

JOSIAH MACY JR. FOUNDATION  
FACULTY SCHOLARS PROGRAM  
ANNUAL MEETING



JUNE 7-8, 2016

THE PARK LANE HOTEL  
36 CENTRAL PARK SOUTH  
NEW YORK, NY 10019



**Cover Photo (left to right):** **First Row:** Afaf I. Meleis, Patricia S. O'Sullivan, Lauren Meade, Memoona Hasnain, George E. Thibault, Samuel O. Thier, Kelly Karpa, Lauren Collins, Lisa Kitko **Second Row:** Cheryl Woods Giscombé, Eve R. Colson, Bridget O'Brien, Charles Vega Jr., Peter Goodwin, Ted James, Deepthiman Gowda, Wendy S. Madigosky, Meg Zomorodi, Mayumi Willgerodt, Mary Ersek, Roberta Waite, Christine Arenson, Lisa Day **Third Row:** Christine A. Tanner, Kelley M. Skeff, Giselle Corbie-Smith, Alan Dow, Douglas P. Larsen, David M. Irby, Deanna L. Reising, Sarah Peyre, Kenya V. Beard, Wrenetha A. Julion, Jennifer S. Myers, Sandrijn M. van Schaik, Stephen C. Schoenbaum



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## INTRODUCTION

The Annual Meeting of the Macy Faculty Scholars is growing as we incorporate each new cohort. Many participants referred to it warmly as our “Macy Family Meeting.”

This year we added to the presentations by the two active cohorts of scholars by introducing breakout groups organized around career development themes. The breakout groups were co-facilitated by alumni with active participation by scholars, alumni, mentors and National Advisory Committee members. The discussions were rich and robust with insights shared across different ages, genders, professions and sites.

Sam Thier, emeritus Professor at Harvard Medical School and member of the National Advisory Committee, shared his reflections on his career during our lunchtime conversation. The conversation was filled with humor, personal anecdotes and practical advice.

In closing the meeting I commented that the Macy Faculty Scholars program had already exceeded my high expectations. When we started the program I told our Board that it may take ten years to have a critical mass of scholars and to be able to see the impact of the program. I now know I was wrong – we can see that impact in five years. All foundations worry about their ability to show the benefit of their investments. We are indeed fortunate to be able to point to these 26 scholars and their careers as our evidence. Thank you to all for your great work.

George E. Thibault, MD



**JUNE 7, 2016****WELCOMING REMARKS AND INTRODUCTION OF CLASS OF 2015 SCHOLARS**

George E. Thibault, MD – President

**MODERATED BY GEORGE E. THIBAULT, MD****LAUREN COLLINS, MD**

Presentation  
Mentor Commentary (Christine Arenson)  
NAC Mentor Commentary (David Irby)  
Discussion

**CHERYL WOODS GISCOMBÉ, PHD, MSN, RN, PMHNP**

Presentation  
Mentor Commentary (Giselle Corbie-Smith)  
NAC Mentor Commentary (Afaf Meleis)  
Discussion

**DEEPTHIMAN GOWDA, MD, MPH**

Presentation  
Mentor Commentary (Rita Charon)  
NAC Mentor Commentary (Kelley Skeff)  
Discussion

Break

**LISA KITKO, PHD, RN**

Presentation  
Mentor Commentary (Mary Ersek)  
NAC Mentor Commentary (Christine Tanner)  
Discussion

**BRIDGET O'BRIEN, PHD**

Presentation  
Mentor Commentary (Patricia S. O'Sullivan)  
NAC Mentor Commentary (Samuel O. Thier)  
Discussion

**SUMMARY COMMENTS**

George E. Thibault, MD – President

**RECEPTION & DINNER AT PRESIDENT'S RESIDENCE**

Scholars, Mentors, NAC, Macy Board Members & Staff

**JUNE 8, 2016****BREAKFAST****OPENING REMARKS**

George E. Thibault, MD – President

**BREAKOUT SESSIONS****NAVIGATING THE PATH OF YOUR CAREER  
DEVELOPING YOUR LEADERSHIP SKILLS  
BEING A CAREER-LONG SCHOLAR**

Break

**MODERATED BY  
STEPHEN C. SCHOENBAUM, MD, MPH****REPORTS FROM BREAKOUT SESSIONS****PRESENTATIONS BY CLASS OF 2014 SCHOLARS**

MEG ZOMORODI, PHD, RN, CNL  
CHARLES VEGA JR., MD  
DEANNA REISING, PHD, RN, ACNS-BC, ANEF

Break

SARAH PEYRE, EDD  
DOUGLAS LARSEN, MD, MED  
LAURA HANYOK, MD (on film)  
With Commentary from Laura's Mentor Patricia Davidson

**LUNCHEON**

Conversation with Samuel O. Thier, MD

**CLOSING REMARKS**

George E. Thibault, MD - President



2015 Macy Faculty Scholars (left to right) Bridget O'Brien, Lauren Collins, Lisa Kitko, Cheryl Woods Giscombé, Deepthiman Gowda

## ANNUAL MEETING ATTENDEES



### 2015 SCHOLARS

*(Front row left to right)*

BRIDGET O'BRIEN, PHD

LAUREN COLLINS, MD

LISA KITKO, PHD, RN

CHERYL WOODS GISCOMBÉ, PHD,  
MSN, RN, PMHNP

DEEPTHIMAN GOWDA, MD, MPH

### 2015 MENTORS

*(Back row left to right)*

PATRICIA S. O'SULLIVAN, EDD

CHRISTINE ARENSON, MD

MARY ERSEK, PHD, RN, FAAN

GISELLE CORBIE-SMITH, MD, MSC

RITA CHARON, MD, PHD  
(NOT PICTURED)

### 2014 SCHOLARS

LAURA HANYOK, MD

DOUGLAS P. LARSEN, MD, MED

SARAH PEYRE, EDD

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

CHARLES VEGA JR., MD

MEG ZOMORODI, PHD, RN, CNL

### 2013 SCHOLARS

LISA DAY, PHD, RN, CNE

MEMOONA HASNAIN,  
MD, MHPE, PHD

KELLY KARPA, PHD, RPH

LAUREN MEADE, MD, FACP

MAYUMI WILLGERODT, PHD, MPH, RN





2015 Scholars, Mentors and National Advisory Committee

**2012 SCHOLARS**

KENYA V. BEARD, EDD,  
GNP-BC, NP-C, ACNP-BC, CNE  
TED JAMES, MD, MS, FACS  
WRENETHA A. JULION,  
PHD, MPH, RN, FAAN  
WENDY S. MADIGOSKY,  
MD, MSPH  
SANDRIJN M. VAN  
SCHAIK, MD, PHD

**NATIONAL ADVISORY  
COMMITTEE**

GEORGE E. THIBAUT, MD  
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 FOUNDATION STAFF**

GEORGE E. THIBAUT, MD  
PRESIDENT  
STEPHEN C. SCHOENBAUM,  
MD, MPH  
PETER GOODWIN, MBA  
YASMINE R. LEGENDRE, MPA  
ELLEN J. WITZKIN  
ERIC HOFFMAN

**2011 SCHOLARS**

EVE R. COLSON, MD, MHPE  
ALAN DOW, MD, MSHA  
DENA H. HASSOUNEH,  
PHD, ANP, PMHNP  
JENNIFER S. MYERS, MD  
ROBERTA WAITE, EDD,  
PMHCNS-BC, FAAN, ANEF

**LUNCHEON SPEAKER**

SAMUEL O. THIER, MD

**INVITED GUEST**

PATRICIA M. DAVIDSON,  
PHD, MED, RN, FAAN  
MENTOR OF LAURA HANYOK





## 2015 FACULTY SCHOLAR BIOGRAPHIES



### **LAUREN COLLINS, MD**

Thomas Jefferson University

Dr. Collins is Associate Professor of Family and Community Medicine and Geriatrics at Thomas Jefferson University and Associate Director of Jefferson's Center for Interprofessional Education (JCIPE). She has received the American Academy of Family Physicians' Award for Excellence in Graduate Medical Education, Jefferson's IPE Education Award, three AAMC/Macy Collaborative Development Awards and a HRSA Geriatric Academic Career Award. Dr. Collins has served as Principal Investigator of a five year HRSA-funded undergraduate medical education grant, *The Jefferson Patient-Centered Medical Home (PCMH) Predoctoral Education Project*. Dr. Collins serves as a peer reviewer and/or editorial board member for six peer-reviewed journals, has over 20 peer-reviewed publications and over 50 national presentations. She also teaches and advises students, and serves on multiple committees for IPE. Dr. Collins received her undergraduate degree with honors from Princeton University, she completed her medical degree at Jefferson Medical College, and a family medicine residency and geriatric medicine fellowship at Thomas Jefferson University Hospital in Philadelphia.



### **CHERYL WOODS GISCOMBÉ, PHD, RN, PMHNP-BC**

University of North Carolina at Chapel Hill

Dr. Giscombé is an Associate Professor and the LeVine Family Distinguished Professor of Quality of Life, Health Promotion, and Wellness at the University of North Carolina at Chapel Hill (UNC-CH) School of Nursing. She is a Psychiatric Nurse Practitioner, a Social/Health Psychologist, and Coordinator of the Psychiatric Mental Health Advanced Practice Area. She is also a Thorp Faculty Engaged Scholar, a program sponsored by the Carolina Center for Public Service to foster scholarly academic-community engagement. Dr. Giscombé's passion involves optimizing equity in health and healthcare for underserved populations by building a contextually-relevant and sustainable program platform that cultivates research, teaching, clinical practice, and leadership. She has received research funding from the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and the Robert Wood Johnson Foundation to support her work on stress, psychoneuroendocrinology, the social determinants of health, and mindfulness-based approaches to resolving health disparities and transform health care research, practice, and systems.



**DEEPTHIMAN GOWDA, MD, MPH**

Columbia University

Dr. Gowda is a general internist and an Associate Professor of Medicine at Columbia University's College of Physicians and Surgeons. He is the Director of Clinical Practice for the Program in Narrative Medicine and the Director of the Foundations of Clinical Medicine, which teaches medical students the art of the interview and physical examination. He serves as the chair of the governance committee for the pre-clerkship (Fundamentals) curriculum at Columbia and chaired the first campus-wide interprofessional education task force. His scholarship has focused on innovations in narrative medicine, interprofessional education, and clinical skills training. He serves on the 11-member New York City Board of Health, a body chaired by New York City's Health Commissioner. Dr. Gowda's Macy Faculty Scholars project focuses on introducing narrative medicine into primary care practices in order to reduce burnout and enhance team effectiveness.



**LISA KITKO, PHD, RN**

Penn State University

Dr. Kitko is an Assistant Professor in the College of Nursing at The Pennsylvania State University and Schreyer Honors College Adviser for the undergraduate honors students. Dr. Kitko teaches at the undergraduate, masters, and doctoral levels. Her current clinical research is focused on identifying the palliative care needs of advanced heart failure patients and improving palliative care throughout the end-of-life trajectory through healthcare system-based improvements.

As a Macy Faculty Scholar, Dr. Kitko will develop and implement a palliative care graduate certificate program with interprofessional practicum and joint didactic courses. Some of the innovative features of the practicum are the interprofessional collaboration between learners from numerous disciplines (medicine, nursing, pharmacy, psychology, social work, and chaplaincy) and the online delivery format of the didactic and practicum courses. The overall goal of the program is to expand the pool of providers with knowledge in basic palliative care to promote care coordination and communication among providers and between providers, patients, and families.



**BRIDGET O'BRIEN, PHD**

University of California, San Francisco

Dr. O'Brien is an Associate Professor of Medicine and an educational researcher in the Center for Faculty Educators at the University of California, San Francisco where she teaches learners in the UCSF-University of Utrecht doctoral program, Health Professions Education Pathway and Teaching Scholars Program. At the San Francisco VA, she directs the Fellowship Program in Health Professions Education Evaluation and Research and directs scholarship and evaluation for the Center of Excellence in Primary Care Education. Her research focuses primarily on understanding and improving workplace learning among health professionals using a variety of qualitative and mixed methodologies. She has authored and co-authored several articles on qualitative methods, including guidelines for reporting on qualitative research. She recently joined the editorial board of *Academic Medicine*, is a member of the Research In Medical Education (RIME) planning committee of the AAMC, and will co-edit the third edition of the book *Understanding Medical Education*.

# 2015 FACULTY SCHOLAR PROJECT SUMMARIES



Lauren Collins,  
George E. Thibault and  
Christine Arenson (Mentor)

## LAUREN COLLINS, MD

Thomas Jefferson University

### CREATING A VERTICAL INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE CURRICULUM

#### BACKGROUND

Education across the spectrum of health professions must evolve to keep pace with dynamic practice changes. As recent reports have highlighted, there is an urgent need to bridge the gap between interprofessional education (IPE) and practice to prepare a workforce that is ready to achieve the Triple Aim.

#### PURPOSE/AIMS:

The goal of this project is to develop, implement, evaluate and disseminate a new comprehensive, integrated IPE/C curriculum, **VERTICAL**, across the educational continuum at Jefferson. We will prepare a new cohort of highly competent VERTICAL students who will represent the new face of healthcare: **V**alue-driven, **E**thical, **R**esponsible, **T**eam-based, **I**nterprofessional, **C**ollaborative **A**ligned **L**eaders. VERTICAL students from the Sidney Kimmel Medical College (SKMC) and Jefferson Colleges of Nursing, Pharmacy, Health Professions and Population Health will achieve the IPEC Core Competencies and graduate equipped to deliver high quality, person-centered collaborative care.

#### METHODOLOGY

VERTICAL uses the Jefferson Health Mentors Program (JHMP) as a foundation from which to develop a robust menu of IPE/C experiences for all clinical students. VERTICAL expands content and enhances evaluation by:


1. Adding innovative core IPC experiences
2. Creating advanced IPC elective opportunities
3. Offering a new IPE certificate program
4. Developing a novel mobile application platform for competency-based assessment

#### CORE IPC CURRICULA

Through VERTICAL, all students will ultimately be required to participate in at least two interprofessional clinical care experiences and small group sessions and complete two Jefferson Team Observation Guides (JTOGs). Preceptors will participate in VERTICAL faculty development programming and assess students' IPE core competencies through direct observation and completion of a modified JTOG to document competency.

#### ADVANCED IPC ELECTIVES

The core VERTICAL IPC experiences and foundational IPE programs will inform the development and implementation of advanced IPC clinical placements for interested senior-level students. These electives will focus on population health, social determinants of health, providing interprofessional team-based care in the community and improving



quality and safety of care, especially for at-risk populations.

### **IPE CERTIFICATION PROGRAM**

Guided by the Kirkpatrick/Barr model, our overarching goal for VERTICAL is to move our students from “informed” and “knowledgeable” about IPE, after completing two-year JHMP and IPE simulation experiences, to “competent” and/or “proficient” in the four IPE/C competency domains. Students who demonstrate proficiency will be awarded a Certificate of Excellence in Collaborative Care upon completion of requirements.

### **MOBILE APPLICATION PLATFORM**

Integrating state-of-the-art educational technology for tracking and evaluation is central to VERTICAL’s success. Working with Jefferson’s Center for Interprofessional Education (JCIE), our IPE Research Committee, and Jefferson’s information and technology teams, we plan to adapt the Jefferson Team Observation Guide (JTOG)© as a mobile application for student and preceptor use during clinical IPE/C experiences. We will also disseminate this application for multi-institution assessment and data collection.

### **PROGRESS THUS FAR**

To meet the needs of our large student body, we have started to increase clinical IPE/C placement sites throughout Jefferson. We have worked closely with our deans and course directors to embed “core” IPC curriculum into new curricular requirements for all students, specifically adopting Team STEPPS, teamwork simulation and team-based clinical rounding. This spring, we completed a Team STEPPS training program for all 254 second year medical students, which will be expanded to include 590 students from nursing, pharmacy, physician assistant, and physical therapy next year. In January 2016, Core IPC experiences were embedded into third and fourth year Family Medicine clerkships, and a similar model for Pharmacy students is underway. Additional IPC opportunities were also introduced on 12 additional inpatient and outpatient teams. To assist with this expansion, we have delivered 16 faculty development trainings.

Two new advanced IPE electives have launched. *Near Miss Root Cause Analysis* engages various students with interprofessional inpatient clinical teams to examine the factors in real world “near misses.” *Hotspotting*,

developed by the Camden Coalition and AAMC, is now being offered with plans for expansion next year. A new IPC student experience based on a national program, *No One Dies Alone*, is now being piloted with 20 students with plans to pursue future IPC elective designation. Plans to add a fourth IPC elective to train students in caring for formerly homeless populations in partnership with Pathways to Housing PA have also been finalized.

This year, we have also made tremendous progress on developing a new IPE/C Certification program. We have reconfigured our curriculum committee and assembled a new subcommittee to compile a comprehensive inventory of all current IPC experiences, review future IPC opportunities, and track student participation using a new electronic sign-up system.

This year has seen tremendous momentum and progress on the JTOG mobile application; this competency-based assessment tool was converted to an app prototype and expanded to include four new versions (Team, Individual, Patient and Caregiver) to allow for 360 degree assessment of teamwork behaviors. The validated “Team” JTOG is currently being used by over 1,300 TJU students, and the “Patient” JTOG has been successfully piloted with 437 patients from 10 inpatient and outpatient sites.

### **PROJECT PARTNERS**

VERTICAL’s development, implementation and assessment has demanded close collaboration with Jefferson’s institutional leaders, curriculum committees, patient safety institute, faculty, students, clinical affiliates, community organizations and patient partners.

### **NEXT STEPS**

Following successful implementation of VERTICAL, we will launch a multi-pronged evaluation process to document the adoption of interprofessional behaviors and achievement of IPE core competencies, and identify areas for improvement. Impact will be assessed through longitudinal evaluation of behavioral changes of VERTICAL students who participate in the Core IPE/C curriculum and for a subset of students completing high-level training through advanced VERTICAL IPC electives. Expected outcomes upon completion of this project will include achievement of IPE “competency” with 75% of Jefferson clinical students (~1,125 students from seven professions) and “proficiency” with 10% (~150 students) of our students.

# 2015 FACULTY SCHOLAR PROJECT SUMMARIES



Cheryl Woods Giscombé,  
George E. Thibalut and  
Giselle Corbie-Smith (Mentor)

## **CHERYL WOODS GISCOMBÉ, PHD, RN, PMHNP-BC**

University of North Carolina at Chapel Hill

### **THE DEVELOPMENT OF THE INTERPROFESSIONAL LEADERSHIP INSTITUTE FOR MENTAL HEALTH EQUITY**

#### **BACKGROUND**

The Interprofessional Leadership Institute for Mental Health Equity (ILI-MHE) is an academic-community (A-C) partnership that addresses factors contributing to mental health disparities, including stigma; perceived incongruence of culture, values, and priorities between patients and providers; and access to and use of health care among underrepresented and underserved groups. Such partnerships can be a catalyst to effectively recruit, prepare, and retain a diverse cadre of health professionals to successfully provide services that reduce disparities in mental health care. The ILI-MHE addresses the four IP Education Collaborative competencies: values and ethics, roles and responsibilities, communication and teamwork. Through an existing A-C partnership at Healing with CAARE, Inc. (a community health agency), health professions students enrolled in existing, discipline-specific community health practicum and clinical training courses are completing clinical, research, and transformational leadership development experiences. Participants will be trained to provide culturally sensitive, contextually relevant, team-oriented, evidence-based, holistic care including focus on healthcare systems and policy. This type of learning for emerging leaders in the health professions has been found to increase empathy and insight, while also increasing acuity of focus on changes needed to positively impact care and access. Goals of the ILI-MHE also include: 1) strategic curricula change at my academic institution and 2) innovation and impact in health professions education to meet population health needs, with specific focus on resolving mental health disparities.

#### **PROJECT PARTNERS**

**Lead partners include** UNC Chapel Hill: Schools of Nursing, Medicine (Department of Social Medicine, Center for Health Equity Research), Public Health, and Social Work; the Area Health Education Center, the Center for Lifelong Learning, and the Thorp Faculty Engaged Scholars Program/Carolina Center for Public Service. Other partners include: North Carolina Central University's Honors Program, Health Careers Access Program, and Academic/Community Service Learning Program; Duke University and East Carolina University; and members of the United States Public Health Service Corps. In year two, partnerships will be fostered between the UNC School of Pharmacy Student National Pharmaceutical Association, UNC Allied Health, and the North Carolina School of Science and Mathematics.

#### **COMMUNITY SETTING**

Healing with CAARE, Inc. provides health services to underserved clients in Durham, NC. At this agency, staff and volunteer health providers integrate wraparound services, including primary care, mental health, dental services, chronic disease screening and management, exercise, personal training, and cooking classes, acupuncture, mindfulness meditation, substance abuse treatment, food pantry, and case management; GED, job and literacy training to address social determinants of health in a holistic context.



## EVALUATION

Evaluation strategies include qualitative/quantitative assessment of: the number of participating students and disciplines, transfer of content learned into practice, post-program satisfaction and competencies (including culturally-sensitive, holistic, patient-centered care), and institutional curriculum change. We will also assess the degree to which the Institute successfully supports the next generation of health professionals as they serve this community directly, develop clinical practice strategies, conceptualize and integrate macro-level strategies to improve care, and move forward in the mental healthcare arena (advanced degrees and continued service to underserved groups).

## PROGRESS THUS FAR & PERSONAL ACCOMPLISHMENTS

- Four undergraduate students, six Master's degree students, and three doctoral students participated in direct experiences at the partnering community agency during the formative year.
- Disciplines participating in the program: Psychiatric nursing, marriage and family therapy, psychology, medicine, nursing leadership, pre-pharmacy, criminal justice.
- Participants reported satisfaction and professional/personal growth and a deeper understanding of health disparities.
- Modules for Year 2 have been created. The Institute format was expanded to include not only clinical training, but also research training and mentoring, leadership development, technical assistance, guest speaking engagements/outreach, and clinical site development and the matching of students to other mentorship and training opportunities. This expanded the reach of the Institute's goals and objectives, including students and faculty in schools and universities (including Spelman College and Stony Brook University), and national and international mental health organizations.
- Essential elements of the curriculum are being integrated into existing required courses in the School of Nursing.
- This model demonstrates potential for (1) solving the shortage of clinical training sites,

which limits the enrollment of pre-professional students in mental health programs; (2) dispelling negative perceptions about socioeconomically disadvantaged patients by exposing pre-professionals to root causes of social disadvantage and suggesting strategies for team-oriented IP practice; (3) attracting students to the mental health profession; and (4) facilitating better patient-provider relationships and outcomes that improve health of patients and their families. NOTE: The Year 2 evaluation has been designed to confirm these findings.

- Dr. Giscombé is now Associate Editor for the journal, *Ethnicity & Health* and was named the 2016 Faculty Excellence in Education and Mentorship Award Recipient. She presented her mental health equity work at national and international conferences and has a manuscript under review that addresses stigma, spirituality, culturally-sensitivity, and mental health service utilization among health disparity populations.

## NEXT STEPS

- Components of the Oasis of CAARE Model, Watson's Caring Theory, Social Cognitive Theory, and Kirkpatrick's training evaluation model will be integrated to create a framework for implementing and evaluating the Institute in Year 2.
- The mission of the Institute will be integrated with Dr. Giscombé's role as Faculty Lead of the Psychiatric Mental Health Advanced Practice Area and faculty member in Population Health & Epidemiology to enhance sustainability.
- Visual teaching strategies will be included to enhance participant reflection and self-awareness to achieve the Institute's objectives.

## ACKNOWLEDGEMENTS

Dr. Giscombé is sincerely grateful for Dr. Giselle Corbie-Smith, Dr. Afaf Meleis, Dr. Meg Zomorodi, Dr. Lisa Zerden (UNC School of Social Work), Dr. Sharon Elliott-Bynum and Ms. Carolyn Hinton (Healing with CAARE, Inc.), the UNC Center for Public Service, the International Society of Psychiatric Nursing, and the Minority Fellowship Program at the Substance Abuse and Mental Health Services Administration.

# 2015 FACULTY SCHOLAR PROJECT SUMMARIES



Deepthiman Gowda and  
George E. Thibault

## DEEPTHIMAN GOWDA, MD, MPH

Columbia University

### INTEGRATION OF INTERPROFESSIONAL EDUCATION INTO A PATIENT-CENTERED MEDICAL HOME: A CONTEXTUALIZED APPROACH TO ACHIEVING EDUCATION AND TEAM EFFECTIVENESS

#### BACKGROUND

Interprofessional education is an important educational objective necessary to train students to work collaboratively. Literature on the hidden curriculum suggests that observation of teams in practice during clinical training powerfully molds student's learning. This is particularly relevant given increasing rates of burnout in health care practitioners with subsequent calls for innovations to improve the well-being and functioning of teams.

Narrative medicine can serve as an innovative tool to improve interprofessional practice and education through enhancing team-relationships and self-care.

Narrative medicine is a branch of medical humanities that engages health care teams with literature, art, and reflective writing in order to explore the patient's experience and the lives of others on the team, and reflect on one's own experience as a provider of health care. These methods have been used extensively with students and clinicians, yet there has never been a study investigating the feasibility and impact of introducing narrative medicine into clinical settings.

#### AIMS

1. Introduce narrative medicine into interprofessional team meetings.
2. Using qualitative approaches, explore how the introduction of narrative medicine unfolds in clinical settings.
3. Evaluate pre- and post-intervention differences on team effectiveness, burnout, work engagement, and empathy.

#### PROJECT DETAILS

We introduced narrative medicine intervention into three interprofessional meetings at New York Presbyterian Hospital (NYP) affiliated clinics in New York City: Farrell Family Medicine Clinic, Rangel Internal Medicine Clinic, and Rangel Pediatrics Clinic. The intervention started in February 2016 and will last 12 months.

During narrative medicine activities, health care team members engage with literature and art, write reflectively, and share their writings with other members of the team. The sessions, last approximately 30-40 minutes, occur three times a month at Farrell Clinic and once a month at each Rangel Clinic. Team group size varies from approximately 8-15 persons.

#### EVALUATION

The program evaluation utilizes a mixed methods study design. For the qualitative component, research assistants take observation notes at each clinical and narrative medicine team meeting. Semi-structured interviews are conducted with staff from key disciplines at study start, mid-point, and at study end.

Participants will complete pre- and post-intervention surveys:

- Team effectiveness: Team Development Measure
- Burnout: Maslach Burnout Scale
- Engagement: Utrecht Work Engagement Scale
- Empathy: Interpersonal Reactivity Index (IRI)

## OUTCOMES TO DATE

We achieved administrative and IRB approval for the project and have been conducting ongoing sessions at Farrell and Rangel IM and Pediatrics clinics since February 2016 during required interprofessional team meetings.

We enrolled 43 staff members at Farrell Clinic, 18 at Rangel Internal Medicine, and 17 at Rangel Pediatrics. Each participant completed the 4 baseline surveys. Initial coding of observation notes and interviews has begun.

Excerpts from observation notes:

*A discussion triggered by creative writing exercise.*

**Nurse 1:** "We're not caring for the patient as much as we should because we're so busy thinking about time."

**Nurse 2:** "Spend that time with that patient. I think you should spend more time with the patient!"

*A medical assistant writes from a sick patient's perspective using short and unembellished sentences. Several members of the team are familiar with this patient.*

**Nurse** notes that short sentences might convey denial.

**Physician** states that the piece may indicate that the patient is "fearful but hoping for the best outcome."

**Medical assistant 1** states, "I'm worried about her."

**Medical assistant 2** responds, "We all are."

## LESSONS LEARNED

The interprofessional staff have been very open to engaging with the new methods. Initial work indicates that stepping away from usual activities to engage with creative works and reflect may be restorative and enjoyable. Initial concerns that disparate educational backgrounds may limit

participation by some have not materialized. Rather, we have seen active participation from clinical staff across the range of educational attainment and disciplines.

Administrative buy-in is essential for successful implementation of innovations that require staff time. Flexibility in session timing and duration has been necessary, as we have placed a high priority on aligning with administrative needs of the clinic. Given occasional time constraints, we are recognizing that certain types of texts are more appropriate for this context than others. These include visual texts and short and more accessible written texts.

## NEXT STEPS

Over the coming months, we will continue to collect qualitative data obtained through observation notes of the sessions and longitudinal interviews conducted with staff from key disciplines. These data will be coded and thematically analysed by the study team. At the 1-year mark, we will administer post-intervention surveys. We will disseminate the results of the intervention through publication and presentations at professional meetings.

We are addressing issues of sustainability and scalability. At the 6-month mark, our efforts will increasingly shift to arranging co-facilitation with staff in order to build local capacity. At the end of the project, we will create and disseminate a repository of narrative medicine exercises for interprofessional clinical settings along with facilitation guides. The administrative leadership of ambulatory care at NYP has thus far been very supportive of this project. Our plan is to engage with NYP to consider scaling up across more NYP clinics.

## ACKNOWLEDGEMENTS

I wish to thank the staff at Farrell and Rangel Clinics, without whose openness and creative exploration, this project would not have been possible. I am deeply indebted to Dr. Rita Charon for her visionary leadership and many years of caring mentorship. I am fortunate to work with Drs. Dorene Balmer and Edgar Rivera Colon who have provided qualitative research methodological guidance. Finally, I thank Tayla Curran, Dr. Urmi Desai, Faiz Jiwani, Apurva Khedagi, and Mickey Mangold who have contributed many hours to this enterprise.

# 2015 FACULTY SCHOLAR PROJECT SUMMARIES



Lisa Kitko, George E. Thibault and Mary Ersek (Mentor)

## LISA KITKO, PHD, RN, FAHA

The Pennsylvania State University

### DEVELOPING AN INTERDISCIPLINARY PRIMARY PALLIATIVE CARE CERTIFICATE PROGRAM

#### BACKGROUND

Approximately 75 million Americans are living with advanced life-limiting illness. Patients living with advanced life-limiting illness experience: inadequately controlled symptoms, poor communication with their healthcare providers, fragmented care, and the use of emergency departments and acute inpatient admissions to manage their illness. In September 2014, the Institute of Medicine (IOM) released a landmark report focused on the increasing number of people living with serious and chronic illnesses and recommended profound changes. A key recommendation focused on universal training for all health professionals in the core principles and practices of primary or basic palliative care. Primary palliative care is defined as the basic competencies required of all physicians and health care workers addressing the physical, psychological, and spiritual domains of the patient and their family members. Primary palliative care is essential to any clinical practice, especially for clinicians that care for those with advanced life-limiting illness. This proposal addresses the IOM recommendation by developing and implementing an online primary palliative care graduate certificate program incorporating an interprofessional internship and joint coursework.

#### PURPOSE


The overall goals of the program are:

1. To increase the number of healthcare professionals able to effectively deliver primary palliative care regardless of practice setting; and
2. To develop educational innovations that promote interprofessional collaborative practice.

The goals will be accomplished by the development and implementation of an online primary palliative care graduate certificate program incorporating an interprofessional internship and joint coursework. The program will be designed to attract graduate level practitioners from nursing, medicine, psychology, social work, and chaplaincy and will run in conjunction with the Interprofessional Hospice and Palliative Medicine Fellowship Program at the Penn State Milton S. Hershey Medical Center. The program will be based on the principles of interprofessional education and focus on an interdisciplinary team approach to promote collaboration and communication among all providers and between providers and the patient and their family. In addition, patients and their family members will be included as the center of the team, which is integral to the success of collaborative, person-centered practice.

#### METHODOLOGY

The organizing framework for the program content is the Domains of Clinical Competence in End-of-Life Care, from the recent IOM report (2014). These domains include: 1) Scientific and clinical knowledge and skills; 2) Interpersonal skills and knowledge; 3) Ethical and



professional principles; and 4) Organizational skills. The certificate is three courses that are each 3 semester credits in length including:

- Primary palliative care: An interdisciplinary approach
- Primary palliative care: Interdisciplinary management of advanced serious illness
- Interdisciplinary practicum of the primary palliative care role

The content of the curriculum is based on the content from the End-of-life Nursing Education Consortium (ELNEC) and Education on Palliative and End-of-Life Care (EPEC). The courses are designed to be delivered sequentially over three semesters. In addition the two didactic courses are designed as independent elective courses. The final course is an interprofessional practicum that will be designed to be taken in person or online dependent on the needs of the learner. The interdisciplinary practicum will be completed in various settings either in-person or virtually through context specific simulation.

### **PROGRESS THUS FAR**

The interprofessional faculty have worked collaboratively to complete the content and learner assessments contained in the first two didactic courses. The 3 courses and the certificate have been approved by the curriculum committee of the University. The first course will be offered in the fall semester and students are being identified and registered for the course. Marketing materials have been developed and disseminated. In the fall semester, two pilot studies will be conducted. For the first pilot, a learner has been identified from medicine, nursing and chaplaincy to participate in interdisciplinary practicum experiences with online reflection, team based projects, and case studies. The second pilot will include learners from medicine and nursing in visual thinking strategies. The experience will take place in a museum and be video recorded for use online. A focus group of participants will occur after each pilot for feedback.

### **NEXT STEPS**

Over the next year, the team will continue to develop the practicum with the focus on learner engagement and interdisciplinary collaboration. The team will continue to explore best practices for recruiting learners outside of the University system as well as continued collaborations within the University for continued sustainability of the program. In addition, the team will implement reliable and valid methods for measuring outcomes in the didactic courses and measures to assess competencies for the online simulation experiences.

### **ACKNOWLEDGEMENTS**

This work would not be possible without the support of my mentors, Associate Professor, Dr. Mary Ersek and Associate Dean, Dr. Judith Hupcey as well as the Josiah Macy Jr. Foundation. I would also like to acknowledge my project partners: Amy Westcott, MD (Associate Professor of Medicine, Geriatrics, and Palliative Medicine), Elizabeth Martin (Director of Pastoral Services), Kelly Karpa, PhD, (Director, Office of Inter-Professional Collaborative Education and Teamwork) all from Penn State Milton S. Hershey Medical Center, and Jane Sutterlin (Instructional Designer, Penn State College of Nursing). I would also thank Dr. Paula Milone-Nuzzo and Dr. Christine Tanner for their invaluable insights on this project.



Bridget O'Brien,  
George E. Thibault and  
Patricia S. O'Sullivan (Mentor)

## **BRIDGET O'BRIEN, PHD**

University of California, San Francisco

### **CROSSING PROFESSIONAL BOUNDARIES FOR INTERPROFESSIONAL COLLABORATION**

#### **BACKGROUND**

For healthcare reform in the U.S. initiatives to improve collaboration and coordination of care among multiple health professionals are essential. This requires more than structural changes; it requires retooling health professionals with core skills related to role clarification, shared understanding of expertise and perspectives, and conflict negotiation, which rarely receive explicit attention. Correspondingly, many teachable moments and learning opportunities go untapped. My project aims to improve the visibility of these teachable moments and learning opportunities in interprofessional contexts.

#### **PROJECT AIMS:**

**AIM 1:** Identify common areas where professional roles, perspectives, and expertise overlap and how professionals negotiate these overlaps.

**AIM 2:** Create faculty development resources to support coaching around role clarification, information and perspective sharing, and establishment of shared understanding of care plans.

#### **METHODOLOGY**

I have assembled a research team that includes a physician, a pharmacist, an education faculty member who has expertise in video analysis and professional education, and a research assistant. Using a constructivist grounded theory approach and interactional analysis techniques, we are reviewing videos from an interprofessional standardized patient exercise (ISPE) in which teams of health professionals interview a standardized patient and develop a follow-up plan of care.

The ISPE case is an elderly patient who had a recent fall. She arrives at the integrated care clinic two weeks later for a follow-up visit. Participants include professionals from medicine, nursing, pharmacy, social work, physical therapy, and dentistry.

We are reviewing videos from 15 teams and are focusing on two segments of the exercise, the planning huddle and the follow up huddle to develop a plan of care.

#### **INITIAL FINDINGS**

Based on review of five videos, we have refined our guiding questions and analytic process. While role overlap and negotiation continues to be a primary focus, we now recognize important features of the design of the ISPE that influence participants' discussion of roles. We are also identifying different ways that participants engage in these discussions, despite the "standardized" nature of the exercise, which can result in learning experiences that may differ from what the developers of the exercise intended. I highlight examples from three key events during the ISPE.

### **DECIDING ORDER: WHO GOES FIRST?**

The architects of the ISPE chose to have participants interview and examine the patient sequentially rather than concurrently. This design is authentic to actual practice in the sense that each professional has his/her own time with the patient, but artificial in that all professionals are in the room observing one another. This highlights a tension for case developers: how to maintain authenticity while also providing learning opportunities that do not exist in practice. The sequential design also requires participants to decide on order – something they would not do in practice, but that creates an opportunity for participants to describe their typical approach to patients, identify areas of overlap, and clarify roles.

In the initial team huddles, most teams recognized the importance of deciding who will go first and the subsequent order. HOW they decided this varied considerably. In some groups, one member proposed a “logical” order and all agreed with little discussion. In others, a guiding logic evolved through significant discussion of each professional’s concerns and approach, followed by discussion of how to coordinate efforts in an efficient manner.

We found several examples of participants making assumptions about what others would or would not do with minimal clarification or input from that professional (e.g., “as the social worker you ‘wrap it all together’” or “it’s always appropriate for a doctor to do the formal introduction”). Several groups decided that the MD or NP should go first because they have “the broadest perspective,” but in several groups the MD and NP spent little time parsing out roles.

### **DISCUSSION OF FALLS: WHY IS SHE FALLING?**

The developers of the case selected falls as a priority issue because each profession could contribute to the discussion of falls and offer suggestions. We found that some groups tended to anchor on one dominant framing (e.g. falls caused by “reduced function / inactivity” or by “medications causing drowsiness”) while others took a broader view and spent time exploring the “multifactorial” sources of the fall and various ways of preventing future falls. What prompted these different approaches is something we will explore further.

### **DISCUSSION OF DIABETES: IS HER DIABETES UNDER CONTROL?**

The case developers included ambiguity around the patient’s diabetes, which could generate discussion about how much to prioritize this condition during the visit and in the plan of care. In several groups, MDs, NPs and pharmacists debated whether or not the patient’s HgA1c of 8 was within goal range, particularly given her age. This was an opportunity for team members to question and correct misconceptions as well as to consider how much emphasis to place on medication versus lifestyle (diet, exercise, social support) in addressing diabetes, particularly given the patient’s desire to reduce her medications.

### **NEXT STEPS**

For successful coordination and collaboration, health professionals must voice their own professional expertise while providing space to hear and consider the perspective of other professionals. In our preliminary analysis, we have identified ways in which the exercise is intentionally designed to encourage participants to share their professional perspectives and how interactions within each group promote or inhibit this sharing. As analysis continues, we expect to find patterns in these interactions that highlight important areas for intervention (i.e., teachable moments). These “teachable moments” will inform the work of our second aim, which involves developing video-based scenarios to help faculty identify and respond to similar types of interactions they may observe when supervising interprofessional simulations or interprofessional groups in practice.

## MEG ZOMORODI, PHD, CNL, RN

University of North Carolina at Chapel Hill

### DEVELOPING AN INTERPROFESSIONAL PROGRAM FOR POPULATION HEALTH AND SYSTEMS MANAGEMENT: EMPOWERING THE CURRENT AND FUTURE WORKFORCE

**Project Goal:** The purpose of this educational initiative is to develop, implement, and evaluate an interprofessional team-based model that blends students and healthcare professionals in primary care clinics.

**Major Accomplishments:** In the fall semester, 23 students from six health professions enrolled in a three credit hour course that consisted of six online modules and five face to face sessions focused on team building and population health management. Three practice sites were identified and a needs assessment was conducted at each site to identify a clinical need. In the spring semester, 20 students from the fall course completed a clinical immersion experience at the identified sites and worked with their primary care partners to design and implement a performance improvement project. Preliminary program evaluation demonstrated increased understanding of roles and responsibilities of team members and a deeper appreciation for team based population health management. Formal program evaluation is ongoing.

**Professional Accomplishments:** Dr. Zomorodi has assumed leadership positions within the UNC system including being named the IPE Director for the School of Nursing. She received a Carolina Seminars grant to lead campus wide discussions on interprofessional education and is working on several interprofessional projects. She has given multiple presentations on her work, and will be presenting at the Optimizing Healthcare Quality conference in Thailand. She received the Faculty Excellence Award from the School of Nursing in May.

**Next Steps:** Dr. Zomorodi will continue to expand interprofessional clinical learning opportunities where students can be seen as 'value added' to clinical practice. Dr. Zomorodi is leading an IPE steering committee for the health affairs schools that is focused on developing an organizational plan for implementing IPE for all health professional students.





## CHARLES VEGA JR., MD

*University of California, Irvine*

### THE PATIENT-CENTERED CURRICULUM AT THE UNIVERSITY OF CALIFORNIA, IRVINE

**Project Goal:** To create a transformation of the medical school curriculum so that every teaching activity is ultimately focused on the patient.

**Project Accomplishments:** The hallmark of the PACE Curriculum is the longitudinal PACE clerkship. The clerkship is designed to connect the basic and clinical sciences at University of California, Irvine (UCI) and build the nascent clinical skills of junior medical students.

The PACE clerkship began in August 2015 and became possible through the recruitment of 84 faculty, 57 of who were new volunteer faculty. PACE runs for a total of 26 clinic sessions between the MS1 and MS2 years.

As part of the clerkship, Dr. Vega and his colleagues completed four Reflection Sessions for the class as a whole, and all students completed a Performance in Practice Project. This experience represents students' best opportunity to conceive and complete a quality improvement project during their training at UCI.

The Clerkship was very well-received by Dr. Vega's students, with strong affirmation that the course satisfied its objectives.

Beyond the clerkship, the new Clinical Integration Committee at UCI School of Medicine (UCI SOM) played an important role in designing a robust integrated curriculum during the first two years of training.

**Professional Accomplishments:** The PACE Clerkship has been challenging in design and execution, but it is already considered foundational to students' experience. Dr. Vega has made the difficult choice to step down as Director of the PACE Curriculum in order to take on the role of Associate Director of Diversity and Inclusion at the UCI SOM. In this new role, he will employ many of the lessons that he learned over the past two years to create a standout program in Diversity and Inclusion at UCI.



**Next steps:** There remains significant opportunity at UCI SOM to invest in training in patient-centered care. Dr. Vega and his colleagues will initiate intersessions to bring together the MS3 class around themes in 2016 – 2017, with a plan to expand these sessions in the 2017 – 2018 academic year. These sessions provide an ideal climate to expand interprofessional education as well.

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

Indiana University

**EDUCATIONAL INNOVATION: SCALABLE MODELS OF INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP) AFFECTING PATIENT OUTCOMES**

**Project Goal:** The overarching goal of this project was to develop a scalable model for IPCP, using student navigator teams to improve patient care transitions across the healthcare continuum. In the project, Dr. Reising leveraged her joint positions with Indiana University and Indiana University Health to build a collaborative partnership for the benefit of future practitioners and patients.

**Project Accomplishments:** In collaboration with Indiana University Health Bloomington, the following deliverables were achieved:

Developed a program where nursing and medical student teams collaborated with the Transitional Care Nurse Manager and Project Manager to make home visits to patients at high risk for readmission after an acute care discharge.

Secured funds to provide consistent human and tangible resources for the program.

Improved transitional care of patients as evidenced by correcting medication errors, securing additional resources, adherence to follow-up visits, decreasing readmissions, and succeeding at "rescues."

**Professional Accomplishments:** In her time as a Macy Faculty Scholar, Dr. Reising has published in peer-reviewed journals with her Macy peers as well as contributed to book chapters on her expertise in interprofessional education and practice. Similarly, Dr. Reising has presented locally and at national conferences including NETNEP, the National League for Nursing, National Academies of Practice, and Indiana Center for Nursing. She has received funding internally, and from Indiana University Health and through an American Association of Colleges of Nursing/Centers for Disease Control collaborative. Dr. Reising received the Belford Award for Excellence in Education from Sigma Theta Tau International and was inducted as a Distinguished Fellow and Scholar into the National Academy of Practice.

**Next Steps:** The next steps are to expand the program to include colleagues in other health-related disciplines, and solidify IPCP curricular components.



## SARAH PEYRE, EDD

University of Rochester

### THE PATIENT AND FAMILY CENTERED (PFC) MEDICAL RECORD: USING ELECTRONIC PATIENT AND FAMILY CENTERED MEDICAL RECORDS TO ENHANCE COMMUNICATION AND CARE

**Project Goals:** The main goals of Dr. Peyre's project are to define best practices in patient and family centered communication through the electronic medical record (EMR); and to develop innovative curricula to prepare our workforce to meet these needs.

**Major Accomplishments:** A needs assessment was conducted consisting of seven patient and family focus groups, three physician leadership focus groups, clinical observations as well as an EMR distress survey to primary care teams. This resulted in several conclusions that have focused the creation of a student and trainee "*InTouch: Communicating with CARE*" curriculum on patient portal communication, and practicing physician education on neurocognitive ergonomics centered on the use of the EMR in their practice flow.

**Professional Accomplishments:** Dr. Peyre has assumed leadership positions within the University of Rochester Medical Center including being named the Assistant Dean for Interprofessional Education and the Director of the Institute for Innovative Education. In the fall of 2015 she was selected to present at AAMC Learn, Serve and Lead Annual Meeting on the URMC's Center for Experiential Learning as an exemplar of how academic medical centers are leveraging space and technology to promote interprofessional education. In March 2016 she won the Innovations in Medical Education award from the Northeast Group on Educational Affairs (NEGEA). She has published five papers in the past two years on surgical and interprofessional education and has had abstracts accepted for presentation at AAMC, ASPE, NEGEA, Innovations in GME Conference, and Collaborating Across Borders Conference. Dr. Peyre has also collaborated with the University of Rochester's Highland Family Medicine to become a national incubator site for the National Center for Interprofessional Practice and Education.

**Next Steps:** Expand *InTouch* curriculum to all medical and nursing students, as well as residency programs. Implement a faculty development series on neurocognitive and motivational strategies for managing patient communication through EMR.



**DOUGLAS P. LARSEN, MD, MED**

Washington University in St. Louis

**HIGH-FREQUENCY LEARNING GOALS:  
A TOOL FOR CULTURE CHANGE**

**Project Objective:** The Patient-Centered Learning Goals Program is designed for students to develop and share their weekly learning goals which are focused on taking on more of the role of a doctor with their clinical team in order to develop collaborative learning focused on the care of patients.

**Project Accomplishments:** Over the past two years the Patient-Centered Learning Goals Program has been implemented across core third-year clinical clerkships. A total of 274 third-year students have participated in the program. During the 2015-2016 academic year the program was incorporated into the first-year clinical skills course with 120 students participating as well as 40 fourth-year student mentors. Dr. Larsen has taught 30 workshops and orientation sessions training students, residents, and faculty members in how to use the learning goals. Dr. Larsen and his research team have recently concluded their study using cultural-historical activity theory to investigate the factors that facilitate or impede effective use of the learning goals in the clinical setting.

**Professional Accomplishments:** Dr. Larsen was recently named an associate editor for *Advances in Health Sciences Education*. For the 2015 AAMC Medical Education Meeting Dr. Larsen taught a session on self-regulated learning. He has presented abstracts at the AAN annual meeting as well as the Association for Medical Education Europe annual meeting. Over the past two years Dr. Larsen has been invited to speak to the American Board of Medical Specialties, American Osteopathic Association, several other boards as well as the Elsevier Nursing Faculty Development Conference. He was a plenary speaker for the University of Southern Indiana's Nursing and Health Professions Educators Annual Conference.

**Next Steps:** During the 2016-2017 academic year, the Patient-Centered Learning Goals Program will be further expanded to the second-year clinical skills course, thereby extending the program across all four years of the medical school curriculum. Dr. Larsen is also developing programs for students and residents to have more peer-to-peer training on how to effectively use and supervise the learning goals.



## LAURA A. HANYOK, MD

Johns Hopkins University

### PREPARING LEARNERS FOR INTERPROFESSIONAL PRACTICE IN PRIMARY CARE

**Project Goals:** To develop, implement, and evaluate a curriculum in interprofessional primary care practice to prepare learners to meet the needs of complex patients in a patient-centered medical home; to mentor internal medicine residents to become skilled and effective teachers of interprofessional practice; and to create a working model of an interprofessional clinical learning team that can be adopted in other practices.

**Project Accomplishments:** Program implementation began in fall 2015 and to date approximately 40 learners from chaplaincy, medicine, nursing, and pharmacy have participated. A successful team model that is structured yet flexible was developed and expansion to other sites is being explored. A mentoring program for residents was piloted and it met their clinical and educational learning needs. Preliminary program evaluations demonstrated benefits to learners with regards to understanding roles and responsibilities, and working effectively in teams. Formal program evaluation is currently ongoing.

**Professional Accomplishments:** Dr. Hanyok has presented workshops and symposia at several national conferences. Since being named a Macy Faculty Scholar, she has published in the *Journal of Interprofessional Education and Practice*, the *Journal of General Internal Medicine*, the *Journal of Nursing Practice*, and *Medical Education Online*. She was a thesis committee advisor for an EdD candidate piloting interprofessional education for professionals working in elementary education. She and her colleagues received the 2015 National Academies of Practice Interdisciplinary Group Recognition Award for work done as part of a HRSA-funded interprofessional education program focused on the care of older adults.

**Next Steps:** Dr. Hanyok continues to work to expand interprofessional clinical learning opportunities within Johns Hopkins, with a particular focus on developing interprofessional collaborative practice units where learners will be integrated into interprofessional teams. She continues to oversee the interprofessional core learning events for pre-licensure students. Dr. Hanyok is also preparing several manuscripts focusing on interprofessional education and primary care medicine.





# BREAKOUT SESSION SUMMARIES

## **NAVIGATING THE PATH OF YOUR CAREER**

This session was facilitated by Dr. Kenya Beard and Dr. Eve Colson. Drs. Colson and Beard started the session with short overviews of their own career paths followed by contributions from each of the participants. The following themes emerged from the lively discussion that ensued.

### **MENTORS, FRIENDS AND COLLEAGUES**

As you contemplate your career path and potential changes, consult mentors, friends, and colleagues as resources to help you brainstorm. Allow them to recognize things in you that you may not see in yourself. Some of the best decisions are the ones you do not make alone. The outcome tends to stem from someone seeing something in you that you did not see in yourself. Also, if you have the opportunity, you should serve as a mentor, friend or colleague to someone else who is contemplating a career change or navigating a career path. Encourage others to know their strengths and help them grow their talents.

There should be congruency between one's personal mission and the institution's mission. Kelley Skeff described a tool he uses to help people navigate their careers. He asks them to create a Venn diagram to determine how much their desires, passions and goals overlap with their work. If there is no overlap, perhaps a career shift is warranted!

Mentors, friends and colleagues can serve as support systems, especially when in leadership roles. One participant described her "Muffin Club" where leaders from different departments informally meet for breakfast once a month to support each other and to help problem solve. This helps to build respect across disciplines. It is especially helpful to get the perspective of other leaders who have dealt with similar issues, but who are not directly involved with your department. They can bring a fresh perspective.

Remember your Macy Family. There are many mentors, scholars and new friends now available to help you navigate change. Many of us in the group have gotten sage advice from our Macy advisors and others.

### **EMBRACING THE WISDOM BEHIND FEAR**

The group discussed a number of barriers and facilitators to career change. However, much of the discussion was about the fear of failing. We decided that most of us do not relish failure. Yet failing can bring with it many lessons that can lead to future success. So, do not be afraid to reset the table if you do not like the set-up.

Fear may come from pushing yourself out of your comfort zone. So, consider embracing fear so you can learn new things about yourself.

### **TAKE CARE OF YOURSELF**

Whatever that means to you, you should make time to do it. Taking care of yourself means you will have more energy for your passions including work. Some of us have taken up meditation, others enjoy running. Figure out what you need to do in order to recharge.



**Moderators**

Kenya V. Beard  
Eve R. Colson

**Attendees**

Christine Arenson  
Lauren Collins  
Peter Goodwin  
Memoona Hasnain  
Douglas P. Larsen  
Bridget O'Brien  
Sarah Peyre  
Kelley M. Skeff  
Christine A. Tanner  
Mayumi Willgerodt



# BREAKOUT SESSION SUMMARIES

## DEVELOPING YOUR LEADERSHIP SKILLS

This session was facilitated by Dr. Jennifer Myers and Dr. Roberta Waite.

Macy Faculty Scholars are leaders in their respective professional roles. Indeed, one of the purposes of the Macy Faculty Scholars program is to identify and nurture early to mid-career faculty from across the health care professions with the goal of developing educational leaders. We held a roundtable discussion focused on the experiences and challenges encountered by leaders.

Hundreds of books have been written on leadership styles, skills, and theories. Scholars shared with each other some pearls of wisdom that they had learned through their readings, relationships, and personal experiences. Scholars recognized that one's leadership approach will differ depending upon what is needed to achieve a desired goal. Moreover, effective leadership is demonstrated more through practice rather than a stated leadership style which can be abstract. Ultimately, we all must lead from where we are and continuously evaluate the factors shaping our leadership practice which is strongly influenced by our personal values and beliefs.

Often one's title is associated with leadership. The Scholars acknowledged that title is less important than what we each do as we are leading and who is following us; thus leadership is an action-oriented process regardless of position. Empowering others to act instead of controlling others to act was noted to be a key leadership skill. Likewise, having both technical and relational skills, as well as emotional intelligence, needs to be more deeply developed as one takes on more leadership roles. Leaders must (1) be proximal to the problems they authentically care about, (2) recognize the dominant narrative about these problems and reconstruct the narrative that they want to project, (3) learn to be comfortable with discomfort as they address challenging issues, and (4) remain hopeful about change even in the face of monumental obstacles they are likely to confront when challenging the norm within the dominant culture. Consequently, having a broad base of mentors with differing spheres of influence can help promote the Scholars' professional growth and provide invaluable guidance.

A unifying theme from our collective discussion was that each of us has our own personal values and must recognize that who we are embodies how we demonstrate leadership behaviors and use our voice to address issues of importance. Finding this voice is a journey and some scholars are more confident and proficient in this area while others are still discovering their voice as they develop and lead new educational programs. During the leadership journey, there will be difficult choices and the need to take risks, but adhering to and continuously evaluating one's principles are requisite. Ultimately, we emphasized that we as Macy Faculty Scholars are leaders and should not be fearful of asserting ourselves in order to gain a seat at any table to effect the change that we wish to see in education.





**Moderators**

Jennifer S. Myers  
Roberta Waite

**Attendees**

Mary Ersek  
Cheryl Woods Giscombé  
Deepthiman Gowda  
Wrenetha A. Julion  
Kelly Karpa  
Patricia S. O'Sullivan  
Deanna L. Reising  
Stephen C. Schoenbaum  
Samuel O. Thier



## BREAKOUT SESSION SUMMARIES

### BEING A CAREER-LONG SCHOLAR

This session was facilitated by Dr. Alan Dow and Dr. Sandrijn van Schaik. Five major themes arose from the session on being a career-long scholar.

**Scholarship can be defined as asking and answering questions.** It involves reading the literature, going to conferences, networking, talking to others in the field so that one can think broadly and get out of his or her comfort zone. Scholarship should be broadly defined and not just as traditional research. For example, presentations should be grounded in the literature and have innovative elements that raise important issues. Presentations can then lead to papers; a fruitful way to turn presentations into papers is collaborating with peers, mentors, or mentees.

**Successful scholarship is best done with collaborators & teams.** An essential element is leadership to guide the work of the team. Team composition should be based on skills and expertise needed to get the work done, but it is important to think broadly and outside of your usual networks when considering potential collaborators. Teams function best with clear expectations: assigned roles, set timelines, and set (fixed, regular) meeting times to discuss progress. As a tip for working with teams on scholarship, consider using a manuscript template to organize the work and assign roles. Successful scholars are often leaders. If you find yourself on a leaderless team either step into the leadership role or move on to the next project.

**Mentorship is essential.** Take ownership of finding mentorship. Find out who publishes in your field of interest through review of the literature, going to conferences, and network. Don't shy away from contacting (inter)national experts. Force yourself to get out of your comfort zone.

**Dedicate time.** Scholarship, especially the thinking that supports high quality scholarship, is part of your work. Don't ask for time; create time. You must take control. There are various strategies to dedicate time – turning off email, blocking off chunks of time, making regular small blocks of time, and planning your writing – do what works for you and make it a routine. Whenever you feel overwhelmed and feel you don't have time to do everything that you want or are asked to do, it is helpful to remember your mission statement and your values.

**The Macy Faculty Scholars group has a responsibility to advance the field and disseminate our work.** There are lots of ideas and good work going on, but, in order to have maximum impact, we must publish work that addresses important questions. We cannot just desire to publish. We must make meaningful contributions to scholarship, and one important approach is to form groups around shared interests and work together in a shared leadership model to succeed in expanding the frontiers of scholarship.



**Moderators**

Alan Dow  
Sandriijn M. van Schaik

**Attendees**

Patricia M. Davidson  
Lisa Day  
David M. Irby  
Lisa Kitko  
Yasmine R. Legendre  
Wendy S. Madigosky  
Lauren Meade  
Afaf I. Meleis  
Charles Vega Jr.  
Meg Zomorodi

## 2013 FACULTY SCHOLAR CAREER UPDATES



Lisa Day

### LISA DAY, PHD, RN, CNE

Duke University

This year at Duke University School of Nursing (DUSON) Dr. Day will begin her term as Faculty Governance Association (FGA) Chair and represent the faculty in meetings with administrative leaders. She was also appointed co-lead on a team to promote lifelong learning and increase collaboration among nurses in the Duke Health System. Dr. Day was recognized as the outstanding Accelerated BSN Faculty member for 2016, and will begin teaching advanced practice courses in the MSN nurse practitioner programs. She will be up for promotion to full Professor this year. Outside DUSON, she co-facilitated an Interprofessional Leadership Training Workshop for the Eastern AHEC; served as a consultant to nurse faculty from St. Luke's International University, Tokyo on curriculum and teaching; received a pilot grant to investigate the feasibility of an intervention to improve delegation and supervision skills of RN, LPN and CNA students; co-facilitated a workshop on theory and research for the STTI /NLN Nursing Education Research Conference; and enrolled as a student in a Psychiatric Nurse Practitioner (PMH-NP) program.



Memoona Hasnain

Once Dr. Day becomes certified as a PMH-NP, she hopes to help design and implement a PMH-NP program at DUSON.

### MEMOONA HASNAIN, MD, PHD, MHPE

University of Illinois at Chicago

Dr. Hasnain is Associate Professor at the University of Illinois at Chicago (UIC) College of Medicine and Assistant Vice President for Education at the Educational Commission for Foreign Medical Graduates' (ECFMG) foundation FAIMER. In her new role at FAIMER, Dr. Hasnain is responsible for overseeing the planning and implementing of educational methods and the educational research component of FAIMER education activities, including the FAIMER Institute, FAIMER Regional Institutes and distance learning through the FAIMER-Keele Masters in Health Professions Education Program. During the past year, Dr. Hasnain continued her scholarly work at the intersection of medicine and public health; she presented at national meetings and published several new papers. She is the lead editor of a book titled, *Health of South Asians in the United States: An Evidence-based Guide for Policy*



Kelly Karpa

and Program Development (in press, Routledge-Taylor & Francis). Dr. Hasnain is Co-Principal Investigator of a new training program, **Enhancement of Geriatric Care for All through Training and Empowerment: An Interprofessional Imperative [ENGAGE-IL]**, funded by a \$2.5 million federal grant from Health Resources and Services Administration (HRSA). This project builds on her prior work in patient-centered care, interprofessional education and collaborative practice. Most recently, Dr. Hasnain was recognized by Housing Opportunities and Maintenance for the Elderly (HOME) for her foundational role and continuing efforts to establish and sustain campus-community partnerships for educating health professionals.

### KELLY KARPA, PHD, RPH

Penn State University

At the university level, Dr. Karpa has been appointed to direct their office for interprofessional education (IPE) which entails developing an IPE thread across all four years of medical school. In addition, she has agreed to serve on four new committees pertaining to re-accreditation and space utilization as the university is designing a new



Lauren Meade



Mayumi Willgerodt

educational building. Nationally, Dr. Karpa has given invited talks based upon her educational endeavors, including the "Herbert and Nicole Wertheim Leadership in Healthcare and Medicine Lectureship" at Florida International University, an educational workshop at University of South Carolina School of Medicine, and she co-chaired a symposium at the American Society of Pharmacology and Experimental Therapeutics annual meeting. Further, she is delighted to report that since last year's annual meeting, nine additional manuscripts have been published relevant to safe and effective medication utilization and/or medical education. One manuscript described value-added skills provided by medical students and improved patient outcomes in a patient-centered medical home curriculum after students received specialized training on medication safety topics. Two additional manuscripts have been submitted, and two more are in preparation. Dr. Karpa also received the first ever "Excellence in Education Research" award, from the Office of the Vice Dean for Research and Graduate Studies and the Unified Campus Research Team at PSU College of Medicine.

### LAUREN MEADE, MD

Tufts University

In March 2016 Dr. Meade took a new position as Director of Clinical Learning and Development for Sound Physicians. Sound Physicians is a large physician practice in 35 states that focuses on the acute episode of care including hospital and transition of care. She is in an executive position with the organization and her focus is to advance the professional development of the clinical team including physicians, advanced practice practitioners, and nurses. At Sound Physicians she is mentoring hospital and transition of care clinical teams to achieve the highest clinical outcomes with an emphasis on the patient experience.

Dr. Meade's career development has been focused on leadership and wellness. She has been appointed to the Collaborative for Healing and Renewal hosted by the Alliance for Academic Internal Medicine. In Academic Medicine she published two articles. The first was entitled "Practice Transformation: Professional Development is Personal", and the second was entitled "Patients, Nurses, and Physicians Working Together to Develop a Discharge Entrustable Professional Activity Assessment Tool." In The American Journal of Medicine she published an article entitled "Implementation of Milestone-Based Assessment for a Safe and Effective Discharge." Lastly, along with her 2013 cohort of Macy Faculty Scholars, Dr. Meade is currently writing a perspective piece. The 2013 scholars are committed to choosing a new perspective topic each year for publication.

### MAYUMI WILLGERODT, PHD, MPH, RN

University of Washington

Dr. Willgerodt is Professor in the School of Nursing and Health Studies at the University of Washington Bothell and adjunct Professor in the School of Nursing UW Seattle. In September 2015, she became Director of Graduate Studies for the UW Bothell campus where she is responsible for establishing processes and facilitating the growth of graduate programming across five schools. Dr. Willgerodt was also asked to lead the re-design and transition of the MN curriculum to a hybrid format. Dr. Willgerodt continues to lead IPE efforts at UW including expansion of the i-TEETH curricula, which she developed as part of her Macy Faculty Scholars award. This year, she published three peer-reviewed articles, one book chapter, and gave four presentations. She was invited to participate in two pre-conference workshops, conduct an AIHC webinar on developing and sustaining IPE, and held a faculty development workshop with fellow Macy Faculty Scholar Alan Dow. Dr. Willgerodt consulted on IPE faculty development activities at two Schools of Nursing, and was invited to conduct IPE workshops in June 2016 at Chiang-Mai University. She will be speaking at a NYU IPE Symposium on oral health in September 2016. Dr. Willgerodt thanks her mentors Brenda Zierler and Afaf Meleis, and the Macy Faculty Scholars Program National Advisory Committee for continuing to support her development.

## 2012 FACULTY SCHOLAR CAREER UPDATES



Kenya V. Beard

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

Jersey College

Dr. Beard is Associate Vice President for Curriculum & Instruction at Jersey College. She co-developed a software application that has transformed teaching and learning on all five campuses. Her work has helped increase student retention and NCLEX-RN pass rates. Dr. Beard was invited to co-facilitate the National Organization of Nurse Practitioner's (NP) *Leadership Mentoring Program* and guide NP faculty members in leadership development.

As a Macy Faculty Scholar, Dr. Beard developed a *Multicultural Education* workshop to strengthen workforce diversity. Her manuscript on *Multicultural Education Training* was recently accepted for publication in the *Journal of Professional Nursing*. Her contribution as a member of the NLN Center for Diversity and Global Initiatives Strategic Action Group led to key diversity and inclusion recommendations that are now part of the NLN's *Achieving Diversity and Meaningful Inclusion in Nursing Education* document. She was selected by the NYC Department of Health & Mental Hygiene and



Ted A. James

Chirlane McCray, the First Lady of NYC, to help strengthen the NYC Mental Health Workforce. Dr. Beard helped to draft a graduate scholar program for underrepresented minority students.

**TED A. JAMES, MD, MS, FACS**

University of Vermont

Dr. James is Professor of Surgery and Medical Director of Clinical Simulation at the University of Vermont where he leads training and education programs to enhance clinical performance and improve patient outcomes throughout the academic medical center. In this role he developed an interprofessional oncology program to address communication, teamwork, and collaborative practice in the care of cancer patients. In 2015, he received a grant to develop a simulation-based faculty development program in patient-centered communication. Dr. James also serves as program director for patient safety education and provides training in patient safety and quality improvement for medical, nursing, and pharmacy students. Dr. James was invited to become a member of the National Center for Interprofessional Practice and Education, serves on the Faculty



Wrenetha Julion

Advisory Committee for the AAMC Teaching for Quality program, and is an Education Consultant to the American Board of Surgery for the Complex Surgical Oncology Certification Exam. He was inducted as a Distinguished Educator in the University of Vermont Teaching Academy as well as a member of the Society of University Surgeons. Dr. James serves on the editorial board for the *American Journal of Medical Quality* and is an adjunct faculty member for the Harvard Macy Institute Health Educators Program. He has contributed numerous publications to the peer-reviewed literature, including most recently the *Journal of Cancer Education*, the *American Journal of Medical Quality* and the *Journal of Interprofessional Care*.

**WRENETHA JULION, PHD, MPH, RN, FAAN**

Rush University

Dr. Julion is a professor and the newly appointed Chairperson of the Department of Women, Children & Family Nursing at Rush University College of Nursing. She is responsible for overseeing the academic, research, clinical and scholarly pursuits of her entire



Wendy S. Madigosky



Sandriijn van Schaik

department. Over the past year, Dr. Julion completed her year-long appointment in Leadership America, a nationally recognized, preeminent women's education organization whose mission is to provide leadership education programs that advance and improve the personal, economic, and professional status of women. She was selected as the College of Nursing representative into the Southern Illinois University-Edwardsville Alumni Hall of Fame. She and her research team presented a symposium on fatherhood at the 2015 American Public Health Association National Conference. Over the past year, she has co-authored five peer reviewed publications, five additional publications are in review, and two are currently under revision. The community-based service learning Cultural Competency course she developed during her tenure as a Macy Scholar is now being expanded to include students in the College of Nursing and the College of Health Sciences.

**WENDY S. MADIGOSKY,  
MD, MSPH**

University of Colorado

Dr. Madigosky is Associate Professor in the Department of

Family Medicine and Director of the Foundations of Doctoring Curriculum at the University of Colorado School of Medicine. She is an Assistant Director for the Interprofessional Education Program, representing the interests of the School of Medicine to the IPE Council, and Director of the Interprofessional Education and Development course for the University of Colorado Anschutz Medical Campus. From December 2015 until May 2016, she served as Interim Director for the Interprofessional Education Program. Presentations included: Collaborating Across Borders V in Roanoke, VA; Innovators Showcase at the Society of Teachers of Family Medicine (STFM) Conference on Medical Student Education in Phoenix, AZ; Carnegie Higher Ed Network Webinar; and Macy Train-the-Trainer (T3) Interprofessional Faculty Development Training Program in Columbia, MO. Publications included articles in the Journal of Interprofessional Education & Practice, Medical Education, and the Journal for Nurse Practitioners. Dr. Madigosky also serves as PI for a grant from The Doctors Company Foundation entitled "Inter-Professional Education Program to Support Patient Safety Research." Finally, she was selected to participate as one of the US faculty members for the Academy for Emerging Leaders in Patient Safety in Sydney, Australia.

**SANDRIJN VAN SCHAIK MD, PHD**

University of California, San Francisco

Dr. van Schaik is Associate Professor of Pediatrics, Fellowship Director for Pediatric Critical Care Medicine, and Education Director for the UCSF Kanbar Center for Simulation and Clinical Skills at the University of California, San

Francisco. She is charged with design and implementation of faculty development for the new UCSF School of Medicine Bridges Curriculum, which represents a major curricular overhaul. In addition, Dr. van Schaik continues to pursue her research in interprofessional communication. In the past year she published two papers about this work (in Academic Medicine and Medical Education), a third paper is in press with Teaching and Learning in Medicine, and a fourth paper is under review with the Journal of Interprofessional Education and Practice. She continues to be an active member of the Western Group on Educational Affairs and of the Faculty Development group of the AMA Accelerating Change in Medical Education Consortium and has partnered with the AAMC Teaching for Quality program. She is the founding chair of the University of California Simulation Consortium, a collaborative effort between five Simulation Centers to share resources and engage in collaborative scholarly work. As a result of this collaboration she is implementing a simulation fellowship with the first fellow starting July 2016.

## 2011 FACULTY SCHOLAR CAREER UPDATES



Eve Colson



Alan Dow



Dena H. Hassouneh



Jennifer S. Myers

### **EVE COLSON, MD, MHPE**

Yale University

Dr. Colson is Chief of the Section of Education and Professor in the Department of Pediatrics at Yale School of Medicine. In addition, she is the Director of the Interprofessional Longitudinal Clinical Experience (ILCE), a program which brings small teams of healthcare professional students together to work each week at clinical sites during their first year of professional school. While learning clinical skills together, they also build skills focused on teamwork, communication, and collaboration. Beginning this academic year, after three pilot years, the ILCE will include all 250 students from the Yale Schools of Medicine, Nursing and the PA program. She and her colleagues from the Yale School of Nursing and the PA program have been invited to serve on panels, consult for other programs and present their experiences and data generated from designing, implementing and assessing the ILCE curriculum in multiple venues regionally, nationally and internationally.

### **ALAN DOW, MD, MSHA**

Virginia Commonwealth University

Dr. Dow is Director of the Center for Interprofessional Education and Collaborative Care at Virginia Commonwealth University. In this role, he oversees the creation, implementation, and evaluation of programs that cross organizational units such as the different programs for training health professionals in the VCU health system. His day-to-day work involves mentoring faculty, staff, and students in collaborative ventures that focus on improving health. This is challenging and rewarding work as he strives for cohesion and lasting impact.

Over the past year, Dr. Dow was appointed the Seymour and Ruth Perlin Professor of Medicine and Health Administration. This unusual interdisciplinary professorship matches his interprofessional work. He also published several articles and book chapters including manuscripts in *Academic Medicine*, *Medical Education*, *The Journal of Interprofessional Care*, and *The Journal of Interprofessional Education and Practice*. As a board member of the American Interprofessional Health Collaborative, he helped develop

the first professional society focused on interprofessional education and practice. Finally, Dr. Dow was a visiting faculty member at several institutions including the Washington University in St. Louis, the University of Nebraska, the University of Texas, and the Lebanese American University in Beirut.

### **DENA H. HASSOUNEH, PHD, ANP, PMHNP**

Oregon Health & Science University

Dr. Hassouneh is Professor at Oregon Health & Science University (OHSU) School of Nursing where she is engaged in research, teaching, and service. Dr. Hassouneh's scholarly work focuses on mental health in marginalized communities and equity in health professions education. Over the past year, Dr. Hassouneh completed a study to disseminate and implement a consumer-run peer program to reduce depressive symptoms in women with physical disabilities funded by the National Institute of Disability and Rehabilitation Research. The peer program is now state funded and has been offered to women by five Centers for Independent Living across Oregon. Dr. Hassouneh's educational work has included





Roberta Waite

collaboration with OHSU School of Medicine faculty on an audit study of research mentorship for underrepresented minorities in medicine, and completion of a national study of the experiences of 100 faculty of color in nursing, medicine, pharmacy, and dentistry funded by the Macy Foundation, Sigma Theta Tau, OHSU School of Nursing and the OHSU Foundation. She recently completed work on a book manuscript disseminating findings from this national study. The manuscript will be subject to peer review and is expected to be published in spring 2017. Additionally, Dr. Hassouneh presented at seven regional, national, and international professional meetings. She is a passionate mentor to diverse students in the PhD and DNP programs as well as junior scholars both within and outside OHSU School of Nursing. She emphasizes the significance of understanding and addressing systems of oppression in education and health, and the importance of collaborating with communities as an investigator in her role as a teacher. Selected service includes Chairing the OHSU School of Nursing Appointment, Promotion, and Tenure Committee; Chairing the OHSU Appointment, Promotion, and Tenure Committee Task Force;

and contributions to PhD benchmark committees.

**JENNIFER S. MYERS,  
MD, FHM, FACP**

*University of Pennsylvania*

Dr. Myers is Associate Professor of Clinical Medicine and the Associate Designated Institutional Official for Quality and Safety in Graduate Medical Education at the Perelman School of Medicine at the University of Pennsylvania. She is also the director of a quality and safety fellowship program in Penn's Center for Healthcare Improvement and Patient Safety and co-director of a GME-wide Healthcare Leadership in Quality residency track which has trained over 80 residents and was recently awarded grant funding. In the past year she was senior author on an *Academic Medicine* publication describing strategies for integrating the quality and safety mission of teaching hospitals with GME and has another article in press on GME leadership roles in quality and patient safety. In 2015, she was appointed to co-chair the National Board of Medical Examiners Patient Safety Test Materials Development Committee and invited to be a member of the AAMC Integrating Quality Steering Committee. She directs the "Quality & Safety Educators Academy" which is a national faculty development program now in its fifth year and has trained close to 500 faculty members from around the country.

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

*Drexel University*

Dr. Waite was promoted to full professor in September 2015 in the College of Nursing and Health

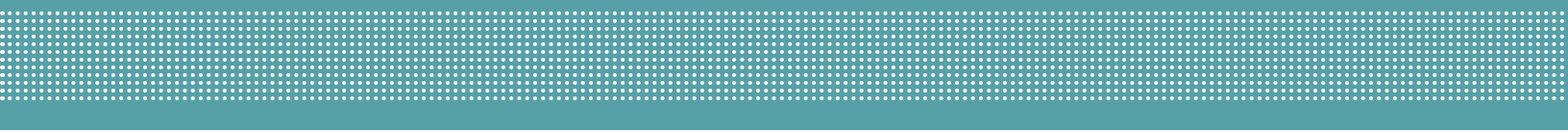
Professions holding a primary appointment in the Doctoral Nursing Department and a secondary appointment in the Health Systems and Science Research Department. She recently took on the role of Interim Associate Dean of Community Programs and Interim Director of the Stephen and Sandra Sheller Eleventh Street Family Health Center of Drexel University, a Federally Qualified Health Center certified as a Medical Home and known for its national model of innovative care. From 2015 to 2016 Dr. Waite successfully published nine peer reviewed publications, two book chapters, led two professional presentations, and engaged in a nursing leadership panel. Dr. Waite was also appointed to (1) chair the population and community health committee for corporate Trinity Health System, and (2) serve as an expert panel member for the Department of Health and Human Services, Office of Women's Health Division Adverse Childhood Experiences and Weight Intervention Design Project. Lastly, Dr. Waite was elected to the Board of Directors for the American Professional Society of ADHD and Related Disorders. To conclude, Dr. Waite was the recipient of the 2015 Pennsylvania State Nurses Association, Distinguished Nurse of the Year Award.

## LUNCHEON SPEAKER: SAMUEL O. THIER



### **SAMUEL O. THIER, MD**

Samuel O. Thier is Professor of Medicine and Health Care Policy, Emeritus at Harvard Medical School. He had been Professor of Medicine and Professor of Health Care Policy at Harvard Medical School from 1994-2007. Previously he has served as President and Chief Executive Officer of Partners HealthCare System, President of The Massachusetts General Hospital, and Brandeis University's President. He served as President of the Institute of Medicine, National Academy of Sciences and as Chairman of the Department of Internal Medicine at Yale University School of Medicine, where he was Sterling Professor. Dr. Thier is an authority on internal medicine and kidney disease and is also known for his expertise in national health policy, medical education and biomedical research. He attended Cornell University and received his medical degree from the State University of New York at Syracuse. He has served as chairman of the American Board of Internal Medicine and is a Master of the American College of Physicians, a Fellow of the American Academy of Arts and Sciences, and a member of the American Philosophical Society. Dr. Thier is a director of the Foundation of the National Institutes of Health and a member of the Board of Overseers of Weill Cornell Medical College, and the Board of Overseers of Brandeis University Heller School for Social Policy and Management.





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