seeding the formation of a cohort of leaders for the next decade and beyond.

With all of our dedicated staff and Board at the Foundation, we continue to work hard to improve our communication with all our constituents, which includes past, present and future grantees, present and future Macy Faculty Scholars, Macy Conference participants, and all who share our goal of improving

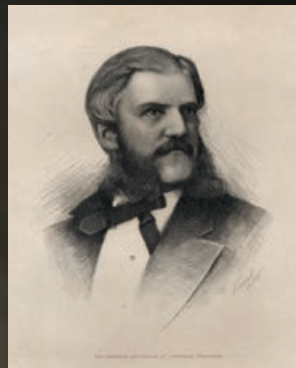
health professions education as a means for improving the health of the public. I am more convinced than ever that we are on the right track. But I am also more convinced than ever that we will not get to our desired goals without achieving the needed change that breaks down the barriers between the health professions and the barriers between the education world and the health care delivery world so that both education and care are truly collaborative and united in serving our patients. With your help we will get there.

George E. Thibault MD

George E. Thibault, MD



Kate Macy Ladd



Josiah Macy Jr.

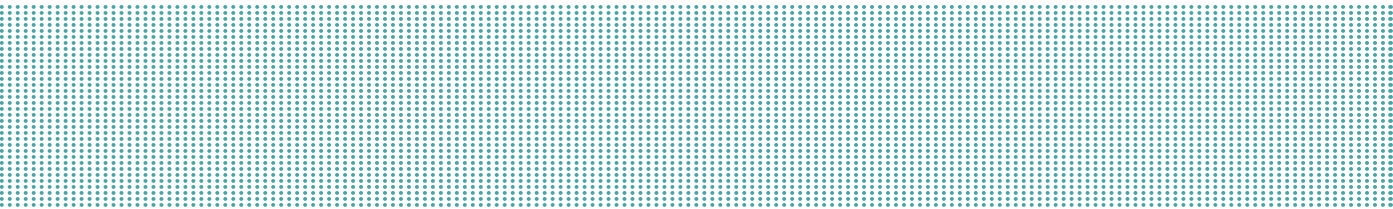


A BRIEF HISTORY

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.

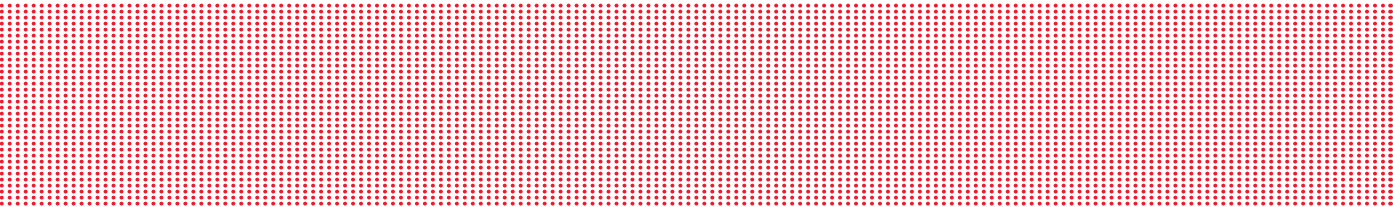
Over the decades, the founding mission has remained the same while the focus has shifted from medical research to health professions education. Today, the Josiah Macy Jr. Foundation is the only national foundation dedicated solely to improving the education of health professionals.

For more on the Foundation's history, please visit our website: www.macyfoundation.org



“It is not enough for educators to talk only to educators and practice reformers to talk only to other practice reformers. We must build bridges between the two efforts if we are to truly and sustainably transform health care.”

— George Thibault, MD



A Kraft Center nurse practitioner works with a patient at the Boston Health Care for the Homeless Program.

ALIGNMENT OF EDUCATION AND PRACTICE REDESIGN

Though health professions education includes an important practice component, the planning and administration of health professions education and health care delivery have evolved quite separately. This separateness is becoming ever more apparent as rapid changes are occurring in both education and health care delivery.

There is now a growing recognition that to achieve a health system that delivers high-quality, responsive, and affordable care, health professions education must be more closely linked with the goals and needs of high performing health delivery systems. That is, education reform must be informed by delivery reform, and delivery reform must include the educational mission. This year, the Macy Foundation placed a high priority on helping to build bridges between education and clinical practice reforms. By aligning innovative efforts in education with those in the delivery system, the Foundation hopes to more rapidly advance improvements in the health of the public.

MAKING THE CONNECTION

The extent of the disconnect between education reform and health system redesign emerged at a 2012 Macy Foundation conference on interprofessional education (IPE). Keynote Speaker Donald Berwick, MD, former administrator of the Centers for Medicare and Medicaid Services, challenged participants to go beyond discussing ways to improve interprofessional health

professions education and explicitly demonstrate how IPE reforms will help accomplish the health system's "Triple Aim" of better care, better health, and lower costs.

"Don's comments were an 'a-ha moment' for many of us," said Macy Foundation President George Thibault, MD. "We were a group of educators talking about reforming education for the healthcare delivery system of tomorrow, but without many practice reformers in the room. It is not enough for educators to talk only to educators and practice reformers to talk only to other practice reformers. We must build bridges between the two efforts if we are to truly and sustainably transform health care."

BRINGING INNOVATORS TOGETHER

That is why in January 2013, the Macy Foundation brought together nearly 40 innovators and reformers from the fields of health professions education and clinical practice to discuss how to link interprofessional education and collaborative care.

Education and practice reformers at the conference *Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign* worked to identify the challenges, obstacles, and opportunities involved in aligning their efforts, guided by a consensus vision for the healthcare system of the future:



Macy Conference on Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign, January 2013.

We envision a healthcare system in which learners and practitioners across the professions are working collaboratively with patients, families, and communities and with each other to accomplish the Triple Aim.

Some of the central questions conference participants addressed included:

- How should IPE programs be designed to best meet the needs and expectations of patients, families, communities, clinical practices, and health delivery systems?
- What changes in clinical practice and healthcare delivery systems are necessary to enable IPE and collaborative practice to be successfully linked to achieve the Triple Aim?

Conference participants issued five recommendations to help establish and sustain the linkage between interprofessional education and clinical practice redesign.

Conference Recommendations:

1. Engage patients, families, and communities in the design, implementation, improvement, and evaluation of efforts to link interprofessional education and collaborative practice.
2. Accelerate the design, implementation, and evaluation of innovative models linking interprofessional education and collaborative practice.
3. Reform the education and life-long career development of health professionals to incorporate interprofessional learning and team-based care.
4. Revise professional regulatory standards and practices to permit and promote innovation in interprofessional education and collaborative practice.
5. Realign existing resources to establish and sustain the linkage between interprofessional education and collaborative practice.



Macy Conference on Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign, January 2013.

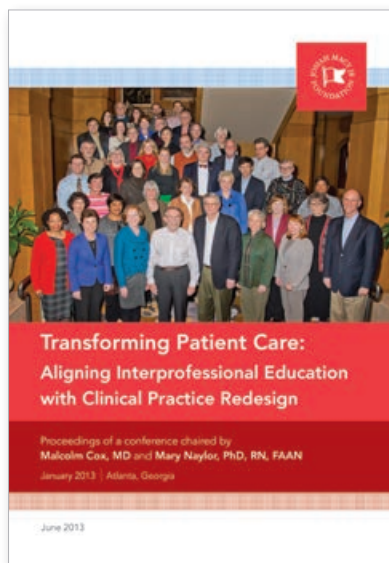
The conferees recognized that the five recommendations were interdependent and of equal importance. Each recommendation included three or four specific actions to be taken to accomplish the stated goal. Taken together, they represent a substantial culture change for the education and practice domains. But the conferees were heartened by the amount of change that is already occurring and they emphasized that there is much that can be done today at the local level to advance this cause.

MAINTAINING MOMENTUM

One of the recommendations from the conference focused on engaging patients, families, and communities in the alignment of education and practice. To help advance these efforts, Macy will hold a follow-up conference in April 2014, titled “Engaging

Patients, Families, and Communities to Link Interprofessional Practice and Education,” which will be co-chaired by Terry Fulmer, PhD, RN, FAAN, Dean of the Bouvé College of Health Sciences at Northeastern University, and Martha Gaines, JD, LLM, Associate Dean for Academic Affairs and Experiential Learning and Director of the Center for Patient Partnerships at University of Wisconsin Law School. The invited participants will include patients, patient and community advocates, as well as educators and practitioners.

The goal of the conference is to produce actionable recommendations designed to engage patients, families, and communities in the design, implementation, improvement, and evaluation of efforts linking interprofessional education and collaborative practice. We look forward to reporting on the results of this meeting later in 2014.



From providing students with early clinical experiences and ensuring faculty are equipped to teach and prepare students for practice in patient-centered medical homes, to pursuing national strategies to ensure health professions students seamlessly transition teamwork skills from the classroom to the practice setting, our grantees are making strides to bridge the gap between education and clinical practice reforms.

What follows are examples of active Macy Foundation grants that are specifically focused on the intersection of health professions education and medical practice consistent with our goal of better aligning education with the needs of the public.

Creating a New Nexus at the Intersection between Practice and Education: National Center for Interprofessional Practice and Education (Board Grant; Public-Private Partnership)

The National Center for Interprofessional Practice and Education is bringing together health professions practice and education in a new nexus, rigorously aligning needs and interests to result in better care, added value, and healthier communities. It is uniquely positioned to provide leadership, scholarship, evidence, coordination, and national visibility to advance interprofessional education and collaborative practice as a viable and efficient healthcare delivery model.

Created in October 2012 and housed at the University of Minnesota, the National Center is a public-private partnership with the federal Department of Health and Human Services, Health Resources and Services Administration (HRSA);

“We are recognizing the power of partnership in our work to prove the value of interprofessional practice and education...”

—Barbara Brandt, PhD
Director of The National Center for Interprofessional Practice and Education

Josiah Macy Jr. Foundation; Robert Wood Johnson Foundation; Gordon and Betty Moore Foundation; and The John A. Hartford Foundation.

“We are recognizing the power of partnership in our work to prove the value of interprofessional practice and education, building upon the investments of HRSA and our foundation partners,” said Barbara Brandt, PhD, director of the National Center. “This partnership is historic and an honor to lead. Together we will be more successful than if government, higher education, or the practice community tried to do this separately.”

The work of the National Center will advance IPE and collaborative practice to accomplish the Triple Aim:

- Improved quality of the health care experience for people, families, communities, and learners
- Improved health of the community
- Reduced cost and added value in healthcare delivery and education

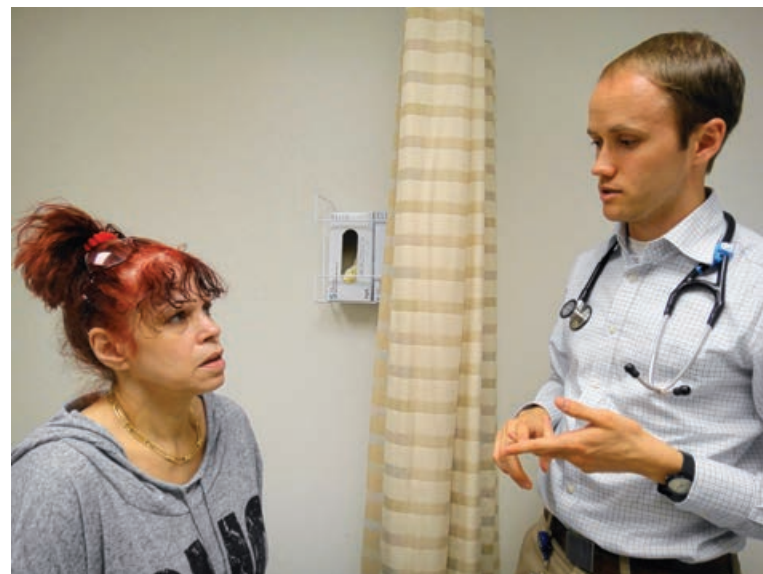
To advance these goals, the National Center has launched eight Nexus Innovations Incubator sites to test interprofessional practice and education concepts. It also has begun work on a national database of interprofessional practice and education program data; designed a “Big Data” project to mine existing national databases for evidence of the impact of interprofessional practice and education; and developed an online avatar, Amina, to tell the story of what an integrated health and learning system would be like for a patient.

According to Dr. Brandt, “Amina evolved from a Macy-commissioned report I wrote with Dr. Mark Earnest at the University of Colorado, which gave us the opportunity to creatively think through how the Nexus of practice and education might improve the patient experience.”

The National Center also will serve as a neutral convener, a clearinghouse for up-to-date information on IPE and collaborative practice, and as an advocate for policy changes to promote IPE and collaborative practice. The National Center is reaching out widely to engage practice and education communities. In this first phase, the National Center has connected with dozens of organizations and hundreds of people across the country interested in the potential impact of this initiative. The National Center’s National Advisory Council held its first meeting in November 2013. “I’m overwhelmed by the number of people—from practice, education, government and the nonprofit sector—who have stepped up to help the center during these early days,” added Dr. Brandt. “This positive response is reassuring, and I expect that national engagement during the next year will explode.”

Providing Early and Longitudinal Clinical Experiences: Icahn School of Medicine at Mount Sinai (Board Grant)

Faculty at the Icahn School of Medicine at Mount Sinai have created and implemented longitudinal clinical experiences for first and second year medical students so that they can gain experience caring for chronically ill patients in community-based settings.



With Macy support, this innovative longitudinal care curriculum has evolved into a new “Interclerkship Ambulatory Care Track” (InterACT) for third-year students—supplementing the traditional inpatient clerkship model and helping students develop a deeper understanding of chronic illness, patient advocacy, and the plight of the medically disenfranchised.

InterACT is unique in bridging multiple disciplines and focusing on teaching clinical skills longitudinally to students working with underserved populations. It includes a home-

“The students are so committed and so enthusiastic about the value of the Student Run Free Clinic to their education that they are always looking for ways to involve more students.”

—Ellen Luebbers, MD / Director of the Physical Diagnosis Program, Case Western Reserve University

based medical program and a student-run free clinic at two of the community-based venues in which students engage with patients. It also assesses students’ clinical competency by requiring them to achieve a specific set of milestones in their clinical development.

“InterACT has changed the way we evaluate and nurture medical students, which has wider implications for medical education,” said Yasmin Meah, MD, assistant professor for medical education and internal medicine and principal investigator. “And while primary care is not a focus of the traditional curriculum at Mount Sinai, InterACT brings a necessary enhancement to the school. More than half of InterACT students have gone on to apply to primary care residency programs.”

Interprofessional Clinical Experiences: Case Western Reserve University (Board Grant)

One of the unique features of Case Western Reserve University’s Macy-supported Interprofessional Learning Exchange and Development (I-LEAD) program is the Student Run Free Clinic which gives medical, nursing, dental, and social work students opportunities to put into practice what they have learned

in the classroom, under the supervision of an interprofessional faculty.

The Student Run Free Clinic, which operates two Saturdays a month at the Free Medical Clinic of Greater Cleveland, is a unique interprofessional model that offers students experience with an underserved population and challenges them to practice unfamiliar roles in multidisciplinary teams. Within their clinical teams they do not just work with the other professions, they change roles to actually experience the other profession. In addition, they practice team skills such as briefing and debriefing as a routine part of their clinical work.

While learning interprofessional clinical skills, the Student Run Free Clinic also allows students to learn about running a community-based clinic through its completely interprofessional student board (two members from each profession), which functions as a long-term team.

“The students are so committed and so enthusiastic about the value of the Student Run Free Clinic to their education that they are always looking for ways to involve more students,” said Ellen Luebbers, MD, director of the physical diagnosis program and co-principal investigator of the Macy grant. “They have an outreach committee that

offers opportunities for students to volunteer in a men's homeless shelter providing foot care and health education to residents. They also create and present health education talks for patients waiting to be seen and participate in health fairs throughout the city. And this year, they created a new 'patient navigator' position at the clinic and teamed up with graduate social work students for the first time."

The student-run clinic is one element of a broad IPE reform under the I-LEAD program at Case Western involving the faculties of medicine, nursing, social work, and dentistry.

Working at the Nexus: Academic-Clinical Partnerships at Arizona State University and the University of Arizona at Phoenix (Board Grant)

With support from the Macy Foundation, Arizona State University Schools of Nursing and Social Work, The University of Arizona-Phoenix Schools of Medicine and Pharmacy, and the Arizona Graduate Nursing Education Project are developing a team-based primary care curriculum for graduate students in medicine, nursing, pharmacy, and social work.

Central to the curriculum is an extensive network of clinical partners in urban and rural communities where students can gain hands-on experience working as part of a team and are exposed to current and evolving models of primary care.

"Most if not all primary care practice models rely on effective teamwork, communication and coordination across settings. We want to ensure that our students have the knowledge and skills

expected by primary care professionals and practices and required for high quality patient care," said Gerri Lamb, PhD, RN of Arizona State University and the principal investigator. "Our partners recognize the need for change in education and understand that it is to their advantage if students come out ready to practice in their settings. They have agreed to work closely with us not just to provide the clinical experience, but to teach us about the competencies students need and how we develop them."



One example is Wesley Health Center, an urban federally qualified health center that serves a large number of uninsured patients who have multiple health problems including diabetes, hypertension, coronary artery disease, depression, and anxiety disorders. They take a "one-stop" approach to care, arranging for patients to see their primary care provider, get their labs and check in with the health educator on managing their diabetes, all in one visit. Students of medicine, nursing, pharmacy, and social work will work alongside the Wesley team that includes primary care providers, a social worker, a health educator, a care coordinator, a promotora (community outreach worker), medical

assistants and laboratory technicians to care for a panel of medically-complex patients, focusing on team-based interventions to reduce hospital readmissions and emergency room visits.

“Integrating students into this model is a challenge. As we partner with Wesley, we’re exploring together what it’s like to practice in their patient-centered model, so we can both drive our education and help the site understand what skills and knowledge their providers need to function effectively and efficiently,” explained Lamb.

Transforming Pediatric Residency Training: American Academy of Pediatrics (Board Grant)

Pediatric residents may receive little formal training in responding to the particular needs of low-income children in underserved communities, where health often is compromised by social, economic, and environmental problems, such as poverty, homelessness, air pollution, poor nutrition, and lack of opportunities for physical exercise. To help address this issue and improve the education and clinical training of pediatricians, the Macy Foundation provided three-year funding to the American Academy of Pediatrics Community Pediatrics Training Initiative supporting implementation of its community-based curriculum, “Transforming Pediatric Residency Training to Improve Care for Underserved Children: A Team-Based Approach,” in 10 pediatric residency programs.

“Many of society’s most pressing health problems, such as obesity and poor mental health, get their start in childhood,” said Jeffrey Kaczorowski, MD, associate professor at the University of Rochester

and principal investigator for the grant project. “Yet we know there is a critical shortfall of primary care doctors, including pediatricians, who are trained to advocate and press for changes in the environment, changes that can help keep children healthy.”



According to Kaczorowski, this grant effort provides a “unique opportunity to influence the way in which pediatricians will practice medicine in the future.” The program’s overarching goal is to develop pediatricians who are trained to provide effective care for underserved children in collaboration with other healthcare professionals and community leaders, and in response to the changing health needs of children.

At the 10 residency program sites—Akron Children’s Hospital; Duke University Medical Center; Phoenix Children’s Hospital and the Maricopa Medical Center; John H. Stroger, Jr. Hospital of Cook County; NewYork-Presbyterian

Hospital/Weill Cornell Medical Center; University of California at San Francisco-Fresno; University of Oklahoma Health Sciences Center; University of Texas Southwestern; University of Virginia, and University of Wisconsin—pediatric residents are being taught the basics of providing collaborative care in community-based settings in underserved neighborhoods and to advocate for policies that help improve the health of children.

The project also intends to create a ripple effect in which leaders from these innovative residency programs will teach other faculty leaders and residency programs how to adopt similar changes in curriculum and training for pediatric residents.

Developing Faculty Skills in Primary Care: Boards of Internal Medicine, Family Medicine, and Pediatrics (Board Grant)

The three boards representing the principle primary care medical disciplines—family medicine, internal medicine, and pediatrics—have come together to redesign their residency programs to better teach residents the competencies necessary for a career in primary care. The first step is designing a curriculum to help faculty in these three disciplines to work together to acquire the requisite teaching skills so that they may prepare new physicians to meet the expectations of a 21st century healthcare system.

“Looking to the future of primary care, there is a national consensus that medical education and training need urgent reform not only to produce more primary care practitioners, but also to ensure that they have the skills needed to provide safe, high-quality, evidence-based care to an increasingly diverse population,” said Eric



Holmboe, MD, chief medical officer and senior vice president of the American Board of Internal Medicine, and principal investigator. “That can’t be achieved unless we first develop the expertise of faculty to effectively teach a reformed curriculum.”

Together, the three boards will develop a cadre of expert teachers who will help guide the new collaborative training curriculum, deliver faculty development programs focused on the new set of skills, and produce associated materials that will be used in future courses in the primary care disciplines and be posted for public use. The boards are providing expertise in content, program development, leadership, and coordination across their organizations to assure the quality and relevance of faculty development for the primary care disciplines.

The goal is to create regional learning communities and a supportive national infrastructure with the capacity to catalyze meaningful change in preparing the primary care workforce for the future.

Engaging Clinicians as Mentors: Partners HealthCare System (President's Grant)



The Kraft Center for Community Health, which was created by Partners HealthCare in 2011, is a first-of-its-kind post-graduate medical education program in community health leadership that brings together local community health centers and an academic medical system to attract clinicians to the field of community health. In 2013, the Macy Foundation awarded the Kraft Center a one-year grant to design and implement a national survey focused on mentorship for new clinicians in community health center settings. Survey findings will inform the Kraft Center's subsequent efforts to develop, evaluate, and disseminate a comprehensive curriculum aimed at better enabling senior health center clinicians to provide effective mentoring for new physicians and nurses.

The curriculum is expected to include a virtual learning component and emphasize the development of competencies in multidisciplinary, team-based, patient-centered care; continuous

quality improvement; the social determinants of health, and multicultural awareness and understanding of diverse patient populations. It also will address challenges characteristic of most community health centers, such as working with limited financial resources; working in isolated or remote circumstances; and staff turnover, recruitment, and retention. And it will very consciously support the role of on-site senior clinicians as a critical bridge between formal health professions education and the realities of practice in communities.

Interprofessional Primary Care Planning: Harvard Medical School Primary Care Initiative and Collaborating Health Professions Schools (President's Grant)

The intersection of education and practice reform is critical to plans for expanded interprofessional education at Harvard Medical School (HMS).

With a one-year planning grant from the Macy Foundation to Harvard Medical School and its partner institutions—the Harvard School of Public Health, the Institute for Healthcare Improvement, the Massachusetts General Hospital (MGH) Institute of Health Professions, Northeastern University Bouvé College of the Health Sciences, Simmons School of Nursing and Health Sciences, and the Stoeckle Center for Primary Care Innovation at MGH—jointly planned a conference retreat for their administrators, faculty, and students.

At the retreat, participants created a framework for developing a new, shared curriculum for interprofessional education within team-based primary care practices at HMS-affiliated institutions.

MASSACHUSETTS GENERAL HOSPITAL 2011 BOARD GRANT

This grant supports the development of a focused, multidisciplinary curriculum for medical students at Massachusetts General Hospital and nursing students from the MGH Institute of Health Professions in team-based approaches to high quality care for culturally and linguistically diverse patients.



AMERICAN ACADEMY OF FAMILY PHYSICIANS 2010 BOARD GRANT

The Robert Graham Center and George Washington University used Macy support to examine the outcomes of physician graduate medical education and to develop a web tool that tracks the graduates of graduate medical education programs nationally.



TULANE UNIVERSITY 2009 BOARD GRANT

With this grant Tulane University launched the Tulane Rural Immersion Program (TRIP), an innovative pilot designed to improve health care in Louisiana by increasing the number of doctors entering rural practice. TRIP sends a group of third-year medical students to live and train in a remote part of Louisiana for nine months. The students work under the guidance of an experienced primary care physician, or mentor, who gives them hands-on experience with patients and emphasizes relationship-based care and continuity of care.



MACY FACULTY SCHOLARS PROGRAM

We are now in the third year of the Macy Faculty Scholars program, the only program in the United States that is designed to promote the careers of mid-career medical and nursing faculty as educational innovators and leaders.

This year we graduated our first class of scholars, named in 2011. We are impressed with the innovations that these scholars have put in place and pleased that they will continue their work under the sponsorship of their institutions. They truly are emerging as leaders within their institutions and nationally, helping to push forward key reforms in the education of healthcare professionals.

In June, we brought together all of the Macy Faculty Scholars for our second Annual Meeting to share their work with each other, their mentors, the program's National Advisory Committee, and Macy Foundation staff. The 2011 class shared insights and outcomes from their two years as Macy Faculty Scholars. The 2012 cohort reviewed the enormous progress they have made in their projects in the areas of quality and patient safety, cultural competence, community engagement, and teamwork. It was an invigorating meeting. It was reassuring to see how much can be accomplished in a short time as well as the impressive energy, expertise, and dedication that

these emerging leaders bring to their work.

This year, we selected a group of five new scholars from the national applicant pool. The 2013 scholars represent a wonderful diversity of backgrounds and interests. They will be examining a range of issues including: reducing health disparities, medication management, transitional care, oral health, and value formation among health professions students.

Macy Faculty Scholars receive \$100,000 in salary support per year for two years, enabling them to spend at least half of their time implementing educational reforms that are central to ultimately improving the health of the public. They also receive support for travel and career development activities.



INTRODUCING THE 2013 MACY FACULTY SCHOLARS



Lisa Day
PhD, RN, CNE
Duke University School
of Nursing

As a Macy Faculty Scholar, Dr. Day, associate professor at Duke University School of Nursing, will design an interprofessional course that will bring nursing and medical students together, with faculty, to learn about each other's professional values and gain a clearer understanding of each other's professional similarities and differences. Day is piloting a course for nurses in spring 2014 that will then be used to inform the development of the interprofessional course, which she plans to pilot in fall 2014. The course—inspired by a well-established medical school curriculum, “The Healer’s Art,” developed by Rachel Naomi Remen, MD at the Institute for the Study of Health and Wellness—will employ a

discovery learning model and will bring students together in small groups to share experiences.

“The easiest way to explain what I’m hoping to do is to give an example of what I want to change,” said Day, who then told a story about a nursing student who was taking care of a patient with a very painful bone tumor. The student worked with a nurse to request more pain medication for the patient, who was clearly suffering. When the patient’s doctor did not respond to the request for medication, the student concluded that the doctor didn’t care about the patient.

“But the doctor cared very much,” said Day. “The doctor did not prescribe more pain medication because the patient had previously had a very bad reaction to an unintentional overdose of pain medication. Both the doctor and the student nurse were looking out for the patient’s best interests. They were coming from the same place of care and compassion, but they didn’t recognize those same professional traits in each other and even made some negative assumptions. I hope

that by bringing nursing and medical students together early in their education to develop a better understanding of how our shared professional values are manifested in practice, then everyone will benefit.”



Memoona Hasnain
MD, MHPE, PhD
University of Illinois at Chicago
College of Medicine

Dr. Hasnain is associate professor and associate head for faculty development and research in the Department of Family Medicine at the University of Illinois at Chicago College of Medicine. As a Macy Faculty Scholar, Hasnain will develop and implement a longitudinal program to train medicine, nursing, pharmacy, public health, and social work students to work together in teams, learning about and caring for marginalized patient populations that experience health disparities.

The training program, called “Interprofessional Approaches to Health Disparities,” will be offered as a 12-month elective, with up to 25 students participating in the first year, which will launch in fall 2014. Teams of five students will work closely with a community-based partner organization that serves vulnerable populations. The student teams will choose one of five focus areas in which to concentrate—domestic violence, geriatrics, HIV/AIDS, homelessness, and immigrant/refugee health—and will serve as a personal care team to one or more patients in those areas, with the primary goal being to address the health or quality of life issues of primary concern to the patient(s). They also will participate in community-based participatory research and quality improvement projects.

“Currently, a lot of learning takes place in classrooms,” said Hasnain. “But that is not where students learn best about the needs of our patients and communities, or how to work with other healthcare professionals. True understanding can only occur in the real world, in communities where the most vulnerable patients are. By giving students

community-engaged and team-based experiences early in their education, our goal is to not only improve students’ attitudes, understanding, and competencies for providing patient-centered care, but also prepare them as healthcare leaders with skills to effectively address the rising burden of public health concerns.”



Kelly Karpa
PhD, RPh
*Pennsylvania State University
College of Medicine*

For her Macy Faculty Scholars Project, Dr. Karpa, associate professor in the Department of Pharmacology at Pennsylvania State University College of Medicine, will develop an interprofessional program to teach medical and nurse practitioner students to think more critically about medications for patients. The project will involve a year-long academic course in team-based learning

that will use standardized patients to teach students about medication reconciliation, selection, monitoring, and more.

“In health professions schools, we do a great job of teaching drug facts to students in the classroom,” said Karpa, “but we fail them when it comes to teaching them how to apply that pharmacological knowledge when interacting with patients in the real world, who may be taking too many medications, experiencing drug-related health problems, or may have literacy issues that impede their understanding of how to take their medications correctly.”

Karpa went on to describe a course that she taught in previous years, where she asked her medical students to identify the medication errors or potential medication-related problems contained in a series of patient cases, and the students performed poorly. “There were a minimum of 18 problems to identify in each case,” she said “but most students only ever identified the drug interactions, that was always the one problem they found, and they would miss the other 75% of the medication-related issues—things like incorrect dosages, transcription

errors, medications missing from a standard treatment protocol. They didn't know how to look for those things. I want to change that."



Lauren Meade

MD

Tufts University School of Medicine

Dr. Meade, assistant professor at Tufts University School of Medicine and associate program director of the Internal Medicine Residency Program at Baystate Health, has developed, for her Macy Faculty Scholars project, a competency-based program to train physician learners in transitional care, such as when a patient is discharged from the hospital.

The pilot training program, which is already underway in 11 hospitals across the country, is based on a multidisciplinary research project designed and led by Dr. Meade in which a total of 97 nurses, patients and

their family members, physician learners, and physician teachers, were asked to identify the most effective physician milestones—or behaviors—necessary for a safe and effective transition of care. The study identified 182 behaviors that were coded into six categories, including team collaboration and patient communication.

"Before this intervention, we focused mostly on components of the discharge summary when teaching learners about transition of care," said Meade. "This study incorporates nurses' and patients' voices in training physicians, and applies competency-based teaching methods to an explicit learning curriculum, which means that as the physician learner masters the milestones related to a safe discharge, he or she is given autonomy to discharge patients with less supervision."

Upon completion of the project, Dr. Meade will assess the usefulness of the milestones for determining physician learner competence in a safe and effective discharge. A future project may compare interprofessional education versus physician-only education and look at patient outcomes for a good transition.



Mayumi Willgerodt

PhD, MPH, RN

University of Washington School of Nursing

As associate professor at the University of Washington School of Nursing, Dr. Willgerodt is focused on improving health and reducing health disparities for immigrant youth and their families as well as on interprofessional education and practice. As a Macy Faculty Scholar, she will draw on these professional interests to implement and evaluate an interprofessional education and practice curriculum for pediatric dental residents, advanced practice nursing students, pediatric and family medicine residents, and social work students. She also will facilitate the creation of a team-based oral health care model for underserved children at the University of Washington Center for Pediatric Dentistry.

CHECKING IN WITH THE 2012 SCHOLARS

“Right now, somewhere in the neighborhood of 50 million school hours a year are lost due to oral health issues,” said Willgerodt. “There are very big oral health needs in underserved communities, in particular. And there is a need for health professions students to learn how to provide pediatric oral health care as part of a team because that’s the most effective way to provide care. My project will hopefully begin to address these very real and significant needs.”

Dr. Willgerodt stressed that she plans to introduce the new curriculum within the existing academic infrastructure because she wants to help ensure its sustainability and success and not create something additional that students have to fit into already full workloads. “I want to go into existing classrooms, courses, and residency rotations, and integrate the new curriculum. And then I want to take those students into a clinical setting and then into practice. It’s the only way to begin bridging the gap between interprofessional education and collaborative practice,” she said. “There are gaps in what exists now and I’d like to fill those in.”

Kenya Beard

EdD, GNP-BC, NP-C, ACNP-BC
Hunter College of the City University of New York

In her first year as a Macy Faculty Scholar, Dr. Beard developed a workshop for nursing educators to promote effective teaching practices and learning environments that addressed the benefits of workforce diversity and personal attitudes toward teaching culturally diverse students. The six-hour workshop will be piloted at Hunter College before being implemented more widely. She also established the Center for Multicultural Education and Health Disparities, a hub for research and best practices on multicultural education, to help institutions looking to restructure their curriculums and recruit and retain students from diverse backgrounds.

Ted James

MD, FACS
The University of Vermont

Dr. James has designed and implemented a patient safety and quality improvement course for third-year medical students that includes an interactive

discussion of patient safety, case studies, and a team-based simulation requiring students to work together to pinpoint safety errors and risks. He also developed an interprofessional simulation course for medical and nursing students. Preliminary feedback from both courses has been overwhelmingly positive. In his second year as a Macy Faculty Scholar, he will develop a course on patient safety for first-year medical students, a course on medication safety for second-year medical students, and an evaluation strategy to measure the entire four-year program’s long-term impact on students’ future clinical performance.

Wrenetha A. Julion

PhD, MPH, RN
Rush University

Dr. Julion is developing a 15-week, community-based cultural competency course for interprofessional students. With the course objectives, content, and two training sites in place, she will pilot the program with nursing students starting in January 2014. In her second year, Dr. Julion will expand the curriculum to students in medicine, health sciences, and



The 2012 Macy Faculty Scholars convened in New York for the June 2013 Annual Meeting. From left to right: Wrenetha A. Julion, Sandrijn M. van Schaik, Ted James, Wendy Madigosky, and Kenya Beard.

health systems management, and increase the number of training sites. She designed this initiative to better prepare health professionals to assess, treat, and educate patients who come from culturally diverse communities.

Wendy Madigosky

MD, MSPH

University of Colorado

Dr. Madigosky is developing and implementing a patient safety and quality improvement curriculum across all the health professions schools at the University of Colorado—dentistry, medicine, nursing, pharmacy, physical therapy,

and physician assistant. She convened an advisory group of faculty and students from each of the schools to develop a framework for a new interprofessional education model and initiate conversations about adoption across the campus. As development of the new curriculum continues, Dr. Madigosky will work on creating new tools to measure competency in patient safety and quality improvement and designing an evaluation of the new curriculum.

Sandrijn M. van Schaik

MD, PhD

*University of California,
San Francisco*

Dr. van Schaik is exploring how learners in interprofessional teams provide and receive feedback, and how that feedback is incorporated into performance changes. Van Schaik has spent her first year as a Scholar collecting and analyzing data on perceptions of feedback. This research will drive the next phase of her project: examining barriers and success factors for interprofessional feedback and developing feedback guidelines for use in health professions education and team-based care. These guidelines will help ensure high-quality patient care and facilitate teamwork among health professionals.

MAKING AN IMPACT: THE 2011 SCHOLARS

Eve R. Colson

MD

Yale School of Medicine

Dr. Colson is overseeing the implementation of a new longitudinal, interprofessional clinical experience that, as a Macy Faculty Scholar, she helped develop as part of the curriculum redesign occurring at Yale University School of Medicine. The clinical experience is now being piloted with advance practice nursing students, physician assistant students, and medical students, who are learning to work together as a team while following a panel of patients under the supervision of interprofessional faculty.

It has been an honor and privilege to be a Macy Faculty Scholar. With the financial and intellectual support of the Macy Foundation, I have made a career shift to focus on working with colleagues from other healthcare professional schools to champion curricular and cultural changes in the education of health professional students at our institution. While historically, we have educated our students in silos, we are now moving

toward implementing meaningful longitudinal, clinically-based, interprofessional experiences for all our students.—Eve R. Colson

Alan Dow

MD, MSHA

Virginia Commonwealth University

As a Macy Faculty Scholar, Dr. Dow founded and now directs the Center for Interprofessional Education and Collaborative Care at Virginia Commonwealth University. Due to his efforts, more than 1,500 health professions students at the university—who once learned only within the parameters of their own disciplines—are now engaged in collaborative educational experiences, which range from community clinics for indigent patients; simulation-based sessions on managing hospitalized, acutely ill patients; and virtual case interactions around the care of frail older adults.

Being a Macy Faculty Scholar was truly a life-changing event for me. Before the program, I had had some success on my campus as an educator and

leader, but I did not have a clear path forward in my career. After being selected as a Scholar, I had the opportunity to take a step back from my career and forge a new, more innovative role in health professions education. As a Scholar, I gained increased credibility and influence internally and the chance to work nationally on critical educational issues related to interprofessional education and healthcare workforce.—Alan Dow

Dena Hassouneh

PhD, ANP, PMHNP

Oregon Health & Science University

Based on the research she has conducted as a Macy Faculty Scholar, Dr. Hassouneh will author a first-of-its-kind book that will describe practical strategies for addressing the barriers and challenges experienced by faculty of color in health professions education. For the past two years, Dr. Hassouneh has led a grounded theory study of the experiences of faculty of color in nursing, medicine, pharmacy, and dentistry.

Being selected as a Macy Faculty Scholar has been a tremendous honor as well as a validation of the importance of my ongoing work focusing on faculty of color in health professions education. It has enabled me to realize my dream of conducting a national grounded theory study of the experiences of faculty of color across disciplines. I am now connected to some of the most accomplished clinicians, health care researchers, and educators in the country. Upon reflection I see that as a result of this experience my voice is stronger, I am more confident than I have ever been before, and I have become an emerging leader in my area of study.

—Dena Hassouneh

Jennifer S. Myers

MD

University of Pennsylvania

During her two years as a Macy Faculty Scholar, Dr. Myers developed the Healthcare Leadership in Quality Track, a longitudinal elective in quality improvement (QI) and patient safety (PS) for medical residents. The new track is fully supported by the University. Dr. Myers also formed a taskforce to develop a conceptual framework,

strategies, and tactics to teach and engage medical residents in QI and PS as well as a resident-run council that brings residents together monthly to discuss QI and PS issues and execute needed improvement projects.

Becoming a Macy Faculty Scholar was a true honor and privilege and had a profound influence on my career. It afforded me the time to focus and successfully transition my career into medical education leadership and innovation in the area of health care quality and safety. Of equal importance was the opportunity to gain a new network of supportive colleagues and mentors.

—Jennifer Myers

Roberta Waite

EdD, APRN, CNS-BC

Drexel University

As a Macy Faculty Scholar, Dr. Waite established the “Macy Undergraduate Leadership Fellows Program,” which focuses on the development of leadership and cultural sensitivity skills in undergraduate health professions students in Drexel’s College of Nursing and Health Professions. With support

from her institution, Dr. Waite continues to refine and run the voluntary, for-credit, certificate program, which is taught by a core group of interprofessional faculty.

My experience as a Macy Faculty Scholar has been phenomenal. The professional networking with my fellow scholars has been invaluable and will continue to grow with each year.

My career has blossomed! I have been afforded the opportunity to stretch myself and implement an innovative program that has become a vital addition to Drexel University given our mission to enhance interprofessional learning and to develop leaders in the health professions. I have been extended many speaking engagements on the importance of leadership, and to highlight the educational program that I developed.

—Roberta Waite



2013 BOARD GRANTS

Arizona State University

Project Title: Interprofessional Primary Care Curriculum: Implementation and Evaluation

Project Description: Arizona State University and the University of Arizona at Phoenix are implementing a graduate-level curriculum that will better prepare health professions students to provide primary care across urban and rural areas, serve an ethnically diverse population, and meet residents' health care needs.

The curriculum will engage medicine, nursing, pharmacy, and social work students from the two universities together with a statewide graduate nursing education project, funded by the Centers for Medicare and Medicaid Innovation. Students will be trained in a range of primary care settings, from federally qualified health centers and nurse practitioner clinics, to evolving health care models such as accountable care organizations and patient-centered medical homes. Students also will experience working with an array of patient-care services and providers that link to primary care, such as assisted living residences, nursing homes, post-acute care facilities, and homeless shelters.

Technology will also play a key role in the curriculum. Dr. Gerri Lamb, principal investigator, and colleagues are exploring a range of ways to teach teamwork, from using smartphones to creating wikis and Facebook accounts—ideas sourced from students. Partnering with the Arizona Telemedicine program, the curriculum will also use distance learning technology to connect with students in remote clinical sites.

Principal Investigator: Gerri Lamb, PhD, RN, FAAN, Associate Professor at Arizona State University College of Nursing and Health Innovation

Awarded: \$836,714

Duration: 3 years

Board Date: January 2013

George Washington University

Project Title: Graduate Medical Education: Relationship of Training Characteristics to Graduate Outcomes

Project Description: The Robert Graham Center at the American Academy of Family Physicians, together with George Washington University and the Accreditation Council for Graduate Medical Education (ACGME) will analyze the relationship between program and institutional characteristics and the site and type of practice of physician graduates for residency programs. The ACGME has the most extensive database on program content and characteristics that has not heretofore been available for analysis such as this. Gaining insight about the implications of the sites of training and the nature of practice experiences on the career decisions of residents will inform efforts to improve graduate medical education to meet workforce needs.

Principal Investigators: Candice Chen, MD, MPH, Assistant Research Professor of Health Policy at the George Washington University School of Public Health and Health Services; Stephen Petterson, PhD, Research Director at the Robert Graham Center

Awarded: \$319,721

Duration: 2 years

Board Date: January 2013

Health Affairs

Project Title: Thematic Issue and Briefing on Creating the Optimal Health Care Work Force

Project Description: Health Affairs, a division of Project Hope and the leading health policy journal in the U.S., is using Macy Foundation support to publish a thematic issue and briefing on "Creating the Optimal Health Care Work Force." The thematic issue will be a compendium of articles exploring the identification of work force priorities

and related critical policy issues. The briefing following the publication will be directed at policy makers and staff in Washington, DC with a particular focus on its relevance in relation to the implementation of the Affordable Care Act. Companion articles also will be published in Academic Medicine and other relevant health professional journals. The Macy Foundation will participate in the development of the publication and in the briefing. Funding will also be provided by Robert Wood Johnson Foundation and professional associations.

Principal Investigator: John K. Iglehart, MD,
Editor-in-Chief of Health Affairs

Awarded: \$150,000

Duration: 19 months

Board Date: January 2013

Association of American Medical Colleges

Project Title: Education in Pediatrics Across the Continuum – A Competency-based Medical Education Pilot

Project Description: For the past four years the Association of American Medical Colleges (AAMC), the American Board of Pediatrics, the Accreditation Council for Graduate Medical Education and a group of senior educators have been working on the concept and design of a pilot program for training in pediatrics that would follow a competency-based training model. This new model would provide breadth of experiences, which would best prepare trainees for independent practice in pediatrics. Four pilot training sites have been chosen (University of California, San Francisco; University of Colorado-Denver; University of Minnesota; and University of Utah) that have committed to participate at both the medical school and residency levels. As planned, the program will continue for at least a decade (4 successive cohorts of 15-20 trainees each for a 6 to 7 year program). Macy support is for a three year implementation phase that will be critical for the launch of the revised medical

school curriculum and the establishment of the outcome measures and analytics. All of the participating institutions are committed to continue the program beyond Macy funding to its conclusion.

Principal Investigators: Carol A. Aschenbrenner, MD, Chief Medical Education Officer at Association of American Medical Colleges; Robert Englander, MD, MPH, Senior Director for Competency-based Learning and Assessment at Association of American Medical Colleges

Awarded: \$900,000

Duration: 3 years

Board Date: May 2013

The Arnold P. Gold Foundation

Project Title: Advancing Humane, Compassionate Healthcare Through Interprofessional Education

Project Description: The Arnold P. Gold Foundation and the Schwartz Center for Compassionate Healthcare will work together to foster humane, compassionate care. The Gold Foundation, based in New Jersey, has a long history of fostering humanism in medicine, and the Schwartz Center, based in Boston, has an extensive experience in fostering compassionate care. Together the two organizations are planning to hold a conference to seek ways to promote more humane, compassionate care through better implementation and achievement of interprofessional education (IPE) competencies and better interprofessional collaboration in practice. Macy Foundation staff will work with the two organizations in development of the program for the event, its attendees, and its products, to help ensure that it is complementary with the 2014 Macy Conference on involving patients and family members in development of programs at the nexus of IPE and clinical practice.

Principal Investigators: Beth Lown, MD, Medical Director of the Schwartz Center for Compassionate Healthcare; Sharrie McIntosh, MHA, Vice President of Programs and Strategic Development at The Arnold P. Gold Foundation

Awarded: \$96,915

Duration: 1 year

Board Date: October 2013

Medical University of South Carolina

Project Title: Virtual Interprofessional Learning

Project Description: The Medical University of South Carolina (MUSC) will use Macy support to develop advanced interprofessional education (IPE) programs for health professions students who are not on the same campus. MUSC's colleges of nursing and medicine plus South Carolina College of Pharmacy will collaborate in developing, piloting, and evaluating an avatar-based platform for interactive IPE exercises, starting with one based on root-cause analysis of an adverse patient outcome.

Although most of MUSC's medical students are in Charleston and can be brought together physically, all of MUSC's graduate nursing students are distance learners, and the pharmacy school is located in Columbia. Despite that, these three schools are committed to coordinating schedules so that pilot exercises will occur within the same 6-week time frame. If successful, the platform could be adapted for a variety of multi-disciplinary, interprofessional educational uses and address an important problem in involving all health professional students in meaningful IPE.

Principal Investigator: Gail W. Stuart, PhD, RN, FAAN, Dean and Distinguished University Professor, College of Nursing at Medical University of South Carolina

Awarded: \$397,923

Duration: 2 years

Board Date: October 2013

Saint Louis University

Project Title: Expanding Undergraduate Health Professions and Medical Student Experiences in Interprofessional Education and Collaborative Practice

Project Description: Saint Louis University (SLU) has had a major commitment to interprofessional education (IPE) for several years and was one of the first programs in the country to offer a comprehensive curriculum in IPE. The undergraduates can already take a four-course concentration in IPE, and this project will enhance the concentration. The existing collaborative experiences for undergraduates that involve interprofessional teams will be expanded to include working in community settings around subjects such as population health, an example of which would be projects that have been done in a jail. SLU also proposes developing three new undergraduate IPE courses and experiences in order to offer a seven-course undergraduate minor in IPE. The new courses to be established through this initiative will be to train students in research methods and outcomes related to interprofessional collaborative practice. In addition, the grant funding would enable SLU to enhance its IPE programs involving medical students by developing new teamwork experiences in both simulated and real clinical settings, for example by expanding a long-standing medical student-run health clinic into an interprofessional clinic.

Principal Investigator: David Pole, MPH, Director for Center for Interprofessional Education and Research at Saint Louis University

Awarded: \$250,000

Duration: 2 years

Board Date: October 2013



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

2013 PRESIDENT'S GRANTS

Florida International University

This award will develop six to ten unique, culturally competent interprofessional simulation scenarios of patients with limited English proficiency to be used by teams of students from various health disciplines (nursing, medicine, occupational therapy, physical therapy, and communication sciences and disorders). The effectiveness of the scenarios in improving cultural competence will be assessed using qualitative and quantitative measures.

\$35,000 | Awarded: January 2013

Physicians for Social Responsibility

This award will develop and pilot an advocacy curriculum for medical student advocacy groups and allow for coordination and use of the modules by other student organizations such as Physicians for a National Health Plan, Physicians for Human Rights, and American Medical Student Association.

\$35,000 | Awarded: January 2013

Accreditation Council for Graduate Medical Education

This award will support the development of an analysis of the prevalence of current GME efforts to implement interprofessional education and to establish a baseline

for the future. The ACGME database and surveys will be used to describe the nature of interprofessional education and practice offered by residency programs across the country.

\$32,661 | Awarded: February 2013

Alpha Omega Alpha Honor Medical Society

Alpha Omega Alpha Honor Medical Society will collaborate with the Josiah Macy Jr. Foundation to support a national conference, "Best Practices in Medical Professionalism." The goal is to identify best practices in interventions and remediation to address lapses in medical professionalism.

\$35,000 | Awarded: March 2013

Washington University

This award will support the completion of a book on the history and present status of residency training in the United States. The working title of the book is, "Let Me Heal: The Development of Residency Training in the United States and the Opportunity to Preserve Excellence in American Medicine."

\$10,000 | Awarded: March 2013

National Academies of Practice

This award will support a conference, "Interprofessional Healthcare:

Working Together for Healthy Aging." The conference will address the aging imperative influencing health care in the U.S. and the ways in which an interprofessional, collaborative approach can best address this challenge.

\$10,000 | Awarded: April 2013

Brandeis University

This award will support, "C-Change Faculty Survey: Predictors of Faculty Vitality" analytic work. This represents the completion of a larger project on culture change in academic medical centers supported by earlier Macy Board Grants.

\$20,000 | Awarded: May 2013

Columbia University Mailman School of Public Health

This award will support an invitation-only summit on Innovations in Public Health Education. The summit will provide a forum for academic leaders from around the world to share innovative ideas and discuss different approaches to enhancing public health educational initiatives; and develop a unified vision for how the field can be advanced and better integrated into innovations in all health professions education.

\$25,000 | Awarded: May 2013

Hofstra University

This award will support, "Building a Core of Interdisciplinary, Interactive, Medical Educators by a Process of Transformation," a set of competency-based, peer-assessment and self-assessment tools for educators. The project will develop "master transformative educators" in one of the new and developing medical schools. The tools will be broadly applicable to small group teaching in other medical and health professional schools.

\$34,650 | Awarded: May 2013

The Kraft Center for Community Health

This award will be used to assist community health centers in their efforts to recruit primary care clinicians and better enable senior leaders in providing effective mentorship for new clinicians in community health center settings.

\$25,000 | Awarded: May 2013

National Medical Fellowships

This award will support the National Medical Fellowships scholarship program in providing five scholarships on the basis of financial need and academic merit to second and third year underrepresented minority medical students.

\$27,500 | Awarded: May 2013

George Washington University

This award will help address the lack of compassion in patient care caused by clinician burnout, empathy decline, and loss of "authentic" self, which begins during professional formation. This problem can be addressed by integrating personal professional formation into the mainstream rounding for clinical medical students as is currently done in Reflection Rounds at George Washington University Institute for Spirituality and Health in partnership with the Templeton Foundation. Interprofessional spiritual rounds will be piloted in a network of Macy-supported institutions.

\$35,000 | Awarded: June 2013

Harvard Medical School

This award will support a retreat to address current needs in interprofessional education and how best to meet those needs through enhanced practice and research collaborations among senior administrators, faculty, and students of Harvard Medical School and other health professions education institutions in the Boston area. The detailed work plan will result in a conference proceeding as well as a proposed curriculum in interprofessional education in primary care.

\$35,000 | Awarded: June 2013

Primary Care Progress, Inc. (PCP)

This award will help fund the 2013 Gregg Stracks Leadership Summit, a two-day training that convenes 75 PCP chapter leaders to prepare participants to enact local campaigns promoting primary care and advancing innovation in care delivery and provider training. Summit participants will include medical, nursing, physician assistant, and pharmacy students along with residents and select faculty.

\$20,000 | Awarded: June 2013

University of New England

This award will support a two-day, Interprofessional Collaborative Practice (IPCP) Summit. The University of New England and clinical partners throughout Maine are eager to implement interprofessional rotations. The IPCP Summit will create a framework in which local health education and health care leaders can work together to develop a shared vision for interprofessional education and practice at the individual community level.

\$35,000 | Awarded: June 2013

University of South Carolina Educational Foundation

This award will support a two-day invitational think tank entitled, "Incorporating Lifestyle Medicine Education into Medical School Curricula," in Greenville, South Carolina. The invitational think tank

will engage experts and key decision makers in medical school curricular design to address integration of Lifestyle Medicine competencies during all four years of undergraduate medical education, and to gain consensus and momentum for the creation, testing, dissemination, and implementation of best practices of Lifestyle Medicine curriculum for all US medical students.

\$35,000 | *Awarded: June 2013*

Hunter College

This award will support four “full season” Scholars and 16 rotating Herman Biggs Health Policy Fellows graduate students of different disciplines to each attend health policy meetings for the 2013-2014 season. The opportunity will enrich the Society’s conversations about health policy.

\$5,200 | *Awarded: July 2013*

Institute for Innovative Technology in Medical Education

This award will be used to educate medical students about the importance of providing high-value care to patients. The institute will create an online interactive program that builds on the American College of Physicians and the Alliance for Academic Internal Medicine’s High Value Care Curriculum for residents and iInTIME’s technological and pedagogical infrastructure.

\$35,000 | *Awarded: July 2013*

The Arnold P. Gold Foundation

This award will support a first-ever gala event, “The Golden Thread: Weaving Science and the Human Side of Healthcare”, in Boston. Two exemplars of Humanism, Dr. Ronald A. Arky and Mary Fisher will be honored for their achievements, advocacy and dedication to advance humanistic, patient-centered care which assures the best possible health outcomes for patients, their families, and their practitioners.

\$ 35,000 | *Awarded: September 2013*

Harvard Macy Institute

This award will support a one and one half day symposium celebrating the 20th anniversary of the Harvard Macy Institute. The symposium will include a series of activities to honor the alumni and faculty for their innovative contributions, and reflect on their academic achievements and successes. The symposium will stimulate futuristic thinking and continue to build a strong interprofessional and international network. Harvard Macy Institute will produce online and print summaries of activities.

\$35,000 | *Awarded: September 2013*

National Hispanic Health Foundation

This award will support a one day summit in Washington, DC entitled, “Expanding STEM Efforts to Health Professions Workforce Diversity.” The summit will include a high level

discussion to develop consensus recommendations for the Federal STEM initiative to increase diversity in the health professions workforce.

\$ 35,000 | *Awarded: September 2013*

The Association for the Behavioral Sciences and Health Professions Education

This award is to support a two-day conference entitled, “Humanizing Health Care: Reducing Disparities through Interprofessional Teams.”

\$10,000 | *Awarded: October 2013*

Academic Consortium for Complementary and Alternative Health Care (ACCAHC)

This award is to support ACCAHC’s initiative to “Enhance Research Literacy.” Partners across alternative and complementary medicine have joined forces with ACCAHC to address research literacy and evidence-based practice. This is an important step in training practitioners across multiple disciplines to incorporate research evidence into practice and to promote interprofessional understanding and practice.

\$30,000 | *Awarded: December 2013*

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Executive Assistant to the
Chief Operating Officer

Yasmine R. Legendre, MPA

Program Associate

Ellen J. Witzkin

Executive Assistant to the President



*Term ended in 2013

**Term commenced in 2013

STATEMENTS OF FINANCIAL POSITION

YEARS ENDED JUNE 30, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets		
Cash and cash equivalents	\$ 4,178,538	\$ 7,386,349
Investments, at fair value	134,360,932	121,334,906
Due from broker	-	3,830,690
Accrued interest and dividends receivable	15,657	74,629
Prepaid expenses and other assets	83,405	67,648
Property and equipment, at cost, less accumulated depreciation	<u>5,398,971</u>	<u>5,321,306</u>
Total Assets	<u><u>\$144,037,503</u></u>	<u><u>\$138,015,528</u></u>
Liabilities and Net Assets		
Liabilities		
Grants payable	\$ 578,044	\$ 635,794
Other accrued liabilities	70,755	125,550
Deferred federal excise tax	188,757	84,288
Accrued retirement benefits	4,490	2,397
Due to broker	<u>19,398</u>	<u>-</u>
Total Liabilities	861,444	848,029
Net Assets		
Unrestricted	<u>143,176,059</u>	<u>137,167,499</u>
Total Liabilities and Net Assets	<u><u>\$144,037,503</u></u>	<u><u>\$138,015,528</u></u>

STATEMENTS OF ACTIVITIES

YEARS ENDED JUNE 30, 2013 AND 2012

	<u>2013</u>	<u>2012 *</u>
Revenue		
Dividends and interest on investments	\$ 1,583,231	\$ 2,219,145
Net realized and unrealized gain (loss) on investments	14,009,687	(9,461,738)
Investment counsel and custodian fees	(795,549)	(829,489)
Provision for taxes		
Current excise tax	(41,055)	(102,040)
Deferred excise (tax) benefit	(104,469)	184,785
	<u>14,651,845</u>	<u>(7,989,337)</u>
Expenses		
Salaries	1,367,240	1,226,260
Employee benefits	273,708	269,703
Professional services	277,807	246,030
Equipment and minor improvements	66,639	65,895
Utilities, insurance and building maintenance	69,795	71,106
Travel	83,162	49,370
Director meetings expense	53,107	52,926
Other administrative expenses	158,462	147,583
Depreciation	240,266	211,336
Grants and Conferences, and Publications		
Health professional education grants	3,762,814	3,776,551
Grant refunds	(144,489)	(17,784)
President's discretionary grants	499,608	500,000
Matching gift grants	181,710	181,765
Macy faculty scholars grants and related expenses	1,422,153	743,557
Conference expenses	144,888	167,579
Publications	148,445	100,785
Organizational dues	37,970	37,970
	<u>8,643,285</u>	<u>7,830,632</u>
Total Expenses		
Increase (decrease) in net assets	6,008,560	(15,819,969)
Net assets, beginning of year	<u>137,167,499</u>	<u>152,987,468</u>
Net Assets, End of Year	<u><u>\$143,176,059</u></u>	<u><u>\$137,167,499</u></u>

* Certain amounts have been reclassified for comparative purposes.



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