


JOSIAH MACY JR. FOUNDATION
FACULTY SCHOLARS PROGRAM
ANNUAL MEETING



JUNE 24, 2014

ROOSEVELT HOUSE
47-49 EAST 65TH STREET
NEW YORK, NY 10065



Cover Photo (left to right): **First Row:** Alan Schwartz, Memoona Hasnain, Kelly Karpa, Afaf I. Meleis, Brenda Zierler, Eve R. Colson, Mayumi Willgerodt, Jennifer S. Myers; **Second Row:** Christine A. Tanner, Roberta Waite, Samuel O. Thier, George E. Thibault, Dena H. Hassouneh, Lauren Meade, Stephen C. Schoenbaum, Sandrijn M. van Schaik, Kenya V. Beard, Theresa M. Valiga, Wendy S. Madigosky; **Third Row:** Kelley M. Skeff, David M. Irby, Wrenetha A. Julion, Alan Dow, Michael LaCombe, Peter Goodwin, Lisa Day, Paul M. Haidet



CONTENTS

INTRODUCTION	2
AGENDA	5
ANNUAL MEETING ATTENDEES	6
2013 FACULTY SCHOLAR BIOGRAPHIES	10
2013 FACULTY SCHOLAR PROJECT SUMMARIES	12
Lisa Day	12
Memoona Hasnain	14
Kelly Karpa	18
Lauren Meade	22
Mayumi Willgerodt	24
2012 FACULTY SCHOLAR PROJECT SUMMARIES	28
Sandrijn M. van Schaik	28
Wendy S. Madigosky	29
Wrenetha A. Julion	30
Ted James	31
Kenya Beard	32
2011 FACULTY SCHOLAR CAREER UPDATES	34



INTRODUCTION

The Third Annual Meeting of the Macy Faculty Scholars Program was held on June 24, 2014 at the Roosevelt House.

For the first time we had an alumni class of scholars present. The 2011 Scholars, our first cohort, are all now in leadership positions in their institutions, continuing and expanding upon the work they began as Macy Faculty Scholars. They provided inspiration and perspective for the 2012 and 2013 scholars as senior colleagues and advisors.

The 2013 Scholars presented their work in detail with commentary by their institutional mentors and their National Advisory Committee mentors. The lively and insightful discussions provided encouragement and helped to both focus and define new possibilities for the scholars' work. The 2012 Scholars presented their work more briefly. All have made notable progress in their projects which have already been recognized at the local and national levels.

We continued the tradition of a lunch time conversation with a senior leader to talk about career pathways. Herbert Pardes, Executive Vice Chairman of the Board of Trustees of New York-Presbyterian Hospital, shared his personal stories and perspective, and added to the richness of the day. In the evening we dined "under the tent" at the President's Residence, the laughter and good spirit lasted well into the night.

It was an extraordinary and uplifting day and served as affirmation for the Macy Staff and our dedicated National Advisory Committee that the program and the individuals we have chosen are fulfilling our dream.

George E. Thibault, MD





2013 Macy Faculty Scholars



LIGHT BREAKFAST 7:30 – 8:00

WELCOMING REMARKS 8:00 – 8:15

George E. Thibault, MD – President

**MODERATED BY
GEORGE E. THIBAUT, MD 8:15 – 12:15**

LISA DAY, PHD, RN, CNE 8:15 – 9:00

Presentation
Mentor Commentary (Theresa Valiga)
NAC Mentor Commentary (Christine Tanner)
Discussion

MEMOONA HASNAIN, MD, MHPE, PHD 9:00 – 9:45

Presentation
Mentor Commentary (Alan Schwartz)
NAC Mentor Commentary (Samuel Thier)
Discussion

Break 9:45 – 10:00

KELLY KARPA, PHD, RPH 10:00 – 10:45

Presentation
Mentor Commentary (Paul Haidet)
NAC Mentor Commentary (David Irby)
Discussion

LAUREN MEADE, MD 10:45 – 11:30

Presentation
Mentor Commentary (Michael LaCombe)
NAC Mentor Commentary (Kelley Skeff)
Discussion

MAYUMI WILLGERODT, PHD, MPH, RN 11:30 – 12:15

Presentation
Mentor Commentary (Brenda Zierler)
NAC Mentor Commentary (Afaf Meleis)
Discussion

LUNCHEON 12:15 – 1:45

Conversation with Herbert Pardes, MD

**MODERATED BY
STEPHEN SCHOENBAUM, MD, MPH 1:45 – 5:20**

**INTRODUCTION OF
CLASS OF 2012 SCHOLARS 1:45 – 1:50**

KENYA BEARD, EDD, GNP-BC, NP-C, ACNP-BC 1:50 – 2:10
SANDRIJN M. VAN SCHAİK, MD, PHD 2:10 – 2:30
TED JAMES, MD, FACS 2:30 – 2:50
WENDY MADIGOSKY, MD, MSPH 2:50 – 3:10
WRENETHA A. JULION, PHD, MPH, RN, FAAN 3:10 – 3:30

Break 3:30 – 4:10

**INTRODUCTION OF
CLASS OF 2011 SCHOLARS 4:00 – 4:05**

ALAN DOW, MD, MSHA 4:05 – 4:20
DENA H. HASSOUNEH, PHD, ANP, PMHNP 4:20 – 4:35
EVE R. COLSON, MD, MHPE 4:35 – 4:50
JENNIFER S. MYERS, MD 4:50 – 5:05
ROBERTA WAITE, EDD, APRN, CNS-BC 5:05 – 5:20

SUMMARY COMMENTS 5:20 – 5:30

George E. Thibault, MD – President

**RECEPTION & DINNER
AT PRESIDENT'S RESIDENCE 6:00 – 8:30**

Scholars, Mentors, NAC, Macy Staff & Board

ANNUAL MEETING ATTENDEES



2013 SCHOLARS

(Front row left to right)

MEMOONA HASNAIN,
MD, MHPE, PHD

KELLY KARPA, PHD, RPH

LISA DAY, PHD, RN, CNE

LAUREN MEADE, MD

MAYUMI WILLGERODT,
PHD, MPH, RN

2012 SCHOLARS

KENYA V. BEARD,
EDD, GNP-BC, NP-C, ACNP-BC, CNE

TED JAMES, MD, FACS

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

WENDY S. MADIGOSKY,
MD, MSPH

SANDRIJN M. VAN SCHAIK,
MD, PHD

2013 MENTORS

(Back row left to right)

ALAN SCHWARTZ, PHD

PAUL M. HAIDET, MD, MPH

THERESA M. VALIGA,
EDD, RN, CNE, ANEF, FAAN

MICHAEL LACOMBE, MD

BRENDA ZIERLER, PHD, RN, FAAN

2011 SCHOLARS

ALAN DOW, MD, MSHA

EVE R. COLSON, MD, MHPE

DENA H. HASSOUNEH,
PHD, ANP, PMHNP

JENNIFER S. MYERS, MD

ROBERTA WAITE,
EDD, APRN, CNS-BC, FAAN



2013 Scholars, Mentors and National Advisory Committee

NATIONAL ADVISORY COMMITTEE

- GEORGE E. THIBAUT, PRESIDENT
- DAVID M. IRBY, PHD
- AFAF I. MELEIS, PHD, DRPS (HON), FAAN
- KELLEY M. SKEFF, MD, PHD
- CHRISTINE A. TANNER, PHD, RN, FAAN
- SAMUEL O. THIER, MD

MACY STAFF

- STEPHEN C. SCHOENBAUM, MD, MPH
- PETER GOODWIN, MBA
- YASMINE R. LEGENDRE, MPA
- ELLEN J. WITZKIN
- ERIC HOFFMAN

INVITED GUEST

- HERBERT PARDES, MD







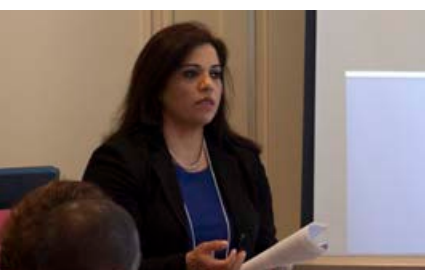
2013 FACULTY SCHOLAR BIOGRAPHIES



LISA DAY, PHD, RN, CNE

Duke University School of Nursing

Lisa Day is an Assistant Professor at Duke University School of Nursing. She has worked as a staff RN in post-anesthesia recovery, cardiac medicine and neuroscience, and as a clinical nurse educator and neuroscience clinical nurse specialist. She is one of the co-authors of the landmark publication "Educating Nurses: A Call for Radical Transformation."



MEMOONA HASNAIN, MD, MHPE, PHD

The University of Illinois at Chicago College of Medicine

Memoona Hasnain is an 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. She is also the director of UIC's Patient-centered Medicine Scholars Program and Health Disparities Scholars Program, and the current chair of the Society of Teachers of Family Medicine's group on faculty development.



KELLY KARPA, PHD, RPH

Penn State College of Medicine

Kelly Karpa is an Associate Professor in the Department of Pharmacology at Penn State College of Medicine where she directs medical pharmacology instruction. She also co-chairs the Graduate Education and Recruitment Committee for The American Society for Pharmacology and Experimental Therapeutics. The recipient of several prestigious pharmacology awards and known for her work in probiotics, Dr. Karpa was selected in 2013 as a Distinguished Educator by her colleagues at Penn State.

LAUREN MEADE, MD

Tufts University School of Medicine

Lauren Meade is an Assistant Professor at Tufts University School of Medicine and Associate Program Director for the internal medicine residency program at Baystate Health in Springfield, Massachusetts. She also serves as the Director of Faculty Development and Engagement at the Wright Center for Graduate Medical Education in Scranton, Pennsylvania.



MAYUMI WILLGERODT, PHD, MPH, RN

University of Washington School of Nursing

Mayumi Willgerodt is an Associate Professor at the University of Washington School of Nursing. Her work is focused on immigrant youth and families, school health promotion in children, and interprofessional education and collaborative practice. Dr. Willgerodt's emphasis on health disparities and advocating for underserved children, families and communities, has remained constant throughout her professional life. She continues to practice as a school nurse in Seattle.



2013 FACULTY SCHOLAR PROJECT SUMMARIES



Lisa Day, George E. Thibault
and Theresa M. Valiga (Mentor)

LISA DAY, PHD, RN, CNE

Duke University School of Nursing

INTERPROFESSIONAL AFFECTIVE DOMAIN LEARNING


The marginalization of affective domain learning – learning concerned with values – forms a significant barrier to effectively preparing nurses and doctors for practice and impedes interprofessional education and true cross-professional collaboration. The American Association of Colleges of Nursing (AACN) asserts that programs of nursing education should include attention to the development of professional values and value-based behavior in new nurses including altruism, integrity, respect for human dignity and social justice (AACN, 2008). The Interprofessional Education Collaborative describes how education should be directed toward helping students express values that align with the professional's role as a trusted public servant and incorporate these values as part of their identity (Interprofessional Education Collaborative Expert Panel, 2011). These leaders in education and practice clearly see that exploration of the values that the professional practice community hold in common should be a conscious and thoughtful part of professional and interprofessional education and collaboration.

As they enter work as professionals, graduates of our nursing and medical programs are called upon to enact the values internal to their professions both as individuals and as members of interprofessional teams. In an effort to make professional values more visible in health professions education, I am leading a group of Duke School of Medicine and Duke School of Nursing faculty and students to create a new process-based course in values clarification and professional formation for undergraduate nursing, undergraduate medical, doctor of physical therapy and physician assistant students. The course uses Discovery Model learning as developed by Rachel Remen at the Institute for the Study of Health and Illness. In Discovery Model learning,

The wisdom in the collective life experience of the group is clarified and harvested and a spirit of curiosity is encouraged. Faculty members participate in the exercises and join with the students in sharing their insights and perspectives. This model encourages respect for others, self-exploration and self-trust, and allows for personal ownership of the fundamental principles of healing (Institute for the Study of Health and Illness, 2011).

As the first step toward building a new interprofessional course, it will be important for nursing students first to identify with discipline-specific values. To this end, a colleague and I offered a Discovery Model course for beginning nursing students, *The Power of Nursing: Embracing the Healer's Art*. This course, offered as an elective to students in their fourth semester of a four semester Accelerated Bachelor of Science in Nursing (ABSN) program, took place in five, three-hour sessions that involved guided reflection, writing, drawing and collage exercises, and small group sharing facilitated by practicing nurses. The course used a syllabus developed by a group of nurse faculty and written by Rachel Remen (Institute for the Study of Health and Illness, 2011). During each session, students and faculty talked of their experiences and aspirations and listened generously to discover what was true for themselves and each other. Session topics included:

- Authenticity and wholeness
- Disappointment, loss and grief
- Healing lineage and personal healing qualities
- Courage and making your perspective visible
- Calling and commitment



Ten students and four nurse-facilitators participated in all five sessions of the course in spring 2014, and completed written evaluations. Students' written comments after completing *The Power of Nursing* course included:

"This helped me remember that many of us come into nursing with similar passions and ideas of what we want to bring. Our values closely correlate to nursing's history, and sharing that lets me know I'm not alone."

"[As a result of participating in *The Power of Nursing*] I have promised myself that I will approach my patients as complex/beautiful people with unique stories/values/needs rather than approaching them as sick bodies that need to be fixed."

"[I learned that my classmates] are all incredibly supportive people who just want to be the best nurses possible. I'm proud to call them colleagues."

We plan to offer the same course again to third and fourth semester ABSN students in fall 2014.

The new interprofessional course will be offered as an elective in the Duke University School of Nursing ABSN program, and in Duke School of Medicine. The course will assist students in recognizing, articulating, interpreting and reconciling values – their own and those of their colleagues – and in integrating these values into their professional work with individuals, families and communities. The goals of the course are being developed by an interprofessional faculty team and will form the basis for developing the class sessions. The goals may include:

- Increased reciprocal learning within health care teams
- Increased empathy and compassion among providers
- Increased capacity for trust within health care teams

In addition to solidifying the course goals, other questions the interprofessional faculty group will discuss at our next meeting include:

- How should we measure student outcomes?
- How should we measure faculty outcomes?
- How should we measure the impact on health care?

REFERENCES

AACN. (2008). *Essentials of Baccalaureate Education for Professional Nursing Practice*. Washington D. C.: AACN.

Institute for the Study of Health and Illness. (2011). *The Healer's Art*. Retrieved 6/11/2014, from <http://www.ishiprograms.org/programs/medical-educators-students/>

Interprofessional Education Collaborative Expert Panel. (2011). *Core Competencies for Interprofessional Collaborative Practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

2013 FACULTY SCHOLAR PROJECT SUMMARIES



Alan Schwartz (Mentor),
George E. Thibault and
Memoona Hasnain

MEMOONA HASNAIN, MD, MHPE, PHD

The University of Illinois at Chicago College of Medicine


LONGITUDINAL TEAM-BASED INTERPROFESSIONAL EDUCATION TO CARE FOR SPECIAL NEEDS POPULATIONS

Aim: To develop, implement and evaluate an interprofessional team-based training program for medicine, nursing, dentistry, pharmacy, public health and social work students at the University of Illinois at Chicago (UIC). The program will be designed to equip learners with essential skills to improve health care for underserved populations and transform health disparities through interprofessional education, research and collaborative practice.

Background: Although patient-centered care is a cornerstone of quality designated by the Institute of Medicine, the quality chasm in our health care system remains a reality and health disparities continue to widen. In the current era of health care reform and redesign, new models of health care delivery need careful integration with innovative models of health professions education. Traditional health professions education takes place in silos, with limited opportunities for doctors, nurses, pharmacists, and other health professionals to learn and practice in interprofessional teams during their formative years. A wealth of evidence supports the usefulness of interprofessional training for effective health care delivery, building collaborative linkages among health professionals, patients and communities, and thereby facilitating the provision of patient-centered care with the potential for reducing health disparities. This project specifically aims to meet the nationally recognized need to train health professions students in interprofessional teams, in community-based settings, utilizing community-based participatory research, integrating public health competencies in medical education, to reduce health disparities.

Methods: In this educational innovation, trainees will work in interprofessional teams and will engage in a series of didactic and experiential learning activities, including mentored community-based participatory research (CBPR) and quality improvement (QI) projects, designed to provide learners with essential skills to improve health care for underserved populations. This new learning experience is being integrated into University of Illinois at Chicago College of Medicine's **Patient-centered Medicine (PCM) Scholars Program**, a longitudinal continuity of care curriculum in patient-centered medicine to acquire core attitudes, values and competencies necessary for practicing patient-centered medicine, including relationship building, collaborative decision making, coordination and integration of care, and communication and education. The program spans undergraduate medical training, and includes a Service Learning Program. Active-experiential learning, reflection, application and integration are vital pillars of the curriculum. A central thread of the curriculum is students' ongoing involvement with continuity patients. The program includes five focus areas (HIV/AIDS, Immigrant and Refugee Health, Domestic Violence, Homelessness and Geriatrics) selected based on national, regional and local unmet needs.

In the 2014-2015 academic year the interprofessional program will commence in one concentration: Immigrant & Refugee Health. The curriculum will be organized around the following key foci: health disparities, immigrant & refugee health, CBPR-QI and interprofessional teamwork. Interprofessional teams will work closely with our collaborating community agency serving the vulnerable populations of interest.



CBPR & QI Training: Participants will receive training on CBPR and QI methods during the course of the year. Training sessions will be led by faculty from the various health professions colleges represented in the program.

CBPR & QI Research: The teams will engage with community agency staff and patients in a collaborative process to identify and address priority agency and patient needs. Selecting, planning and evaluating pilot tests will inform and guide best practices. The Collaborative Model will employ a team-based approach, working closely with the faculty leaders and student teams to assist the community agencies in piloting small changes through PDSA cycles. The principal focus of CBPR-QI projects will be to determine desired outcomes in collaboration with the stakeholders. For example, a desired outcome might be improvement in access to and retention in high quality competent care and services for vulnerable patients who have never been in care or who have dropped out of care. Teams will identify priority issues and QI pilot tests that are most likely to succeed and plan small-scale implementation; create joint ownership of projects; develop research design and methodology including action steps; implement projects; evaluate impacts; and tailor interventions based on findings.

Learning activities will be grounded in reflection, self-awareness, collaborative learning and applied practice to successfully promote student acquisition of core competencies to address health needs of vulnerable populations:

- Students will participate in hands-on immersion work at the community agencies, seminars and special journal club discussion, as well as leadership and advocacy activities.
- Students will synthesize and disseminate their work, in discussions and in writing, and will be encouraged to present at national and local meetings.
- Students will submit reflections which will be published in a program publication.

Evaluation: Students will receive formative and summative feedback and will also participate in program evaluation.

Expected Outcomes:

- A. Improved health care access, communication and care coordination for vulnerable patients.
- B. Improved learner skills for functioning as effective members of interprofessional teams.
- C. Learner acquisition of working knowledge of CBPR and QI methods.



2013 FACULTY SCHOLAR PROJECT SUMMARIES

Assessment of learner attitudes & competencies

- Pre-post learner self-assessment: knowledge, attitudes and skills related to caring for underserved patients, CBPR-QI methods, interpersonal and interprofessional communication, self-confidence as a health professional;
- Faculty evaluation of learner performance: completion of projects, quality of participation in discussions, reflective journal entries, final paper and presentation;
- Peer evaluation of learner from other team members: ability to function as an effective and collaborative team member;
- Community site personnel evaluation of learner performance at the community agency and of contribution(s) to patients; and,
- Patient evaluation of learner contributions to improving their quality of life by helping address patient-identified health and well-being issues, with a particular focus on improving access to health care and care coordination.


Assessment of Patient Outcomes - to be developed

Progress thus Far: The interprofessional training program [Fall & Spring course] for 4th year medicine and pharmacy students, D3 dentistry, and Masters level nursing, public health and social work students, is in development.

- Partnerships have been established with health professions schools at UIC and a project advisory group has been established.
- Kern's six steps in curriculum development are being followed and a project logic model has been developed.
- Curricular materials are in development and meetings with campus and community partners are progressing well.
- Student recruitment materials (program overview, flyer, application packet) are being finalized and will be rolled out for student participation beginning in the Fall 2014 semester.

Challenges: This project aims to leverage the untapped potential for addressing health disparities via interprofessional collaborative education and research, through the common pathway of social determinants of health.

- A major challenge that I have been able to overcome is to get buy-in and support from the various health professions colleges at UIC. Leveraging and building on prior strong working relationships was a key asset in this process.
- Integrating academic calendars and schedules of various schools is also not easy but we are addressing this by doing careful needs assessment and integrating the new course within the curricula of various schools.

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- Developing a rigorous and evidence-based curriculum, including evaluation around IPE Competencies derived from IPEC is yet another challenge that is being addressed thoughtfully and purposefully.
 - Once the program rolls out, a key challenge will be finding ways to support and facilitate the interprofessional collaboration between students from the different disciplines and to engage them in meaningful learning experiences to better prepare them to understand and address the health needs of underserved and vulnerable patient populations.
 - Last, program scalability and expansion is a key priority and challenge.

Overall, we have made significant progress and also discovered new venues for interprofessional collaboration for education, research and service. Based on the progress made, I am very optimistic that this project will lead to meaningful contributions to advancing medical education science towards discovering new models for training our future healthcare workforce, to address the needs of our evolving patient populations and reduce health disparities.

2013 FACULTY SCHOLAR PROJECT SUMMARIES



Kelly Karpa,
George E. Thibault and
Paul M. Haidet (Mentor)

KELLY KARPA, PHD, RPH

Penn State College of Medicine

INTERPROFESSIONAL PHARMACOLOGY CLINICAL REASONING (I-PCR) CURRICULUM

The overarching goal of the i-PCR Project is to develop and launch an interprofessional clinical pharmacology curriculum at our regional campus. Initial objectives involved MD and NP learners; this project has also evolved to include PharmD learners (non-PSU students) as well. Over the course of the last 10 months, the following have been accomplished in preparation for launching the curriculum in July 2014:

Curricular content: Course content has been developed for five classroom sessions (each session will be 3 hours in length). Each classroom session is based around learning objectives that were identified as important for medication safety and efficacy: medication optimization, medication communication, dosage calculation, medication selection, and medication monitoring/intensification. All classroom activities involve active learning through use of standardized patients and team-based learning (TBL) pedagogies. In preparation for TBL activities within the curriculum, I recorded six video modules for student use as pre-class assignments and obtained copyright permission to use several Pharmacists Letter resources as TBL pre-readings.

Assessments: Twelve OSCE stations (8 stations for assessment in a simulation lab; 4 stations for "covert" assessments in clinical practice) have been developed. These twelve OSCE stations have been reviewed by Family Medicine and Internal Medicine physician colleagues and have been pilot tested with two 4th year medical students and one pharmacy student. Edits and modifications were made based upon feedback received.

Additional Grant Support: To support the logistical aspects of this curriculum, I submitted and received a grant in the amount of \$24,627 from the Woodward Endowment for Medical Sciences Education. This grant covers expenses associated with the curriculum as listed below.

1. Costs associated with training and using standardized patients (SP)
2. Fees associated with multimedia resources, e.g. developing pre-recorded lecture content; transforming OSCEs to digital formats for future scalability
3. Fees associated with development of CME faculty development modules for clerkship directors
4. A two-way microphone system for use by SPs during some activities
5. Digital voice recorders for OSCE assessments
6. A scanner and software for data collection
7. A shuttle service to transport pharmacy students from the Hershey/Harrisburg area to State College for the interprofessional classroom sessions. All pharmacy students rotating at the Hershey Medical Center will be expected to attend the classroom sessions at the regional campus (per pharmacy site director, even though they are not PSU students).

8. Mileage costs for numerous trips between Hershey and State College
9. Props for SPs
10. Statistical analysis of data collected

My Own Professional Development: Attendance at the Harvard Macy Institute (HMI) for Health Professions Educators (January, May) was a fantastic opportunity for me to discuss my project with others and make modifications/enhancements. I have also had the opportunity to attend the American Association of Medical Colleges (AAMC) annual meeting, the International Association of Medical Science Educators (IAMSE) meeting, as well as the Team-Based Learning Collaborative (TBLC) this year; these are meetings that I would not have been able to attend without support from the Josiah Macy Jr. Foundation. Attendance at these meetings was instrumental in idea generation (e.g. development of CME video modules for faculty to be involved with i-PCR by holding students accountable for practicing medication management behaviors in clinical practice [AAMC]; tactics and confidence for leading large group discussions [TBLC], etc.).

Faculty Development: I recorded nine brief Faculty Development CME modules so faculty will know what the students are learning in the i-PCR curriculum and can hold students accountable for applying those skills in the clinics/wards.

Additional Interest in i-PCR Curricular Components: At PSU College of Medicine, there has recently been a push for “integration of basic sciences” into the 3rd year of medical school. As a result, I have been asked to modify i-PCR curricular activities for incorporation into one 4-hour curricular time slot for ALL medical students at the medical campus (n=125). This was unexpected during the 2014-15 academic year, since the idea was to pilot the curriculum in State College first with a small group of students initially, but does indicate a genuine need for this type of curricular content. Students at the main Hershey medical campus will be engaging in an abbreviated form (4 hours rather than 15 hours) of i-PCR concepts and activities. In addition, I have been networking with other medical/pharmacy/nursing schools and organizations regarding future opportunities to implement this curriculum elsewhere (e.g. University of Arkansas for Medical Sciences; Pennsylvania Director of the Area Health Education Center [AHEC] program).

Standardized Patients: SPs have been recruited, interviewed, hired, and have been trained for covert patient scenarios in clinical environments.

Educational Research and Scholarship: Investigational Review Board approval to study the impact of the curriculum has been obtained.

Remaining Activities: The covert SP scenarios will commence in July and interprofessional classroom sessions and clinical activities begin in August. Data will be collected in ways that permit assessments of the: (1) impact of the i-PCR curriculum on students’ medication critical thinking skills compared to a control group, (2) impact of the IPE aspect of the curriculum (compared to a control group receiving the curriculum in the absence of IPE), and (3) impact of the curriculum on the community at large (via surveys of patients in the community where the curriculum is implemented). In addition to quantitative data, qualitative assessments (e.g. focus groups) of students participating in the i-PCR curriculum will also be assessed.



2013 FACULTY SCHOLAR PROJECT SUMMARIES

Future: I have been appointed as a co-director of a new Office for Inter-professional Collaborative Education and Teamwork at the Penn State University College of Medicine. Our mission is to expand inter-professional education endeavors at our institution. Along those lines, I have put plans in place to bring Nurse Practitioner students and PharmD learners into several medication management-related activities that our medical students at the Hershey campus complete in a Patient-Centered Medical Home elective as well as the new integrated basic science component that is being added to our 3rd year Family and Community Medicine Clerkship. We are also beginning to explore opportunities to establish interprofessional clinical experiences for students in underserved “hot-spots” in the central Pennsylvania area.



2013 FACULTY SCHOLAR PROJECT SUMMARIES



Lauren Meade,
George E. Thibault and
Michael LaCombe (Mentor)

LAUREN MEADE, MD

Tufts University School of Medicine

A SAFE AND EFFECTIVE DISCHARGE FROM THE HOSPITAL


The transition of care is a vulnerable and high stakes time for patients, populations and for healthcare cost¹. Discharging a patient from the hospital is a complex physician activity which requires high level skills communication, understanding complex systems and teamwork in a collaborative practice². We developed and implemented a discharge curriculum for residents in Internal Medicine (IM) based on the principles of competency based advancement and Interprofessional Practice³.

In 2009, the Educational Research Outcomes Collaborative of Internal Medicine, formed to develop, implement and measure outcomes for competency based curriculum at multiple program sites. A leadership group of five IM program leaders of the Alliance of Academic Medicine (AAIM) were charged by the Accreditation Council for Graduate Medical Education to collaborate on medical education innovations. We met for weekly conference calls and at biannual meetings to develop and implement curriculum in a standardized protocol and study educational outcomes. Since 2009 the Collaborative has engaged 23 IM programs in collaborative program implementation.

In the Fall of 2011, the Collaborative began to develop a discharge curriculum based on the conceptual framework of Entrustable Professional Activity (EPA). An EPA is an activity essential to the practice of medicine that educators progressively entrust learners to perform⁴. The EPA, "A Safe and Effective Discharge from the Hospital (SAFE-D)" was developed by the Collaborative as follows: 1) defining observable discharge behaviors while engaging patients, nurses and physicians; 2) directly observing discharge behaviors on the wards; 3) providing feedback on discharge behaviors on the wards; and 4) determining competence for progressive entrustment in the EPA, SAFE-D.

In defining the discharge behaviors, we engaged patients, nurses, learners and teachers. In the Spring of 2013, 11 IM training programs of the Collaborative convened interprofessional focus groups at each site. The focus groups explored the question, 'what are the physician behaviors for a safe and effective discharge from the hospital'. Each group was facilitated by the site Principle Investigator (PI) and consisted of 1-2 patients/family, nurses/team, IM residents and IM attendings. In total, we conducted 11 interprofessional focus groups totaling 97 participants: patients/family (n=11), nurses/staff (n=28), IM residents (n=19) and IM attendings (n=23). The focus groups generated 182 behavior statements. In an iterative process, the Collaborative categorized the behaviors considering both the Interprofessional Competencies⁵ and the IM Milestones,⁶ as well as the educational literature on discharge. We synthesized the behavior statements into six behavior categories as follows: medication reconciliation, discharge summary documentation, communication with patients/families, anticipation of barriers and patient readiness, collaboration with the interprofessional team and communication with the interprofessional team. We then linked a total of 21 observable behaviors, as emerged from the interprofessional focus groups, to the appropriate categories.

Using the six behavior categories we developed a documentation tool for the discharge curriculum. The curriculum is based on direct observation of the behaviors, feedback and entrustment, incorporating the key features of competency-based advancement. The documentation tool is formatted in columns as follows: the behavior categories, a check



box for observable behaviors and a comment area for entrustment. The documentation tool also prompts overall entrustment for SAFE-D after multiple observations.

Prior to implementing the curriculum at the 11 IM programs, attendings (n=187) and residents (n=169) were surveyed about their baseline current curriculum and teaching practice for discharge. Only some attendings (37%) and residents (35%) reported using a process to determine competence for the discharge. Moreover, this process was rarely documented (9%). Most attendings (77%) and residents (88%) were looking for specific behaviors to determine competence for a safe and effective discharge, but again these were not often documented (18%). Attendings (70%) reported observing teamwork behaviors more than residents (48%) reported being observed in teamwork behaviors. These observations were also not often documented (19%). Attendings and residents reported getting more feedback about discharge competence from attendings than from nurses or from patients as follows: attending feedback (attending 79%/resident 66%), nurse feedback (attending 29%/resident 19%) and patient feedback (attending 30%/resident 17%). More often residents considered the feedback from attendings (66%) to be most useful than feedback from nurses (19%) or patients (17%). However, feedback, from attendings, nurses or patients, was not documented often. In the behavior categories, attendings and residents reported giving the most attention to medication reconciliation (50%/24%), as well as assessing readiness for discharge (46%/24%), while giving less attention to discharge summary documentation (23%/10%), communication with patient/family (24%/12%), communication with the interprofessional team (30%/23%) and collaboration with the interprofessional team (25%/18%).

We implemented the SAFE-D curriculum from October 2013 – June 2014. Attendings and residents at each IM program were oriented to the discharge curriculum, including the principles of direct observation, feedback and entrustment. During usual wards patient care, attendings directly observed the 21 behaviors. The attendings gave feedback to the resident until the resident was determined competent. In some programs the resident was advanced in autonomy when they were determined competent (i.e. able to dictate a discharge summary once competent). During the implementation of the SAFE-D curriculum, the site principle investigators of the Collaborative had monthly phone conferences to help problem solve mutual challenges and support successes. The most difficult barrier for all the sites was shifting the faculty to direct observation of discharge behaviors for assessment of competence.

We are currently surveying attendings and residents on their perception of educational outcomes with the new discharge curriculum. Participants will report the usefulness of the SAFE-D curriculum for assessing competence, awareness of discharge behaviors, and impact on direct observation and feedback, assessment of multisource feedback and assessment of competence for interprofessional practice. In July 2014 five new IM programs will be enrolled in the Collaborative for a pre post survey of the SAFE-D curriculum. In the future, the Collaborative plans to study the effect of this discharge curriculum on patient and interprofessional practice outcomes. The discharge of a patient from the hospital is an ideal setting for studying interprofessional education and the Triple Aim, patient, population and cost outcomes.

REFERENCES

- ¹Berwick DM. The Triple AIM Care Health Cost. Health Affairs 2008.
- ²Greysen SR. Resident Perspectives on Developing Discharge. JGIM 2011.
- ³Englander R. Toward a Common Taxonomy of Competency Domains. Acad Med 2013.
- ⁴Ten Cate O. Medical competence with levels of entrustment. Med Teach 2010.
- ⁵AAMC Core-Competencies for Interprofessional Practice May 2011.
- ⁶Caverzagie KJ. IM Reporting Milestones and the NAS. Ann Internal Med 2013.

2013 FACULTY SCHOLAR PROJECT SUMMARIES



Mayumi Willgerodt,
George E. Thibault and
Brenda Zierler (Mentor)

MAYUMI WILLGERODT, PHD, MPH, RN

University of Washington School of Nursing

ADDRESSING ORAL HEALTH DISPARITIES THROUGH INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE

Background

A team-based approach to oral health is critical to addressing the growing caries epidemic. Dental caries is the most common chronic illness of childhood and is a growing public health problem, particularly among low-income minority children for whom access to dental services is limited. Dentists, primary care advanced practice registered nurses (APRNs), and social workers are ideal practice partners to address this growing public health problem because of their respective foci on patient education, screening, early intervention, and coordination of care.


Interprofessional education (IPE) and collaborative practice (CP) have made great gains but three areas of need remain: 1) the need to create a logical pedagogy around IPE for advanced health trainees, 2) the need for team-based care centers that permit health professions students to learn together clinically and consistently over time, and 3) the need to narrow the gap between education and practice. This project is designed to address these needs while training a workforce to address oral health disparities and to advance efforts to create “best practices” models of team care focused on oral health for underserved children.

Progress

Developing an in-depth understanding of the curricular needs around IPE, collaborative practice and oral health, the sequencing of the various curricula across schools, creating linkages between health sciences schools, and preparing faculty are critical to laying the foundation for curricular change. Year 1 efforts have focused on infrastructure and faculty development, piloting several activities designed specifically for advanced health trainees, and setting the stage for IPE in advanced health trainee programs. As a result, dental students and residents have become increasingly integrated into IPE initiatives at UW, and awareness about the need for team care around oral health among students, trainees, and faculty have steadily increased. Specifically, in the Fall of 2013, a faculty development workshop on facilitating interprofessional groups of students was created, implemented and delivered to faculty participating in IPE activities focused on advanced health professionals students. Over 65 faculty across all Health Sciences Schools participated in this program. In addition, cases designed specifically for advanced students that focused on community based primary care, adolescents, and complex psychosocial needs were created. Video vignettes were created and presented as an unfolding case; the case was piloted with 69 trainees in October 2012. These activities lay the groundwork for the creation and feasibility assessment of the i-TEETH program.

Creation of i-TEETH

Guided by components of Kolb’s learning cycle, learning in communities of practice and transitions theory, **i-TEETH (interprofessional Teams Engaged in Education and Training for Health) Pilot Project** was created to allow trainees to experience the learning continuum together (exposure, immersion, integration); allow trainees to move together along the



didactic to practice continuum; and, address content and skill gaps in existing advanced practice nursing and dental curricula. Program content was developed in collaboration with SoD and SoN faculty, clinical practitioners, and community partners (Washington Dental Service Foundation, National Interprofessional Initiative on Oral Health) and using a learning management system familiar to UW students. Trainees first participated in an on-line exercise, and then took a multi-step online module that included components on IPE and team training concepts, growth and development, and oral health. Parts 2 and 3 included an in-person seminar and a half-day clinical experience at the UW Center for Pediatric Dentistry. In the seminar, trainees collaborated in small groups to determine priorities for care and create plans for coordinated care for several pediatric oral health cases developed for this project that featured children and teenaged patients with special needs. During the half-day clinical experience, PNPs and dental residents were paired together to teach each other how to conduct developmental assessments, oral health assessments, and skills such as the application of fluoride varnish. After each component, trainees were asked to reflect upon their learning and articulate how it may impact future learning and practice.

Feasibility examination of the i-TEETH Pilot Project occurred in the Winter of 2014; i-TEETH was assessed for acceptability (how recipients react to the intervention); practicality (how intervention is delivered when resources, time, commitment are constrained in some way); and limited efficacy (preliminary results of intervention). Findings suggest that i-TEETH is a viable way to bridge education for collaborative practice in the community; is valued by all trainees, and should be further developed.

Year 1 activities also included building relationships with stakeholders in the SoD and community, and laying the groundwork for the creation of team care models. Partnerships with community providers and services have been developed in preparation for Year 2 activities.

Groundwork for developing sustainable models of practicing team care include a pilot program for primary and oral health care to women and newborns in the Center for Pediatric Dentistry (CPD).

Lastly, together with Dr. Willgerodt's mentor, a 3-hour oral health workshop and shadowing experience at the Center for Pediatric Dentistry with Dr. Berg was created to support joint training with nursing faculty and students.

As is common with many educational initiatives, changes in leadership, curricula revisions, meaningful evaluation of outcomes, differing training requirements, restrictions from graduate education funding, and community readiness have all posed challenges during Year 1. At the heart of all teamwork are mutually respectful relationships based on shared goals. These served as the basis for negotiation and collaborative planning which also gave rise to new opportunities for team training.

Next Steps

In Year 2 i-TEETH will be expanded to include primary care community partners so teams may gain experience in primary care settings and also include social work, physician assistant, family nurse practitioner and family medicine trainees. i-TEETH will be offered beginning in January 2015 with a new cohort of 8 PNP students and 6 pediatric dental residents. Seminar is scheduled for February 2015, clinical experiences at CPD in March/April 2015, and primary care clinical experiences in April-June 2015. The implementation



2013 FACULTY SCHOLAR PROJECT SUMMARIES

of effective and meaningful evaluation methods for i-TEETH will be the focus of Year 2. Students participating in i-TEETH will be assessed pre/post educational intervention, using mixed methods. To ensure sustainability, i-TEETH will be integrated into the PNP curricula and pediatric dental residency program. Communities of practice to enhance team learning will be created as a result of Year 1 dialogue and pilot projects. Year 2 will also focus on facilitating discussions among educational and policy leaders in Washington State to promote “best practices” settings for team based care.





SANDRIJN M. VAN SCHAİK, MD, PHD

University of California, San Francisco School of Medicine

Interprofessional Feedback: The Hidden Challenge

The goal of Dr. van Schaik's project is to develop guidelines for interprofessional feedback, for use in health professions education and interprofessional teamwork in the workplace. To create a solid evidence base for such guidelines, Dr. van Schaik conducts research studies to better understand how health care providers and students in the health care professions perceive giving and receiving feedback from other professionals, and what barriers exist. Thus far, the research has revealed that students in the health professions are open to receive feedback from each other, and this openness continues to be evident among resident physicians and staff nurses. However, at the resident level, physicians-in-training tend to ascribe higher value to feedback from members of their own profession, although they recognize the value of feedback from other professionals in particular in domains related to communication and teamwork. Overall, it appears that interprofessional feedback is underutilized, which is in part due to lack of adequate feedback systems. Ongoing research is exploring what feedback systems could facilitate interprofessional feedback during health professions education and beyond.

Dr. van Schaik has presented her research at various regional and national meetings, including Collaborations Across Borders and the AAMC Research in Medical Education meetings. Three separate manuscripts are currently in preparation for submission to peer-reviewed education journals. She recently published a first author article on a related study, examining interprofessional teamwork, in *Medical Education*, and has submitted two major grant proposals to support future related work, which are currently under review.

During her Macy Scholarship, she participated in two Harvard Macy Programs: Educators in the Health Professions and Leading Innovations for Healthcare and Education. She was selected as a member of the planning committee for the new Annual Medical Education Meeting of the AAMC and continues to be an active member of the Western Group of Education Affairs and the Simulation Interest Group of the AAMC.



WENDY S. MADIGOSKY, MD, MSPH

University of Colorado School of Medicine

Achieving the Vision—A Longitudinal and Interprofessional Patient Safety and Healthcare Improvement Curriculum for the Anschutz Medical Campus.

Dr. Madigosky's vision is an educational culture and environment at the University of Colorado Anschutz Medical Campus (AMC) where every health professions student is selected, trained, and rewarded for competence in interprofessional healthcare improvement as part of the work of their profession. In order to advance this vision, her project was to develop and implement longitudinal interprofessional patient safety and quality improvement curricula. Specific project objectives included: convening a Safety/Quality Improvement Group (SQIG) consisting of faculty and students from each of the AMC health professions schools and programs (dentistry, medicine, nursing, pharmacy, physical therapy, physician assistant, and public health); integrating safety and QI curriculum elements longitudinally within and across AMC curricula; formalizing the connection between educational safety/QI and clinical safety/QI at the AMC; and spreading learning from project challenges and successes.

As a result of this project work, the AMC programs have collaboratively developed an overarching safety and QI curricular model which includes interprofessional and school-specific frameworks. Safety and QI content has been accepted as one of three domains addressed in the required Interprofessional Education and Development course for over 600 students from six schools, who work in interprofessional teams. Dr. Madigosky has led the efforts in curriculum development and evaluation. Clinical learning opportunities for students are being aligned with the work of the AMC Institute for Healthcare Quality, Safety, and Efficiency.

Dr. Madigosky has presented this work at the 2013 Collaborating Across Borders conference as well as the 2014 Western Group on Educational Affairs conference. Next steps include further refinement of the interprofessional curriculum, solidifying the link between educational and clinical quality improvement efforts, validation of assessment tools, and further study of what has worked and why in the AMC setting. Dr. Madigosky has also been named course director for the Interprofessional Education and Development course.

2012 FACULTY SCHOLARS PROJECT SUMMARIES



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

Rush University Medical Center

The goal of Dr. Julion's project is to transform interprofessional education (IPE) and promote cultural competency through service learning at Rush University Medical Center (RUMC). With a history spanning 175 years, RUMC is a not-for-profit health care, education and research enterprise, committed to community service programs and dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area. Rush University is well known for its unique and multidisciplinary practitioner-teacher model for health sciences education and research.

When Dr. Julion became a Macy Faculty Scholar, she collaborated with her colleagues to develop and implement a cultural competency course designed to engage students in partnerships with nearby community-based organizations to address community-driven service learning projects. Dr. Julion's course is available to students throughout the University. As a part of the coursework, students are charged with developing cultural competency frameworks to guide their professional practice. To date, students have implemented multiple service learning projects in six community-based organizations, with students voicing increased cultural competency and high satisfaction. Community members have also voiced their satisfaction.

Dr. Julion is currently collaborating with colleagues throughout RUMC to embed IPE and practice throughout the institution. Additional implementation and dissemination strategies include: offering the course as a continuing education course; utilizing the course to provide training to students involved in community service programs; and integrating the course into select student programs of study. Dr. Julion's long term goal is for her course to become a mandatory requirement for every student. During her tenure as a Macy Faculty Scholar, Dr. Julion has been inducted into the American Academy of Nursing, promoted to full professor, authored several publications, and collaborated with her students to present course outcomes at research and community engagement symposia.



TED JAMES, MD, FACS

The University of Vermont College of Medicine

University of Vermont Patient Safety Interprofessional Education Program

The UVM patient safety IPE program was developed by Dr. James with the goal of improving health care delivery by providing health profession students with the opportunity to develop skills required for safe, efficient, team-based patient care. Students are prepared for transformations in the future health care environment with core competencies in collaborative practice, safety science and quality improvement.

The program has been successfully implemented and training currently is provided to combined classes of medical, nursing and pharmacy students. The program consists of a blended learning model, team-based learning and elements of simulation-based education. Student feedback has been very positive; with students appreciating the opportunity to learn about improving patient care along with members of other health professions. Several students have taken the opportunity to put their training into practice by completing a clinical innovation or quality improvement project in their senior year. In addition to the student program, an IPE faculty leaders group has been developed to promote coordination, collaboration and research in IPE across the institution. A complementary interprofessional faculty development program has also been created to facilitate mentors and teaching faculty for IPE and patient safety. This focus on IPE has resulted in several other interprofessional collaborative projects throughout the medical center including a clinical oncology IPE training program for nurses and fellows, an operating room team work assessment study, and a collaborative pediatric quality improvement initiative involving health care professionals and families.

Presentations on research findings from the program have been made at the Association of American Medical Colleges, National Patient Safety Foundation, and Accredited Educational Institutes as well as lectures and workshops at the Harvard Macy Institute.

Progress is underway to further expand the program into a formal longitudinal curriculum provided throughout student training.

2012 FACULTY SCHOLARS PROJECT SUMMARIES



KENYA V. BEARD EDD, GNP-BC, NP-C, ACNP-BC, CNE

Hunter College, Hunter-Bellevue School of Nursing

The City University of New York (CUNY) is an integrated system of 24 public colleges and is one of the most ethnically and racially diverse schools in the nation. However, not all faculty feel prepared to create learning environments that meet the educational needs of culturally diverse students. The goal of Dr. Beard's project was to create and study the effects of a multicultural education training (MET) program on the multicultural attitudes, awareness and teaching practices of nursing faculty. Since the inception of her educational reform project, numerous faculty members who teach in the health professions have greater cultural awareness and are now able to implement an equity pedagogy that supports the academic success of all learners.

Although the METs program initially targeted nursing faculty and was created to strengthen nursing workforce diversity, it is now open to all faculty in the health professions and has attracted educators from outside of New York State. The six hour continuing education workshop uses Bank's Conceptual Framework of Multicultural Education to strengthen the preparedness of faculty in identifying and implementing pedagogical practices that support culturally responsive teaching.

To continue the goals of the annual program and increase the capacity of academic institutions to recruit, retain and graduate culturally diverse students, Dr. Beard founded the Center for Multicultural Education and Health Disparities. The aim of the center is to disseminate educational research and best practices in building inclusive environments that support academic excellence and culturally responsive care. Since becoming a Macy Faculty Scholar, Dr. Beard has given numerous presentations on diversity, inclusion and health equity and now chairs the diversity subcommittee for the Future of Nursing New York State Action Coalition. She is the project director of a million dollar workforce diversity grant and her research has been published in several peer reviewed journals. Her work has earned her the National Black Nurses Association's Nurse Educator of the Year award in 2013 and the Witten Presidential award for Excellence in Teaching in 2014.



2011 FACULTY SCHOLAR CAREER UPDATES



Eve R. Colson, MD, MHPE

EVE R. COLSON, MD, MHPE

Yale University School of Medicine

Dr. Colson is a Professor and Chief of the newly established Section of Education in the Department of Pediatrics at Yale School of Medicine. In that role she serves as advisor and mentor to directors of various education activities related to the care of children and their families across the educational continuum and a variety of healthcare professionals. In addition, as a direct result of her Macy project, Dr. Colson is now the Director of the Longitudinal Clinical Experience (LCE) at Yale School of Medicine, a new program which will be an integral part of the new curriculum at Yale. The LCE will start in the first year of medical school and will include longitudinal experiences with mentors, patients and with other healthcare providers. For this project, she collaborates closely with colleagues from Yale School of Nursing and the Physician Associate Program. Finally, she recently received a Master of Health Professions Education degree from the University of Illinois, Chicago where her thesis work was focused on finding better facilitators and understanding the barriers to interprofessional education.



Alan Dow, MD, MSHA

ALAN DOW, MD, MSHA

Virginia Commonwealth University

Dr. Dow is the Assistant Vice President of Health Sciences for Interprofessional Education and Collaborative Care at Virginia Commonwealth University. In this role, he helps develop, implement, and evaluate programs that bring different health professions together to improve collaboration and care. These programs currently engage over 1500 learners a year across six of their schools, health system, and the surrounding community. These programs also impact over one hundred community members through their interprofessional outreach activities. These programs have been presented at over twenty national forums including a presentation at this year's large international

interprofessional education and practice meeting, All Together Better Health. Dr. Dow has also been selected to the board of the American Interprofessional Health Collaborative, the editorial board of the Journal of Interprofessional Care, and as teaching faculty of the Harvard Macy Institute's Program for Educators in the Health Professions.

DENA H. HASSOUNEH, PHD, ANP, PMHNP

Oregon Health & Science University School of Nursing

Dr. Hassouneh is a Professor at Oregon Health & Science University School of Nursing. Her responsibilities include serving as a principal investigator on federal and foundation funded research projects; teaching in the School of Nursing PhD program; mentoring PhD students, post-doctoral fellows, and junior faculty; and providing service to the school, university, and community. Dr. Hassouneh's work focuses on two key areas: mental health in women from marginalized communities, and diversity and inclusion in health professions education. Since completing the Macy Faculty Scholars program, Dr. Hassouneh has served as principal investigator on a National Institute of Disability and Rehabilitation Research funded project using a community-based participatory research design. This project, conducted in collaboration with three consumer-run disability agencies serving 17 Oregon counties, is focused on developing tools to spur dissemination and implementation of the Healing Pathways program - an evidence-based program designed to treat depressive symptoms in women with physical disabilities. The Healing Pathways program was developed through previous work conducted by Dr. Hassouneh and her disability community colleagues. Building on this work, Dr. Hassouneh submitted another grant to the National Institute of Disability and Rehabilitation Research in February 2014 that is currently pending. This proposed project seeks to expand

the Healing Pathways program to support employment outcomes for women with physical disabilities with co-occurring depression. Since completing the Macy Faculty Scholars program Dr. Hassouneh's educational work has included completion of a national study about the experiences of faculty of color in nursing, medicine, pharmacy, and dentistry and dissemination of this work which was funded by the Josiah Macy Jr. Foundation, Sigma Theta Tau, the OHSU School of Nursing and the OHSU Foundation. In the year 2013 and to date in 2014 Dr. Hassouneh published four papers. Since completing her Macy Faculty Scholars program she has submitted three papers for review, presented her educational work at three conferences, and acquired a contract with an academic press to publish a book. Service activities include volunteering as a psychiatric mental health nurse practitioner consultant, chairing the OHSU School of Nursing PhD Curriculum committee, and serving on the OHSU Diversity Advisory and OHSU Campus Climate Survey Committees. In addition, in 2014 Dr. Hassouneh served on the Oregon Governor's Advisory Committee on the Implementation of Race and Ethnicity Data Collection Standards.

JENNIFER S. MYERS, MD

University of Pennsylvania Perelman School of Medicine

Dr. Myers is Associate Professor of Clinical Medicine and Director of Quality and Safety Education for the Perelman School of Medicine at the University of Pennsylvania. In this role she oversees undergraduate and graduate medical education in quality improvement, patient safety, and related areas. In 2013, she was appointed to the role of Associate Designated Institutional Official for Graduate Medical Education (GME) at the University of Pennsylvania Health System. In this role she works collaboratively to integrate GME and GME trainees into the health systems' clinical quality and patient safety infrastructure. She was invited to present at the 2014 National Accreditation Council of Graduate Medical Education (ACGME) conference on the topic of how to build an integrated framework

between GME and quality and safety in teaching hospitals and has two related articles in Academic Medicine that will be published later this year: "Graduate Medical Education's New Focus on Resident Engagement in Quality and Safety: Will It Transform the Culture of Teaching Hospitals?" and "Building the Pipeline: Creation of a Residency Training Pathway for Future Physician Leaders in Healthcare Quality." Dr. Myers continues to maintain a clinical practice as an academic hospitalist and directs a fellowship track in quality and safety within Penn's Masters of Science in Health Policy Program.

ROBERTA WAITE, EDD, APRN, CNS-BC, FAAN

Drexel University College of Nursing and Health Professions

Currently, Dr. Waite is an Associate Professor at Drexel University in the Doctoral Nursing Department, Associate Professor in the Health Systems and Science Research Department at the College of Nursing and Health Professions (CNHP), and Assistant Dean of Academic Integration and Evaluation of Community Programs at the Stephen and Sandra Sheller Eleventh Street Family Health Services Center of Drexel University. Since completing her two year Macy Faculty Scholar Award key events have been (1) completion of the Harvard Macy Leading Innovations in Healthcare and Education course, (2) selection as a fellow in the Academy for the National League for Nursing Education, and (3) this year she applied for promotion to full professor and will learn of the outcome in the Spring of 2015. Additional activities regarding career development include publication of a book, 12 peer-reviewed articles (8 data-based) involving clinical and educational research, two book chapters, three peer-reviewed paper presentations, four invited paper presentations, being selected as a HRSA Grant Reviewer, and being invited to be Director of the Continuing Medical Education Institute, Physicians Postgraduate Press, Inc. Publishers of the Journal of Clinical Psychiatry.



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